


Exhibit A:



DEED RESTRICTIONS BOOK 805 PAGE 161
AMENDED DEED RESTRICTIONS BOOK 877 PAGE 0159
QUITCLAIM DEED BOOK 877 PAGE 0159
DEED REFERENCE 805 PAGE 161

16 PARCELS TOTAL

1. 005006
2. 005007
3. 005008
4. 005009
5. 0050010
6. 0050011
7. 0050012
8. 0050013
9. 0050014
10. 0050015
11. 0050016
12. 0050017
13. 0050018
14. 0050019
15. 0049872
16. 0013965

VACANT LAND DISCLOSURE STATEMENT

Note: Use this form to fulfill Seller's required disclosures in the Offer to Purchase and Contract – Vacant Lot/Land Form 12-T.

Property: **5093 OWEN HILL ROAD, TAR HEEL, NC 28392**

Buyer: _____

Seller: **JOHNNY R TATUM**

Buyer understands and agrees that this Disclosure Statement is not a substitute for professional inspections, and that this document does not relieve Buyer of their duty to conduct thorough Due Diligence on the Property. Any representations made by Seller in this Disclosure Statement are true to the best of Seller's knowledge, and copies of any documents provided by Seller are true copies, to the best of Seller's knowledge. Buyer is strongly advised to have all information confirmed and any documents substantiated during the Due Diligence Period.

If Seller checks "yes" for any question below, Seller is affirming actual knowledge of either: (1) the existence of documentation or information related to the Property; or (2) a problem, issue, characteristic, or feature existing on or associated with the Property. If Seller checks "no" for any question below, Seller is stating they have no actual knowledge or information related to the question. If Seller checks "NR," meaning no representation, Seller is choosing not to disclose whether they have knowledge or information related to the question.

A. Physical Aspects

Yes	No	NR
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- | | | | | | | | | | | | | | | | | |
|--|--|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|
| <p>1. Non-dwelling structures on the Property
 If yes, please describe: <u>30x50 Metal Building</u></p> <p>2. Current or past soil evaluation test (agricultural, septic, or otherwise).....</p> <p>3. Caves, mineshafts, tunnels, fissures or open or abandoned wells</p> <p>4. Erosion, sliding, soil settlement/expansion, fill or earth movement</p> <p>5. Communication, power, or utility lines.....</p> <p>6. Pipelines (natural gas, petroleum, other).....</p> <p>7. Landfill operations or junk storage</p> <p style="margin-left: 20px;"><input type="checkbox"/> Previous <input type="checkbox"/> Current <input type="checkbox"/> Planned <input type="checkbox"/> Legal <input type="checkbox"/> Illegal</p> <p>8. Drainage, grade issues, flooding, or conditions conducive to flooding</p> <p>9. Gravesites, pet cemeteries, or animal burial pits.....</p> <p>10. Rivers, lakes, ponds, creeks, streams, dams, or springs.....</p> <p>11. Well(s).....</p> <p style="margin-left: 20px;"><input type="checkbox"/> Potable <input type="checkbox"/> Non-potable Water Quality Test? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no</p> <p style="margin-left: 20px;">depth _____; shared (y/n) _____; year installed _____; gal/min _____</p> <p>12. Septic System(s).....</p> <p style="margin-left: 20px;">If yes: Number of bedrooms on permit(s) <u>3</u></p> <p style="margin-left: 40px;">Permit(s) available? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NR</p> <p style="margin-left: 40px;">Lift station(s)/Grinder(s) on Property? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> NR</p> <p style="margin-left: 40px;">Septic Onsite? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Details: _____</p> <p style="margin-left: 40px;">Tank capacity _____</p> <p style="margin-left: 40px;">Repairs made (describe): <u>NONE</u></p> <p style="margin-left: 40px;">Tank(s) last cleaned: <u>10-25</u></p> <p style="margin-left: 20px;">If no: Permit(s) in process? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NR</p> <p style="margin-left: 20px;">Soil Evaluation Complete? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NR</p> <p style="margin-left: 20px;">Other Septic Details: _____</p> | <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;"><input checked="" type="checkbox"/></td> <td style="width: 33%;"><input type="checkbox"/></td> <td style="width: 33%;"><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | |



