



**NORTH CAROLINA REAL ESTATE COMMISSION**

**Residential Property And Owners'  
Association Disclosure Statement**

**Protecting the Public Interest in Real Estate Brokerage Transactions**

Property Address/Description: 405 27th St, Sunset Beach, NC 28468 Unit A  
Owner's Name(s): William D Trull, Linda D Trull

North Carolina law N.C.G.S. 47E requires residential property owners to complete this Disclosure Statement and provide it to the buyer prior to any offer to purchase. There are limited exemptions for completing the form, such as new home construction that has never been occupied. Owners are advised to seek legal advice if they believe they are entitled to one of the limited exemptions contained in N.C.G.S. 47E-2.

An owner is required to provide a response to every question by selecting Yes (Y), No (N), No Representation (NR), or Not Applicable (NA). An owner is not required to disclose any of the material facts that have a NR option, even if they have knowledge of them. However, failure to disclose latent (hidden) defects may result in civil liability. The disclosures made in this Disclosure Statement are those of the owner(s), not the owner's broker.

- If an owner selects Y or N, the owner is only obligated to disclose information about which they have actual knowledge. If an owner selects Y in response to any question about a problem, the owner must provide a written explanation or attach a report from an attorney, engineer, contractor, pest control operator, or other expert or public agency describing it.
- If an owner selects N, the owner has no actual knowledge of the topic of the question, including any problem. If the owner selects N and the owner knows there is a problem or that the owner's answer is not correct, the owner may be liable for making an intentional misstatement.
- If an owner selects NR, it could mean that the owner (1) has knowledge of an issue and chooses not to disclose it; or (2) simply does not know.
- If an owner selects NA, it means the property does not contain a particular item or feature.

For purposes of completing this Disclosure Statement: **"Dwelling"** means any structure intended for human habitation, **"Property"** means any structure intended for human habitation and the tract of land, and **"Not Applicable"** means the item does not apply to the property or exist on the property.

**OWNERS:** The owner must give a completed and signed Disclosure Statement to the buyer no later than the time the buyer makes an offer to purchase property. If the owner does not, the buyer can, under certain conditions, cancel any resulting contract. An owner is responsible for completing and delivering the Disclosure Statement to the buyer even if the owner is represented in the sale of the property by a licensed real estate broker and the broker must disclose any material facts about the property that the broker knows or reasonably should know, regardless of the owner's response.

The owner should keep a copy signed by the buyer for their records. If something happens to make the Disclosure Statement incorrect or inaccurate (for example, the roof begins to leak), the owner must promptly give the buyer an updated Disclosure Statement or correct the problem. Note that some issues, even if repaired, such as structural issues and fire damage, remain material facts and must be disclosed by a broker even after repairs are made.

**BUYERS:** The owner's responses contained in this Disclosure Statement are not a warranty and should not be a substitute for conducting a careful and independent evaluation of the property. **Buyers are strongly encouraged to:**

- Carefully review the entire Disclosure Statement.
- Obtain their own inspections from a licensed home inspector and/or other professional.

DO NOT assume that an answer of N or NR is a guarantee of no defect. If an owner selects N, that means the owner has no actual knowledge of any defects. It does not mean that a defect does not exist. If an owner selects NR, it could mean the owner (1) has knowledge of an issue and chooses not to disclose it, or (2) simply does not know.

**BROKERS:** A licensed real estate broker shall furnish their seller-client with a Disclosure Statement for the seller to complete in connection with the transaction. A broker shall obtain a completed copy of the Disclosure Statement and provide it to their buyer-client to review and sign. All brokers shall (1) review the completed Disclosure Statement to ensure the seller responded to all questions, (2) take reasonable steps to disclose material facts about the property that the broker knows or reasonably should know regardless of the owner's responses or representations, and (3) explain to the buyer that this Disclosure Statement does not replace an inspection and encourage the buyer to protect their interests by having the property fully examined to the buyer's satisfaction.

