



## Residential Property And Owners' Association Disclosure Statement

*Protecting the Public Interest in Real Estate Brokerage Transactions*

Property Address/Description: **302 E. FORT MACON ROAD, ATLANTIC BEACH, NC 28512**  
 Owner's Name(s): **PAMELA JOY GREEN RAY**

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

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>02/10/2022</u><br>If not owner-occupied, how long has it been since the owner occupied the property? <u>6-2023</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/>            | <input checked="" 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)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <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 checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Stone <input type="checkbox"/> Fiber Cement <input type="checkbox"/> Synthetic Stucco <input type="checkbox"/> Composition/Hardboard<br><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? _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                     | <input checked="" 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%;"> <thead> <tr> <th></th> <th>NA</th> <th>Yes</th> <th>No</th> <th>NR</th> </tr> </thead> <tbody> <tr><td>Foundation</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input checked="" type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Slab</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input checked="" type="checkbox"/></td><td style="text-align: center;"><input checked="" type="checkbox"/></td></tr> <tr><td>Patio</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input checked="" type="checkbox"/></td></tr> <tr><td>Floors</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input checked="" type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </tbody> </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 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"/> | <table border="0" style="width: 100%;"> <thead> <tr> <th></th> <th>NA</th> <th>Yes</th> <th>No</th> <th>NR</th> </tr> </thead> <tbody> <tr><td>Windows</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input checked="" type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Doors</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input checked="" type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Ceilings</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input checked="" type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Deck</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input checked="" type="checkbox"/></td></tr> </tbody> </table> |  | 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <table border="0" style="width: 100%;"> <thead> <tr> <th></th> <th>NA</th> <th>Yes</th> <th>No</th> <th>NR</th> </tr> </thead> <tbody> <tr><td>Attached Garage</td><td style="text-align: center;"><input checked="" type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Fireplace/Chimney</td><td style="text-align: center;"><input checked="" type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Interior/Exterior Walls</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input checked="" type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Other: _____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </tbody> </table> |  | 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 type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 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 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"/>            |    |            |                          |                          |                                     |                          |      |                          |                          |                                     |                                     |       |                          |                          |                          |                                     |        |                          |                          |                                     |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |    |     |    |    |         |                          |                          |                                     |                          |       |                          |                          |                                     |                          |          |                          |                          |                                     |                          |      |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |    |     |    |    |                 |                                     |                          |                          |                          |                   |                                     |                          |                          |                          |                         |                          |                          |                                     |                          |              |                          |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 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 type="checkbox"/>            | <input checked="" 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 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 PJGR  
 Buyer Initials \_\_\_\_\_ Owner Initials \_\_\_\_\_

REC 4.22  
REV 5/24

2

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: \_\_\_\_\_ ☐ 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: \_\_\_\_\_ ☐ 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? 3 ☐ No Records Available

Date the septic system was last pumped: 2022

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

## SECTION D. FIXTURES/APPLIANCES

|                                                                     | Yes                      | No                                  | NR                                  |                                     | Yes                               | No                       | NR                                  |                                     | Yes                      | No             | NR                       |                          |                                     |                          |                    |                          |                          |                                     |                          |
|---------------------------------------------------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-----------------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|----------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| D1. Is the dwelling equipped with an elevator system?               | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                     |                                   |                          |                                     |                                     |                          |                |                          |                          |                                     |                          |                    |                          |                          |                                     |                          |
| If yes, when was it last inspected? _____                           |                          |                                     |                                     |                                     |                                   |                          |                                     |                                     |                          |                |                          |                          |                                     |                          |                    |                          |                          |                                     |                          |
| Date of last maintenance service: _____                             |                          |                                     |                                     |                                     |                                   |                          |                                     |                                     |                          |                |                          |                          |                                     |                          |                    |                          |                          |                                     |                          |
| D2. Is there a problem, malfunction, or defect with the dwelling's: |                          |                                     |                                     |                                     |                                   |                          |                                     |                                     |                          |                |                          |                          |                                     |                          |                    |                          |                          |                                     |                          |
| 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 checked="" type="checkbox"/> | <input type="checkbox"/> | Sump pump      | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Garage Door system | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Elevator system or component                                        | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Pool/hot tub /spa                 | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Gas logs       | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Security system    | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Appliances to be conveyed                                           | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | TV cable wiring or satellite dish | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Central vacuum | <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 D (identify the specific question for each explanation):**

---



---



---



---

## SECTION E. LAND/ZONING

|                                                                                                                                                                                                              | Yes                      | No                                  | NR                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|--------------------------|
| E1. Is there a problem, malfunction, or defect with the drainage, grading, or soil stability of the property?                                                                                                | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| E2. Is the property in violation of any local zoning ordinances, restrictive covenants, or local land-use restrictions (including setback requirements?)                                                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| E3. Is the property in violation of any building codes (including the failure to obtain required permits for room additions or other changes/improvements)?                                                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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?                                    | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| E5. Does the property abut or adjoin any private road(s) or street(s)?                                                                                                                                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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? <input type="checkbox"/> NA | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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

---



---



---



---

## SECTION F. ENVIRONMENTAL/FLOODING

|                                                                                                                                                                                                                                       | Yes                      | No                                  | NR                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|--------------------------|
| 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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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

REC 4.22  
REV 5/24

4

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

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

---



---



---



---

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

REC 4.22  
REV 5/24

5

**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) N/A whose regular assessments ("dues") are \$ N/A per N/A.

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

b. (specify name) N/A whose regular assessments ("dues") are \$ N/A per N/A.

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

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: \_\_\_\_\_ PAMELA JOY GREEN RAY Date \_\_\_\_\_

Owner Signature: Pamela Joy Green Ray Date 9-23-2025

**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 \_\_\_\_\_