This form approved by:
NC REALTORS®

Seller Initials JR

Buyer Initials _____



STANDARD FORM 142
 Revised 7/2025
 © 7/2025

Yes	No	NR
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13. Commercial or industrial noxious fumes, odors, noises, etc. on or near Property.....
 If yes, please describe: _____

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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B. Legal/Land Use Aspects

1. Current or past title insurance policy or title search.....
 2. Copy of deed(s) for property.....
 3. Government administered programs or allotments.....
 4. Rollback or other tax deferral recaptures upon sale.....
 5. Litigation or estate proceeding affecting ownership or boundaries.....
 6. Notices from governmental or quasi-governmental authorities related to the property..
 7. Private use restrictions or conditions, protective covenants, or HOA.....

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If yes, please describe: _____
 8. Recent work by persons entitled to file lien claims.....
 If yes, have all such persons been paid in full
 If not paid in full, provide lien agent name and project number: _____

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Jurisdictional government land use authority:
 County: BLADEN City: Elizabethtown

10. Current zoning: Residential, Agriculture

11. Fees or leases for use of any system or item on property
 12. Location within a government designated disaster evacuation zone (e.g.,
 hurricane, nuclear facility, hazardous chemical facility, hazardous waste facility).....
 13. Access (legal and physical) other than by direct frontage on a public road
 Access via easement.....
 Access via private road
 If yes, is there a private road maintenance agreement? yes no
 14. Solar panel(s), windmill(s), cell tower(s).....
 If yes, please describe: _____

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

C. Survey/Boundary Aspects

1. Current or past survey/plat or topographic drawing available.....
 2. Approximate acreage: 85.6
 3. Wooded Acreage 44; Cleared Acreage 42
 4. Encroachments.....
 5. Public or private use paths or roadways rights of way/easement(s).....
 Financial or maintenance obligations related to same
 6. Communication, power, or other utility rights of way/easements
 7. Railroad or other transportation rights of way/easements.....
 8. Conservation easement
 9. Property Setbacks.....
 If yes, describe: _____
 10. Riparian Buffers (i.e., stream buffers, conservation districts, etc.).....
 11. Septic Easements and Repair Fields
 12. Any Proposed Easements Affecting Property.....
 13. Beach Access Easement, Boat Access Easement, Docking Permitted.....
 If yes, please describe: _____

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Seller Initials JS Buyer Initials _____
 Produced with Lone Wolf Transactions (2lpForm Edition) 717 N Harwood St, Suite 2200, Dallas, TX 75201 www.lwolf.com

D. Agricultural, Timber, Mineral Aspects

	Yes	No	NR
1. Agricultural Status (e.g., forestry deferral)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Licenses, leases, allotments, or usage permits (crops, hunting, water, timber, etc.)..... If yes, describe in detail: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Forfeiture, severance, or transfer of rights (mineral, oil, gas, timber, development, etc.) If yes, describe in detail: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Farming on Property: <input checked="" type="checkbox"/> owner or <input type="checkbox"/> tenant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Presence of vegetative disease or insect infestation.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Timber cruises or other timber related reports.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Timber harvest within past 25 years	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, monitored by Registered Forester?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If replanted, what species: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Years planted: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Harvest impact (other than timber)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, describe in detail: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E. Environmental Aspects

1. Current or past Phase I, Phase II or Phase III Environmental Site Assessment(s).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Underground or above ground storage tanks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, describe in detail: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Abandoned or junk motor vehicles or equipment of any kind.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Past illegal uses of property (e.g., methamphetamine manufacture or use).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Federal or State listed or protected species present.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, describe plants and/or animals: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Government sponsored clean-up of the property	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Groundwater, surface water, or well water contamination <input type="checkbox"/> Current <input type="checkbox"/> Previous ...	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Previous commercial or industrial uses.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Wetlands, streams, or other water features	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Permits or certifications related to Wetlands	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Conservation/stream restoration.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Coastal concern (tidal waters, unbuildable land, flood zone, CAMA, Army Corp., etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, describe in detail: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. The use or presence on the property, either stored or buried, above or below ground, of:			
i. Asbestos, Benzene, Methane, Pesticides, Radioactive Material	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, describe in detail: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ii. Other fuel/chemical.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
iii. Paint <input type="checkbox"/> Lead based paint <input type="checkbox"/> Other paint/solvents	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
iv. Agricultural chemical storage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

F. Utilities

Check all currently available on the Property and indicate the provider.