- **Brokers are NOT permitted to complete this Disclosure Statement on behalf of their seller-clients.**
- Brokers who own the property may select NR in this Disclosure Statement but are obligated to disclose material facts they know or reasonably should know about the property.

Buyer Initials \_\_\_\_\_ Owner Initials [Signature]  
Buyer Initials \_\_\_\_\_ Owner Initials [Signature]

REC 4.22  
REV 5/24 1

**SECTION A.  
STRUCTURE/FLOORS/WALLS/CEILING/WINDOW/ROOF**

|  | Yes  | No                                  | NR                                  |                                     |    |      |                          |                          |                          |                                     |                                     |                          |                          |                          |                                     |                                     |                          |                          |                                     |                                     |   |   |         |     |     |    |       |                          |                          |                                     |                                     |                          |                          |                          |                                     |                                     |                          |                          |                          |                                     |                                     |   |   |                 |     |     |    |                   |                          |                          |                          |                                     |                                     |                          |                          |                                     |                                     |                          |                          |                          |                          |                          |                          |  |  |  |
|--|--|-------------------------------------|-------------------------------------|-------------------------------------|----|------|--------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|---|---|---------|-----|-----|----|-------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|---|---|-----------------|-----|-----|----|-------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|--|--|
| A1. Is the property currently owner-occupied?<br>Date owner acquired the property: <u>12/12/2012</u><br>If not owner-occupied, how long has it been since the owner occupied the property? _____   | <input checked="" type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |                                     |    |      |                          |                          |                          |                                     |                                     |                          |                          |                          |                                     |                                     |                          |                          |                                     |                                     |   |   |         |     |     |    |       |                          |                          |                                     |                                     |                          |                          |                          |                                     |                                     |                          |                          |                          |                                     |                                     |   |   |                 |     |     |    |                   |                          |                          |                          |                                     |                                     |                          |                          |                                     |                                     |                          |                          |                          |                          |                          |                          |  |  |  |
| A2. In what year was the dwelling constructed? <u>1999</u>   |  |                                     | <input type="checkbox"/>            |                                     |    |      |                          |                          |                          |                                     |                                     |                          |                          |                          |                                     |                                     |                          |                          |                                     |                                     |   |   |         |     |     |    |       |                          |                          |                                     |                                     |                          |                          |                          |                                     |                                     |                          |                          |                          |                                     |                                     |   |   |                 |     |     |    |                   |                          |                          |                          |                                     |                                     |                          |                          |                                     |                                     |                          |                          |                          |                          |                          |                          |  |  |  |
| A3. Have there been any structural additions or other structural or mechanical changes to the dwelling(s)?   | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                     |    |      |                          |                          |                          |                                     |                                     |                          |                          |                          |                                     |                                     |                          |                          |                                     |                                     |   |   |         |     |     |    |       |                          |                          |                                     |                                     |                          |                          |                          |                                     |                                     |                          |                          |                          |                                     |                                     |   |   |                 |     |     |    |                   |                          |                          |                          |                                     |                                     |                          |                          |                                     |                                     |                          |                          |                          |                          |                          |                          |  |  |  |
| A4. The dwelling's exterior walls are made of what type of material? (Check all that apply)<br><input type="checkbox"/> Brick Veneer <input type="checkbox"/> Vinyl <input type="checkbox"/> Stone <input checked="" type="checkbox"/> Fiber Cement <input type="checkbox"/> Synthetic Stucco <input checked="" type="checkbox"/> Composition/Hardboard<br><input type="checkbox"/> Concrete <input type="checkbox"/> Aluminum <input checked="" type="checkbox"/> Wood <input type="checkbox"/> Asbestos <input type="checkbox"/> Other _____   |  |                                     | <input type="checkbox"/>            |                                     |    |      |                          |                          |                          |                                     |                                     |                          |                          |                          |                                     |                                     |                          |                          |                                     |                                     |   |   |         |     |     |    |       |                          |                          |                                     |                                     |                          |                          |                          |                                     |                                     |                          |                          |                          |                                     |                                     |   |   |                 |     |     |    |                   |                          |                          |                          |                                     |                                     |                          |                          |                                     |                                     |                          |                          |                          |                          |                          |                          |  |  |  |
| A5. In what year was the dwelling's roof covering installed? <u>2016</u>   |  |                                     | <input type="checkbox"/>            |                                     |    |      |                          |                          |                          |                                     |                                     |                          |                          |                          |                                     |                                     |                          |                          |                                     |                                     |   |   |         |     |     |    |       |                          |                          |                                     |                                     |                          |                          |                          |                                     |                                     |                          |                          |                          |                                     |                                     |   |   |                 |     |     |    |                   |                          |                          |                          |                                     |                                     |                          |                          |                                     |                                     |                          |                          |                          |                          |                          |                          |  |  |  |
| A6. Is there a leakage or other problem with the dwelling's roof or related existing damage?   | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                     |    |      |                          |                          |                          |                                     |                                     |                          |                          |                          |                                     |                                     |                          |                          |                                     |                                     |   |   |         |     |     |    |       |                          |                          |                                     |                                     |                          |                          |                          |                                     |                                     |                          |                          |                          |                                     |                                     |   |   |                 |     |     |    |                   |                          |                          |                          |                                     |                                     |                          |                          |                                     |                                     |                          |                          |                          |                          |                          |                          |  |  |  |
