

## VACANT LAND DISCLOSURE STATEMENT

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

Property: \_\_\_\_\_ Lot off of Buck Naked Rd \_\_\_\_\_  
 Buyer: \_\_\_\_\_  
 Seller: \_\_\_\_\_ Cindy Rios Kenner \_\_\_\_\_

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

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

### A. Physical Aspects

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





**D. Agricultural, Timber, Mineral Aspects**

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

**E. Environmental Aspects**

- 1. Current or past Phase I, Phase II or Phase III Environmental Site Assessment(s).....  Yes  No  NR
- 2. Underground or above ground storage tanks .....  Yes  No  NR  
If yes, describe in detail: \_\_\_\_\_
- 3. Abandoned or junk motor vehicles or equipment of any kind.....  Yes  No  NR
- 4. Past illegal uses of property (e.g., methamphetamine manufacture or use).....  Yes  No  NR
- 5. Federal or State listed or protected species present.....  Yes  No  NR  
If yes, describe plants and/or animals: \_\_\_\_\_
- 6. Government sponsored clean-up of the property .....  Yes  No  NR
- 7. Groundwater, surface water, or well water contamination  Current  Previous..  Yes  No  NR
- 8. Previous commercial or industrial uses.....  Yes  No  NR
- 9. Wetlands, streams, or other water features .....  Yes  No  NR  
Permits or certifications related to Wetlands .....  Yes  No  NR  
Conservation/stream restoration.....  Yes  No  NR
- 10. Coastal concern (tidal waters, unbuildable land, flood zone, CAMA, Army Corp., etc.)  Yes  No  NR  
If yes, describe in detail: \_\_\_\_\_
- 11. The use or presence on the property, either stored or buried, above or below ground, of:
  - i. Asbestos, Benzene, Methane, Pesticides, Radioactive Material .....  Yes  No  NR  
If yes, describe in detail: \_\_\_\_\_
  - ii. Other fuel/chemical.....  Yes  No  NR
  - iii. Paint  Lead based paint  Other paint/solvents .....  Yes  No  NR
  - iv. Agricultural chemical storage .....  Yes  No  NR

**F. Utilities**

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

- Water (describe): well (shared)
- Sewer (describe): Septic
- Gas (describe): \_\_\_\_\_
- Electricity (describe): Duke Power Energy
- Cable (describe): \_\_\_\_\_