<input checked="" type="checkbox"/> Water (describe): <u>Private Well</u>
<input checked="" type="checkbox"/> Sewer (describe): <u>ON SITE SEPTIC TANK</u>
<input type="checkbox"/> Gas (describe): _____
<input checked="" type="checkbox"/> Electricity (describe): <u>Four County EMC</u>
<input checked="" type="checkbox"/> Cable (describe): <u>Star</u>



NORTH CAROLINA REAL ESTATE COMMISSION

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

Protecting the Public Interest in Real Estate Brokerage Transactions

Property Address/Description: **5093 OWEN HILL ROAD, TAR HEEL, NC 28392**
Owner's Name(s): **JOHNNY R TATUM**

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 JRT
Buyer Initials _____ Owner Initials _____

REC 4.22
REV 5/24

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

	Yes	No	NR																																																																											
A1. Is the property currently owner-occupied? Date owner acquired the property: _____ 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>2022</u>			<input type="checkbox"/>																																																																											
A3. Have there been any structural additions or other structural or mechanical changes to the dwelling(s)? <u>20x20 Room Addition, Rear Deck</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																											
A4. The dwelling's exterior walls are made of what type of material? (Check all that apply) <input type="checkbox"/> Brick Veneer <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Stone <input checked="" type="checkbox"/> Fiber Cement <input type="checkbox"/> Synthetic Stucco <input type="checkbox"/> Composition/Hardboard <input type="checkbox"/> Concrete <input type="checkbox"/> Aluminum <input 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>2022</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="display: inline-table; vertical-align: top;"> <tr> <td></td> <td align="center">NA</td> <td align="center">Yes</td> <td align="center">No</td> <td align="center">NR</td> </tr> <tr> <td>Foundation</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input checked="" type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>Slab</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input checked="" type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>Patio</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input checked="" type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>Floors</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input checked="" type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> </table> <table border="0" style="display: inline-table; vertical-align: top; margin-left: 20px;"> <tr> <td></td> <td align="center">NA</td> <td align="center">Yes</td> <td align="center">No</td> <td align="center">NR</td> </tr> <tr> <td>Windows</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input checked="" type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>Doors</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input checked="" type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>Ceilings</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input checked="" type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>Deck</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input checked="" type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> </table> <table border="0" style="display: inline-table; vertical-align: top; margin-left: 20px;"> <tr> <td></td> <td align="center">NA</td> <td align="center">Yes</td> <td align="center">No</td> <td align="center">NR</td> </tr> <tr> <td>Attached Garage</td> <td align="center"><input checked="" type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>Fireplace/Chimney</td> <td align="center"><input checked="" type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>Interior/Exterior Walls</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input checked="" type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>Other: _____</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input checked="" type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> </table>		NA	Yes	No	NR	Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Slab	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Patio	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		NA	Yes	No	NR	Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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"/>		NA	Yes	No	NR	Attached Garage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fireplace/Chimney	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>			
	NA	Yes	No	NR																																																																										
Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																										
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Floors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																										
	NA	Yes	No	NR																																																																										
Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																										
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"/>																																																																										
	NA	Yes	No	NR																																																																										
Attached Garage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																										
Fireplace/Chimney	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>																																																																										

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

**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 checked="" type="checkbox"/>	<input 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 [_____ # of units] Year: _____		
<input type="checkbox"/> Baseboard [_____ # of bedrooms with units] Year: _____	<input type="checkbox"/> Other: _____ Year: _____		

Buyer Initials _____ Owner Initials JRT
 Buyer Initials _____ Owner Initials _____

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

Central Forced Air: _____ Year: _____ Wall/Windows Unit(s): _____ Year: _____

Other: _____ Year: _____

Yes No NR

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: _____ 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Plumbing system (pipes, fixtures, water heater, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sewer system	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Water supply (water quality, quantity, or pressure)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Buyer Initials _____ Owner Initials JRY