| A7. Is there water seepage, leakage, dampness, or standing water in the dwelling's basement, crawl space, or slab?   | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                     |    |      |                          |                          |                          |                                     |                                     |                          |                          |                          |                                     |                                     |                          |                          |                                     |                                     |   |   |         |     |     |    |       |                          |                          |                                     |                                     |                          |                          |                          |                                     |                                     |                          |                          |                          |                                     |                                     |   |   |                 |     |     |    |                   |                          |                          |                          |                                     |                                     |                          |                          |                                     |                                     |                          |                          |                          |                          |                          |                          |  |  |  |
| A8. Is there an infestation present in the dwelling or damage from past infestations of wood destroying insects or organisms that has not been repaired?   | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                     |    |      |                          |                          |                          |                                     |                                     |                          |                          |                          |                                     |                                     |                          |                          |                                     |                                     |   |   |         |     |     |    |       |                          |                          |                                     |                                     |                          |                          |                          |                                     |                                     |                          |                          |                          |                                     |                                     |   |   |                 |     |     |    |                   |                          |                          |                          |                                     |                                     |                          |                          |                                     |                                     |                          |                          |                          |                          |                          |                          |  |  |  |
| A9. Is there a problem, malfunction, or defect with the dwelling's:  |  |                                     |                                     |                                     |    |      |                          |                          |                          |                                     |                                     |                          |                          |                          |                                     |                                     |                          |                          |                                     |                                     |   |   |         |     |     |    |       |                          |                          |                                     |                                     |                          |                          |                          |                                     |                                     |                          |                          |                          |                                     |                                     |   |   |                 |     |     |    |                   |                          |                          |                          |                                     |                                     |                          |                          |                                     |                                     |                          |                          |                          |                          |                          |                          |  |  |  |
| <table border="0" style="width:100%;"> <tr> <td style="width:33%; text-align:center;"> <table border="0"> <tr><th>Foundation</th><th>NA</th><th>Yes</th><th>No</th><th>NR</th></tr> <tr><td>Slab</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Patio</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Floors</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table> </td> <td style="width:33%; text-align:center;"> <table border="0"> <tr><th>Windows</th><th>NA</th><th>Yes</th><th>No</th><th>NR</th></tr> <tr><td>Doors</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Ceilings</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Deck</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table> </td> <td style="width:33%; 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| Foundation   | NA   | Yes                                 | No                                  | NR                                  |    |      |                          |                          |                          |                                     |                                     |                          |                          |                          |                                     |                                     |                          |                          |                                     |                                     |   |   |         |     |     |    |       |                          |                          |                                     |                                     |                          |                          |                          |                                     |                                     |                          |                          |                          |                                     |                                     |   |   |                 |     |     |    |                   |                          |                          |                          |                                     |                                     |                          |                          |                                     |                                     |                          |                          |                          |                          |                          |                          |  |  |  |
| Slab   | <input type="checkbox"/>   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |    |      |                          |                          |                          |                                     |                                     |                          |                          |                          |                                     |                                     |                          |                          |                                     |                                     |   |   |         |     |     |    |       |                          |                          |                                     |                                     |                          |                          |                          |                                     |                                     |                          |                          |                          |                                     |                                     |   |   |                 |     |     |    |                   |                          |                          |                          |                                     |                                     |                          |                          |                                     |                                     |                          |                          |                          |                          |                          |                          |  |  |  |
| Patio  | <input type="checkbox"/>   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |    |      |                          |                          |                          |                                     |                                     |                          |                          |                          |                                     |                                     |                          |                          |                                     |                                     |   |   |         |     |     |    |       |                          |                          |                                     |                                     |                          |                          |                          |                                     |                                     |                          |                          |                          |                                     |                                     |   |   |                 |     |     |    |                   |                          |                          |                          |                                     |                                     |                          |                          |                                     |                                     |                          |                          |                          |                          |                          |                          |  |  |  |
| Floors   | <input type="checkbox"/>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |    |      |                          |                          |                          |                                     |                                     |                          |                          |                          |                                     |                                     |                          |                          |                                     |                                     |   |   |         |     |     |    |       |                          |                          |                                     |                                     |                          |                          |                          |                                     |                                     |                          |                          |                          |                                     |                                     |   |   |                 |     |     |    |                   |                          |                          |                          |                                     |                                     |                          |                          |                                     |                                     |                          |                          |                          |                          |                          |                          |  |  |  |
