



Residential Property And Owners' Association Disclosure Statement

Protecting the Public Interest in Real Estate Brokerage Transactions

Property Address/Description: 994 Test Farm Road, Wallace, NC 28466
Owner's Name(s): All America Construction of Burgin

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.

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.

- 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 N, the owner has no actual knowledge of the topic of the question, including any problem.
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.

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.

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.

- 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 AAC/om
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>11/2024</u><br>If not owner-occupied, how long has it been since the owner occupied the property? _____  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                     |    |            |                          |                          |                                     |                          |      |                          |                          |                          |                                     |       |                          |                          |                          |                                     |        |                          |                          |                                     |                          |   |  |    |     |    |    |         |                          |                          |                                     |                          |       |                          |                          |                                     |                          |          |                          |                          |                                     |                          |      |                          |                          |                                     |                          |   |  |    |     |    |    |                 |                          |                          |                          |                                     |                   |                          |                          |                          |                                     |                         |                          |                          |                                     |                          |              |                          |                          |                          |                          |
| A2. In what year was the dwelling constructed? <u>2000</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 checked="" 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 align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input checked="" type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>Slab</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Patio</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Floors</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input checked="" type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> </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 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 align="center"><input type="checkbox"/></td> <td align="center"><input 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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 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 checked="" type="checkbox"/> | <input type="checkbox"/>            |    |            |                          |                          |                                     |                          |      |                          |                          |                          |                                     |       |                          |                          |                          |                                     |        |                          |                          |                                     |                          |   |  |    |     |    |    |         |                          |                          |                                     |                          |       |                          |                          |                                     |                          |          |                          |                          |                                     |                          |      |                          |                          |                                     |                          |   |  |    |     |    |    |                 |                          |                          |                          |                                     |                   |                          |                          |                          |                                     |                         |                          |                          |                                     |                          |              |                          |                          |                          |                          |
|  | NA                       | Yes                                 | No                                  | NR                                  |    |            |                          |                          |                                     |                          |      |                          |                          |                          |                                     |       |                          |                          |                          |                                     |        |                          |                          |                                     |                          |   |  |    |     |    |    |         |                          |                          |                                     |                          |       |                          |                          |                                     |                          |          |                          |                          |                                     |                          |      |                          |                          |                                     |                          |   |  |    |     |    |    |                 |                          |                          |                          |                                     |                   |                          |                          |                          |                                     |                         |                          |                          |                                     |                          |              |                          |                          |                          |                          |
| Attached Garage  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |    |            |                          |                          |                                     |                          |      |                          |                          |                          |                                     |       |                          |                          |                          |                                     |        |                          |                          |                                     |                          |   |  |    |     |    |    |         |                          |                          |                                     |                          |       |                          |                          |                                     |                          |          |                          |                          |                                     |                          |      |                          |                          |                                     |                          |   |  |    |     |    |    |                 |                          |                          |                          |                                     |                   |                          |                          |                          |                                     |                         |                          |                          |                                     |                          |              |                          |                          |                          |                          |
| Fireplace/Chimney  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |    |            |                          |                          |                                     |                          |      |                          |                          |                          |                                     |       |                          |                          |                          |                                     |        |                          |                          |                                     |                          |   |  |    |     |    |    |         |                          |                          |                                     |                          |       |                          |                          |                                     |                          |          |                          |                          |                                     |                          |      |                          |                          |                                     |                          |   |  |    |     |    |    |                 |                          |                          |                          |                                     |                   |                          |                          |                          |                                     |                         |                          |                          |                                     |                          |              |                          |                          |                          |                          |
| Interior/Exterior Walls  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |    |            |                          |                          |                                     |                          |      |                          |                          |                          |                                     |       |                          |                          |                          |                                     |        |                          |                          |                                     |                          |   |  |    |     |    |    |         |                          |                          |                                     |                          |       |                          |                          |                                     |                          |          |                          |                          |                                     |                          |      |                          |                          |                                     |                          |   |  |    |     |    |    |                 |                          |                          |                          |                                     |                   |                          |                          |                          |                                     |                         |                          |                          |                                     |                          |              |                          |                          |                          |                          |
| Other: _____   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |    |            |                          |                          |                                     |                          |      |                          |                          |                          |                                     |       |                          |                          |                          |                                     |        |                          |                          |                                     |                          |   |  |    |     |    |    |         |                          |                          |                                     |                          |       |                          |                          |                                     |                          |          |                          |                          |                                     |                          |      |                          |                          |                                     |                          |   |  |    |     |    |    |                 |                          |                          |                          |                                     |                   |                          |                          |                          |                                     |                         |                          |                          |                                     |                          |              |                          |                          |                          |                          |

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

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**SECTION B.  
HVAC/ELECTRICAL**

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

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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: \_\_\_\_\_

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

Septic system NA Yes No NR Plumbing system (pipes, fixtures, water heater, etc.) NA Yes No NR
Sewer system NA Yes No NR Water supply (water quality, quantity, or pressure) NA Yes No NR

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

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

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**SECTION D.  
FIXTURES/APPLIANCES**

D1. Is the dwelling equipped with an elevator system? Yes  No  NR   
 If yes, when was it last inspected? \_\_\_\_\_  
 Date of last maintenance service: \_\_\_\_\_

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

|                                     | NA                       | Yes                                 | No                       | NR                                  |                                   | NA                       | Yes                      | No                       | NR                                  |                | NA                       | Yes                      | No                       | NR                                  |
|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|-----------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|----------------|--------------------------|--------------------------|--------------------------|-------------------------------------|
| Attic fan, exhaust fan, ceiling fan | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Irrigation system                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Sump pump      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Elevator system or component        | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pool/hot tub /spa                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Gas logs       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Central vacuum | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|                                     |                          |                                     |                          |                                     |                                   |                          |                          |                          |                                     |                |                          |                          |                          |                                     |
|                                     |                          |                                     |                          |                                     |                                   |                          |                          |                          |                                     |                |                          |                          |                          |                                     |
|                                     |                          |                                     |                          |                                     |                                   |                          |                          |                          |                                     |                |                          |                          |                          |                                     |
|                                     |                          |                                     |                          |                                     |                                   |                          |                          |                          |                                     |                |                          |                          |                          |                                     |

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

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**SECTION E.  
LAND/ZONING**

E1. Is there a problem, malfunction, or defect with the drainage, grading, or soil stability of the property? Yes  No  NR

E2. Is the property in violation of any local zoning ordinances, restrictive covenants, or local land-use restrictions (including setback requirements?) Yes  No  NR

E3. Is the property in violation of any building codes (including the failure to obtain required permits for room additions or other changes/improvements?) Yes  No  NR

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? Yes  No  NR

E5. Does the property abut or adjoin any private road(s) or street(s)? Yes  No  NR

E6. If there is a private road or street adjoining the property, are there any owners' association or maintenance agreements dealing with the maintenance of the road or street?  NA Yes  No  NR

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

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**SECTION F.  
ENVIRONMENTAL/FLOODING**

F1. Is there hazardous or toxic substance, material, or product (such as asbestos, formaldehyde, radon gas, methane gas, lead-based paint) that exceed government safety standards located on or which otherwise affect the property? Yes  No  NR

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

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

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

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

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### SECTION G. MISCELLANEOUS

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

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

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