Buyer Initials _____ Owner Initials _____

- | | Yes | No | NR |
|--|--------------------------|-------------------------------------|--------------------------|
| F2. Is there an environmental monitoring or mitigation device or system located on the property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| F3. Is there debris (whether buried or covered), an underground storage tank, or an environmentally hazardous condition (such as contaminated soil or water or other environmental contamination) located on or which otherwise affect the property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| F4. Is there any noise, odor, smoke, etc., from commercial, industrial, or military sources that affects the property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| F5. Is the property located in a federal or other designated flood hazard zone? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| F6. Has the property experienced damage due to flooding, water seepage, or pooled water attributable to a natural event such as heavy rainfall, coastal storm surge, tidal inundation, or river overflow? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| F7. Have you ever filed a claim for flood damage to the property with any insurance provider, including the National Flood Insurance Program? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| F8. Is there a current flood insurance policy covering the property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| F9. Have you received assistance from FEMA, U.S. Small Business Administration, or any other federal disaster flood assistance for flood damage to the property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| F10. Is there a flood or FEMA elevation certificate for the property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

NOTE: An existing flood insurance policy may be assignable to a buyer at a lesser premium than a new policy. For properties that have received disaster assistance, the requirement to obtain flood insurance passes down to all future owners. Failure to obtain flood insurance can result in an owner being ineligible for future assistance.

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

**SECTION G.
MISCELLANEOUS**

- | | Yes | No | NR |
|--|-------------------------------------|-------------------------------------|--------------------------|
| G1. Is the property subject to any lawsuits, foreclosures, bankruptcy, judgments, tax liens, proposed assessments, mechanics' liens, materialmen's liens, or notices from any governmental agency that could affect title to the property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| G2. Is the property subject to a lease or rental agreement? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| G3. Is the property subject to covenants, conditions, or restrictions or to governing documents separate from an owners' association that impose various mandatory covenants, conditions, and or restrictions upon the lot or unit? <i>No Poultry or Hog Farms</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

Buyer Initials _____ Owner Initials JSI
 Buyer Initials _____ Owner Initials _____

**SECTION H.
OWNERS' ASSOCIATION DISCLOSURE**

If you answer 'Yes' to question H1, you must complete the remaining questions in Section H. If you answered 'No' or 'No Representation' to question H1, you do not need to answer the remaining questions in Section H.

H1. Is the property subject to regulation by one or more owners' association(s) including, but not limited to, obligations to pay regular assessments or dues and special assessments?

Yes No NR

If "yes," please provide the information requested below as to each owners' association to which the property is subject [insert N/A into any blank that does not apply]:

a. (specify name) _____ whose regular assessments ("dues") are \$ _____ per _____

The name, address, telephone number, and website of the president of the owners' association or the association manager are: _____

b. (specify name) _____ whose regular assessments ("dues") are \$ _____ per _____

The name, address, telephone number, and website of the president of the owners' association or the association manager are: _____

c. Are there any changes to dues, fees, or special assessment which have been duly approved and to which the lot is subject?

If "yes," state the nature and amount of the dues, fees, or special assessments to which the property is subject: _____

H2. Is there any fee charged by the association or by the association's management company in connection with the conveyance or transfer of the lot or property to a new owner?

If "yes," state the amount of the fees: _____

H3. Is there any unsatisfied judgment against, pending lawsuit, or existing or alleged violation of the association's governing documents involving the property?

If "yes," state the nature of each pending lawsuit, unsatisfied judgment, or existing or alleged violation: _____

H4. Is there any unsatisfied judgment or pending lawsuits against the association?

If "yes," state the nature of each unsatisfied judgment or pending lawsuit: _____

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

Owner(s) acknowledge(s) having reviewed this Disclosure Statement before signing and that all information is true and correct to the best of their knowledge as of the date signed.

Owner Signature: JOHNNY R TATUM Date _____

Owner Signature: *Johnny R Tatum* Date 1-29-26

Buyers(s) acknowledge(s) receipt of a copy of this Disclosure Statement and that they have reviewed it before signing.

Buyer Signature: _____ Date _____

Buyer Signature: _____ Date _____