| Windows  | NA   | Yes                                 | No                                  | NR                                  |    |      |                          |                          |                          |                                     |                                     |                          |                          |                          |                                     |                                     |                          |                          |                                     |                                     |   |   |         |     |     |    |       |                          |                          |                                     |                                     |                          |                          |                          |                                     |                                     |                          |                          |                          |                                     |                                     |   |   |                 |     |     |    |                   |                          |                          |                          |                                     |                                     |                          |                          |                                     |                                     |                          |                          |                          |                          |                          |                          |  |  |  |
| Doors  | <input type="checkbox"/>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |    |      |                          |                          |                          |                                     |                                     |                          |                          |                          |                                     |                                     |                          |                          |                                     |                                     |   |   |         |     |     |    |       |                          |                          |                                     |                                     |                          |                          |                          |                                     |                                     |                          |                          |                          |                                     |                                     |   |   |                 |     |     |    |                   |                          |                          |                          |                                     |                                     |                          |                          |                                     |                                     |                          |                          |                          |                          |                          |                          |  |  |  |
| Ceilings   | <input type="checkbox"/>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |    |      |                          |                          |                          |                                     |                                     |                          |                          |                          |                                     |                                     |                          |                          |                                     |                                     |   |   |         |     |     |    |       |                          |                          |                                     |                                     |                          |                          |                          |                                     |                                     |                          |                          |                          |                                     |                                     |   |   |                 |     |     |    |                   |                          |                          |                          |                                     |                                     |                          |                          |                                     |                                     |                          |                          |                          |                          |                          |                          |  |  |  |
| Deck   | <input type="checkbox"/>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |    |      |                          |                          |                          |                                     |                                     |                          |                          |                          |                                     |                                     |                          |                          |                                     |                                     |   |   |         |     |     |    |       |                          |                          |                                     |                                     |                          |                          |                          |                                     |                                     |                          |                          |                          |                                     |                                     |   |   |                 |     |     |    |                   |                          |                          |                          |                                     |                                     |                          |                          |                                     |                                     |                          |                          |                          |                          |                          |                          |  |  |  |
| Attached Garage  | NA   | Yes                                 | No                                  | NR                                  |    |      |                          |                          |                          |                                     |                                     |                          |                          |                          |                                     |                                     |                          |                          |                                     |                                     |   |   |         |     |     |    |       |                          |                          |                                     |                                     |                          |                          |                          |                                     |                                     |                          |                          |                          |                                     |                                     |   |   |                 |     |     |    |                   |                          |                          |                          |                                     |                                     |                          |                          |                                     |                                     |                          |                          |                          |                          |                          |                          |  |  |  |
| Fireplace/Chimney  | <input type="checkbox"/>   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |    |      |                          |                          |                          |                                     |                                     |                          |                          |                          |                                     |                                     |                          |                          |                                     |                                     |   |   |         |     |     |    |       |                          |                          |                                     |                                     |                          |                          |                          |                                     |                                     |                          |                          |                          |                                     |                                     |   |   |                 |     |     |    |                   |                          |                          |                          |                                     |                                     |                          |                          |                                     |                                     |                          |                          |                          |                          |                          |                          |  |  |  |
| Interior/Exterior Walls  | <input type="checkbox"/>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |    |      |                          |                          |                          |                                     |                                     |                          |                          |                          |                                     |                                     |                          |                          |                                     |                                     |   |   |         |     |     |    |       |                          |                          |                                     |                                     |                          |                          |                          |                                     |                                     |                          |                          |                          |                                     |                                     |   |   |                 |     |     |    |                   |                          |                          |                          |                                     |                                     |                          |                          |                                     |                                     |                          |                          |                          |                          |                          |                          |  |  |  |
| Other: _____   | <input type="checkbox"/>   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |    |      |                          |                          |                          |                                     |                                     |                          |                          |                          |                                     |                                     |                          |                          |                                     |                                     |   |   |         |     |     |    |       |                          |                          |                                     |                                     |                          |                          |                          |                                     |                                     |                          |                          |                          |                                     |                                     |   |   |                 |     |     |    |                   |                          |                          |                          |                                     |                                     |                          |                          |                                     |                                     |                          |                          |                          |                          |                          |                          |  |  |  |

