

FREQUENTLY ASKED QUESTIONS FROM BUYERS

Property Address: 1401 DUNS CREEK LANE MLS # _____

USEFUL DOCS:

Survey
 Elevation Certificate
 Title Insurance Policy
 HOA Minutes

SECURITY:

Alarm Code: Equipment only
Gate Code: N/A
Garage Code: 1956 enter
Recording Devices: YES / NO

SEPTIC PERMIT:

Date septic was last pumped: N/A
Location of septic tank/field: _____
 Septic Permit Attached in MLS (office use only)

INSURANCE:

Homeowners: \$ 1257 /yr
Wind/Hail: \$ 3809 / yr
Flood: \$ 774 / yr
Elevation Certificate: YES / NO

TERMITE/PEST CONTROL:

Company: Terminix
Is there a bond? YES / NO

WATER:

Well of Municipal
Location of Well: _____

2024 **COUNTY TAXES:**
Paid: YES / NO
\$ 2916.71 / yr
CITY TAXES:
Paid: YES / NO
\$ _____ / yr

RENTAL INFO:

Company: N/A
Rental Income: \$ _____

HOUSE AGE:
(approx. year)
Roof: 2018-2019
HVAC: #1-2016, #2-2022
Water Heater: _____
Water Softener: N/A

HOA:

#1
Name of Association: Blair Farms HOA
Management Company: _____
Amount: \$ 525 Phone #: _____

#2
Name of Association: _____
Management Company: _____
Amount: \$ _____ Phone #: _____

UTILITIES:

Water Company: City of Morehead or Well Avg. 12mo. bill: \$ _____
Electric Company: Duke Energy Avg. 12mo. bill: \$ _____
Gas Company: Buyer's Choice Avg. 12mo. bill: \$ _____
Fuel Tank: Underground / Aboveground Tank Ownership: Owned / Leased
Water Softener (owned or leased): N/A Avg. 12mo. bill: \$ _____
Location of Water Shut-off Valve: _____
Location of Water Heater Shut-off Valve: _____

Easements: _____

Encroachments: _____

Major Renovations: _____

Appliances: _____

Items that do NOT convey: _____

Deed restrictions & deed: YES / NO Buried Fuel Tank: YES / NO Recording Devices: YES / NO

FREQUENTLY ASKED QUESTIONS FROM BUYERS (continued)

Property Address: _____ MLS # _____

GENERATOR:

- Whole House
- Portable

Age: _____

FIREPLACE:

- Wood Burning
- Gas
- Electric

POOL:

Age: _____

- Above Ground
- In-Ground

Homeowner's Preferred/Current Service Providers:

- Lawncare: _____
- HVAC: _____
- Plumbing: _____
- Electrical: _____
- Handyman: _____
- Septic: _____
- Irrigation: _____
- Pest Control: _____
- Cleaning Service: _____
- Fireplace Service: _____
- Pool Service: _____
- Elevator Service: _____

ELEVATOR:

Age: _____

Date of Last Service: _____

IRRIGATION:

Irrigation: YES / NO
Source: Well or Municipal Water
Location of Well: _____

UNDER HOUSE:

CRAWL SPACE or SLAB
Encapsulated: YES / NO
If so, who did the work & when?

Humidifier: YES / NO
Sump Pump: YES / NO