

## 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: 99 Conestoga Trail, Murphy, NC 28906

Buyer: \_\_\_\_\_

Seller: Barry Heacock

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 ... <u>Storage shed &amp; RV</u> ..... <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p style="margin-left: 20px;">If yes, please describe: _____</p> <p>2. Current or past soil evaluation test (agricultural, septic, or otherwise)..... <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>3. Caves, mineshafts, tunnels, fissures or open or abandoned wells ..... <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>4. Erosion, sliding, soil settlement/expansion, fill or earth movement ..... <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>5. Communication, power, or utility lines..... <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>6. Pipelines (natural gas, petroleum, other)..... <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>7. Landfill operations or junk storage ..... <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p style="margin-left: 20px;"><input type="checkbox"/> Previous <input type="checkbox"/> Current <input type="checkbox"/> Planned <input type="checkbox"/> Legal <input type="checkbox"/> Illegal</p> <p>8. Drainage, grade issues, flooding, or conditions conducive to flooding ..... <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>9. Gravesites, pet cemeteries, or animal burial pits..... <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>10. Rivers, lakes, ponds, creeks, streams, dams, or springs..... <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>11. Well(s)..... <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p style="margin-left: 20px;"><input type="checkbox"/> Potable <input type="checkbox"/> Non-potable      Water Quality Test? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p style="margin-left: 20px;">depth _____; shared (y/n) <u>Y</u>; year installed _____; gal/min _____</p> <p>12. Septic System(s)..... <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p style="margin-left: 20px;">If yes: Number of bedrooms on permit(s) <u>2</u></p> <p style="margin-left: 40px;">Permit(s) available? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NR</p> <p style="margin-left: 40px;">Lift station(s)/Grinder(s) on Property? <input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> NR</p> <p style="margin-left: 40px;">Septic Onsite? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Details: _____</p> <p style="margin-left: 40px;">Tank capacity <u>1000 GAL</u></p> <p style="margin-left: 40px;">Repairs made (describe): _____</p> <p style="margin-left: 40px;">Tank(s) last cleaned: <u>new</u></p> <p style="margin-left: 20px;">If no: Permit(s) in process? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NR</p> <p style="margin-left: 20px;">Soil Evaluation Complete? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NR</p> <p style="margin-left: 20px;">Other Septic Details: _____</p> | <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;"><input checked="" type="checkbox"/></td> <td style="width: 33%;"><input type="checkbox"/></td> <td style="width: 33%;"><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input 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 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 checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input 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 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 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 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 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 checked="" type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>            |                          |                          |                          |                          |                                     |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                                     |                          |                          |                                     |                          |                          |
| <input checked="" type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>            |                          |                          |                          |                          |                                     |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                                     |                          |                          |                                     |                          |                          |



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

**B. Legal/Land Use Aspects**

- 1. Current or past title insurance policy or title search.....
- 2. Copy of deed(s) for property.....
- 3. Government administered programs or allotments.....
- 4. Rollback or other tax deferral recaptures upon sale.....
- 5. Litigation or estate proceeding affecting ownership or boundaries.....
- 6. Notices from governmental or quasi-governmental authorities related to the property...
- 7. Private use restrictions or conditions, protective covenants, or HOA.....     
 If yes, please describe: \_\_\_\_\_
- 8. Recent work by persons entitled to file lien claims.....     
 If yes, have all such persons been paid in full .....     
 If not paid in full, provide lien agent name and project number: \_\_\_\_\_
- 9. Jurisdictional government land use authority:  
 County: Cherokee City: Murphy
- 10. Current zoning: \_\_\_\_\_
- 11. Fees or leases for use of any system or item on property .....
- 12. Location within a government designated disaster evacuation zone (e.g., hurricane, nuclear facility, hazardous chemical facility, hazardous waste facility).....
- 13. Access (legal and physical) other than by direct frontage on a public road  
 Access via easement.....     
 Access via private road .....     
 If yes, is there a private road maintenance agreement?  yes  no
- 14. Solar panel(s), windmill(s), cell tower(s).....     
 If yes, please describe: \_\_\_\_\_

**C. Survey/Boundary Aspects**

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

**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): Shamed Well
- Sewer (describe): \_\_\_\_\_
- Gas (describe): \_\_\_\_\_
- Electricity (describe): TNT State
- Cable (describe): River Street Use For TV and Phone