*Explanations for questions in Section A (identify the specific question for each explanation):*

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**SECTION B.  
HVAC/ELECTRICAL**

|  |                          |                                     |                                     |
|--|--------------------------|-------------------------------------|-------------------------------------|
| B1. Is there a problem, malfunction, or defect with the dwelling's electrical system (outlets, wiring, panels, switches, fixtures, generator, etc.)? | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| B2. Is there a problem, malfunction, or defect with the dwelling's heating and/or air conditioning?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| B3. What is the dwelling's heat source? (Check all that apply; indicate the year of each system manufacture)   |                          |                                     | <input type="checkbox"/>            |
| <input type="checkbox"/> Furnace [ ___ # of units] Year: _____ <input checked="" type="checkbox"/> Heat Pump [ <u>1</u> # of units] Year: <u>21</u>  |                          |                                     |                                     |
| <input type="checkbox"/> Baseboard [ ___ # of bedrooms with units] Year: _____ <input type="checkbox"/> Other: _____ Year: _____                     |                          |                                     |                                     |

Buyer Initials \_\_\_\_\_ Owner Initials [Signature]  
 Buyer Initials \_\_\_\_\_ Owner Initials [Signature]

Yes No NR

B4. What is the dwelling's cooling source? (Check all that apply; indicate the year of each system manufacture)

Central Forced Air: \_\_\_\_\_ Year: 21  Wall/Windows Unit(s): \_\_\_\_\_ Year: \_\_\_\_\_  
 Other: \_\_\_\_\_ Year: \_\_\_\_\_

B5. What is the dwelling's fuel source? (Check all that apply)

Electricity  Natural Gas  Solar  Propane  Oil  Other: \_\_\_\_\_

Explanations for questions in Section B (identify the specific question for each explanation):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECTION C.  
PLUMBING/WATER SUPPLY/SEWER/SEPTIC

Yes No NR

C1. What is the dwelling's water supply source? (Check all that apply)

City/County  Shared well  Community System  Private well  Other: \_\_\_\_\_

If the dwelling's water supply source is supplied by a private well, identify whether the private well has been tested for: (Check all that apply).

Quality  Pressure  Quantity

If the dwelling's water source is supplied by a private well, what was the date of the last water quality/quantity test? \_\_\_\_\_

C2. The dwelling's water pipes are made of what type of material? (Check all that apply)

Copper  Galvanized  Plastic  Polybutylene  Other: \_\_\_\_\_

C3. What is the dwelling's water heater fuel source? (Check all that apply; indicate the year of each system manufacture)  Gas: \_\_\_\_\_  Electric: 2017  Solar: \_\_\_\_\_  Other: \_\_\_\_\_

C4. What is the dwelling's sewage disposal system? (Check all that apply)

Septic tank with pump  community system  Septic tank  Drip system  
 Connected to City/County System  City/County system available  Other: \_\_\_\_\_

Straight pipe (wastewater does not go into a septic or other sewer system) \*Note: Use of this type of system violates State Law.

If the dwelling is serviced by a septic system, how many bedrooms are allowed by the septic system permit? \_\_\_\_\_  No Records Available

Date the septic system was last pumped: \_\_\_\_\_

C5. Is there a problem, malfunction, or defect with the dwelling's:

|               |                          |                          |                          |                                     |   |                          |                          |                          |                                     |
|---------------|--------------------------|--------------------------|--------------------------|-------------------------------------|---|--------------------------|--------------------------|--------------------------|-------------------------------------|
|               | NA                       | Yes                      | No                       | NR                                  |   | NA                       | Yes                      | No                       | NR                                  |
| Septic system | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Plumbing system (pipes, fixtures, water heater, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Sewer system  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Water supply (water quality, quantity, or pressure)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Explanations for questions in Section C (identify the specific question for each explanation):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Buyer Initials \_\_\_\_\_ Owner Initials GAJ  
Buyer Initials \_\_\_\_\_ Owner Initials GAJ

**SECTION D.  
FIXTURES/APPLIANCES**

D1. Is the dwelling equipped with an elevator system?

Yes  No  NR

If yes, when was it last inspected? \_\_\_\_\_

Date of last maintenance service: \_\_\_\_\_

D2. Is there a problem, malfunction, or defect with the dwelling's:

|                                     | NA                       | Yes                      | No                                  | NR                                  |                                   | NA                       | Yes                      | No                       | NR                                  |                | NA                       | Yes                      | No                       | NR                       |
|-------------------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|-----------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|----------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Attic fan, exhaust fan, ceiling fan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Irrigation system                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Sump pump      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Elevator system or component        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Pool/hot tub /spa                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Gas logs       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Appliances to be conveyed           | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | TV cable wiring or satellite dish | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Central vacuum | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     |                          |                          |                                     |                                     |                                   |                          |                          |                          |                                     |                | Garage Door system       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     |                          |                          |                                     |                                     |                                   |                          |                          |                          |                                     |                | Security system          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     |                          |                          |                                     |                                     |                                   |                          |                          |                          |                                     |                | Other:                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*Explanations for questions in Section D (identify the specific question for each explanation):*

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**SECTION E.  
LAND/ZONING**

E1. Is there a problem, malfunction, or defect with the drainage, grading, or soil stability of the property?

Yes  No  NR

E2. Is the property in violation of any local zoning ordinances, restrictive covenants, or local land-use restrictions (including setback requirements?)

E3. Is the property in violation of any building codes (including the failure to obtain required permits for room additions or other changes/improvements)?

E4. Is the property subject to any utility or other easements, shared driveways, party walls, encroachments from or on adjacent property, or other land use restrictions?

E5. Does the property abut or adjoin any private road(s) or street(s)?

E6. If there is a private road or street adjoining the property, are there any owners' association or maintenance agreements dealing with the maintenance of the road or street?  NA

*Explanations for questions in Section E (identify the specific question for each explanation):*

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**SECTION F.  
ENVIRONMENTAL/FLOODING**

F1. Is there hazardous or toxic substance, material, or product (such as asbestos, formaldehyde, radon gas, methane gas, lead-based paint) that exceed government safety standards located on or which otherwise affect the property?

Yes  No  NR

Buyer Initials \_\_\_\_\_ Owner Initials                       
 Buyer Initials \_\_\_\_\_ Owner Initials                     

REC 4.22  
REV 5/24



3. As of this date, there are no other dues, fees or Special Assessments payable by the Development's property owners, except:

4. As of this date, there are no unsatisfied judgments against or pending lawsuits involving the Property, the Development and/or the owners' association, except:

5. The fees charged by the owners' association or management company in connection with the transfer of Property to a new owner (including but not limited to document preparation, move in/move out fees, preparation of insurance documents, statement of unpaid assessments, and transfer fees) are as follows:

6. Seller authorizes and directs any owners' association, any management company of the owners' association, any insurance company and any attorney who has previously represented the Seller to release to Buyer, Buyer's agents, representative, closing attorney or lender true and accurate copies of the following items affecting the Property, including any amendments:

- Seller's statement of account
- master insurance policy showing the coverage provided and the deductible amount
- Declaration and Restrictive Covenants
- Rules and Regulations
- Articles of Incorporation
- Bylaws of the owners' association
- current financial statement and budget of the owners' association
- parking restrictions and information
- architectural guidelines

The parties have read, understand and accept the terms of this Addendum as a part of the Contract.

IN THE EVENT OF A CONFLICT BETWEEN THIS ADDENDUM AND THE CONTRACT, THIS ADDENDUM SHALL CONTROL, EXCEPT THAT IN THE CASE OF SUCH A CONFLICT AS TO THE DESCRIPTION OF THE PROPERTY OR THE IDENTITY OF THE BUYER OR SELLER, THE CONTRACT SHALL CONTROL.

THE NORTH CAROLINA ASSOCIATION OF REALTORS®, INC. AND THE NORTH CAROLINA BAR ASSOCIATION MAKE NO REPRESENTATION AS TO THE LEGAL VALIDITY OR ADEQUACY OF ANY PROVISION OF THIS FORM IN ANY SPECIFIC TRANSACTION. IF YOU DO NOT UNDERSTAND THIS FORM OR FEEL THAT IT DOES NOT PROVIDE FOR YOUR LEGAL NEEDS, YOU SHOULD CONSULT A NORTH CAROLINA REAL ESTATE ATTORNEY BEFORE YOU SIGN IT.

Date: \_\_\_\_\_

Buyer: \_\_\_\_\_

Date: \_\_\_\_\_

Buyer: \_\_\_\_\_

Date: 5/28/25

Seller: William Dwight Trull  
**William Dwight Trull**

Date: 5/28/25

Seller: Linda Allen Trull  
**Linda Allen Trull**

Entity Buyer: \_\_\_\_\_

(Name of LLC/Corporation/Partnership/Trust/etc.)

By: \_\_\_\_\_

Name: \_\_\_\_\_

Print Name

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Entity Seller: \_\_\_\_\_

(Name of LLC/Corporation/Partnership/Trust/etc.)

By: \_\_\_\_\_

Name: \_\_\_\_\_

Print Name

Title: \_\_\_\_\_

Date: \_\_\_\_\_