



Residential Property And Owners' Association Disclosure Statement

Protecting the Public Interest in Real Estate Brokerage Transactions

Property Address/Description: 703 Broad St. W, Wilson, NC 27893

Owner's Name(s): William Culbreth Spivey

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).

- 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.

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

REC 4.22
REV 5/24 1

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

|   |                                     |                                     |                                     |                          |           |            |                          |                          |                                     |                          |      |                                     |                          |                          |                          |       |                          |                          |                                     |                          |        |                          |                          |                                     |                          |  |  |           |            |           |           |         |                          |                          |                                     |                          |       |                          |                          |                                     |                          |          |                          |                          |                                     |                          |      |                          |                          |                                     |                          |  |  |           |            |           |           |                 |                                     |                          |                          |                          |                   |                          |                          |                                     |                          |                         |                          |                          |                                     |                          |              |                          |                          |                          |                          |
|---|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|-----------|------------|--------------------------|--------------------------|-------------------------------------|--------------------------|------|-------------------------------------|--------------------------|--------------------------|--------------------------|-------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------|--------------------------|--------------------------|-------------------------------------|--------------------------|--|--|-----------|------------|-----------|-----------|---------|--------------------------|--------------------------|-------------------------------------|--------------------------|-------|--------------------------|--------------------------|-------------------------------------|--------------------------|----------|--------------------------|--------------------------|-------------------------------------|--------------------------|------|--------------------------|--------------------------|-------------------------------------|--------------------------|--|--|-----------|------------|-----------|-----------|-----------------|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------|--------------------------|--------------------------|--------------------------|--------------------------|
|   | <b>Yes</b>                          | <b>No</b>                           | <b>NR</b>                           |                          |           |            |                          |                          |                                     |                          |      |                                     |                          |                          |                          |       |                          |                          |                                     |                          |        |                          |                          |                                     |                          |  |  |           |            |           |           |         |                          |                          |                                     |                          |       |                          |                          |                                     |                          |          |                          |                          |                                     |                          |      |                          |                          |                                     |                          |  |  |           |            |           |           |                 |                                     |                          |                          |                          |                   |                          |                          |                                     |                          |                         |                          |                          |                                     |                          |              |                          |                          |                          |                          |
| A1. Is the property currently owner-occupied?<br>Date owner acquired the property: <u>5/5/17</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? _____  |                                     |                                     | <input type="checkbox"/>            |                          |           |            |                          |                          |                                     |                          |      |                                     |                          |                          |                          |       |                          |                          |                                     |                          |        |                          |                          |                                     |                          |  |  |           |            |           |           |         |                          |                          |                                     |                          |       |                          |                          |                                     |                          |          |                          |                          |                                     |                          |      |                          |                          |                                     |                          |  |  |           |            |           |           |                 |                                     |                          |                          |                          |                   |                          |                          |                                     |                          |                         |                          |                          |                                     |                          |              |                          |                          |                          |                          |
| A3. Have there been any structural additions or other structural or mechanical changes to the dwelling(s)?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |           |            |                          |                          |                                     |                          |      |                                     |                          |                          |                          |       |                          |                          |                                     |                          |        |                          |                          |                                     |                          |  |  |           |            |           |           |         |                          |                          |                                     |                          |       |                          |                          |                                     |                          |          |                          |                          |                                     |                          |      |                          |                          |                                     |                          |  |  |           |            |           |           |                 |                                     |                          |                          |                          |                   |                          |                          |                                     |                          |                         |                          |                          |                                     |                          |              |                          |                          |                          |                          |
| A4. The dwelling's exterior walls are made of what type of material? (Check all that apply)<br><input type="checkbox"/> Brick Veneer <input 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 checked="" 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%;"> <tr> <td style="width:25%;"></td> <td align="center"><b>NA</b></td> <td align="center"><b>Yes</b></td> <td align="center"><b>No</b></td> <td align="center"><b>NR</b></td> </tr> <tr> <td>Foundation</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input checked="" type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>Slab</td> <td align="center"><input checked="" type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>Patio</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input checked="" type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>Floors</td> <td align="center"><input type="checkbox"/></td> <td 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</tr> </table> |  | <b>NA</b> | <b>Yes</b> | <b>No</b> | <b>NR</b> | 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"/> | <table border="0" style="width:100%;"> <tr> <td style="width:25%;"></td> <td align="center"><b>NA</b></td> <td align="center"><b>Yes</b></td> <td align="center"><b>No</b></td> <td align="center"><b>NR</b></td> </tr> <tr> <td>Attached Garage</td> <td align="center"><input checked="" type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>Fireplace/Chimney</td> <td align="center"><input 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>Interior/Exterior Walls</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input checked="" type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>Other: _____</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> </table> |  | <b>NA</b> | <b>Yes</b> | <b>No</b> | <b>NR</b> | Attached Garage | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fireplace/Chimney | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Interior/Exterior Walls | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Other: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <b>NA</b>                           | <b>Yes</b>                          | <b>No</b>                           | <b>NR</b>                |           |            |                          |                          |                                     |                          |      |                                     |                          |                          |                          |       |                          |                          |                                     |                          |        |                          |                          |                                     |                          |  |  |           |            |           |           |         |                          |                          |                                     |                          |       |                          |                          |                                     |                          |          |                          |                          |                                     |                          |      |                          |                          |                                     |                          |  |  |           |            |           |           |                 |                                     |                          |                          |                          |                   |                          |                          |                                     |                          |                         |                          |                          |                                     |                          |              |                          |                          |                          |                          |
| Foundation  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |           |            |                          |                          |                                     |                          |      |                                     |                          |                          |                          |       |                          |                          |                                     |                          |        |                          |                          |                                     |                          |  |  |           |            |           |           |         |                          |                          |                                     |                          |       |                          |                          |                                     |                          |          |                          |                          |                                     |                          |      |                          |                          |                                     |                          |  |  |           |            |           |           |                 |                                     |                          |                          |                          |                   |                          |                          |                                     |                          |                         |                          |                          |                                     |                          |              |                          |                          |                          |                          |
| Slab  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |           |            |                          |                          |                                     |                          |      |                                     |                          |                          |                          |       |                          |                          |                                     |                          |        |                          |                          |                                     |                          |  |  |           |            |           |           |         |                          |                          |                                     |                          |       |                          |                          |                                     |                          |          |                          |                          |                                     |                          |      |                          |                          |                                     |                          |  |  |           |            |           |           |                 |                                     |                          |                          |                          |                   |                          |                          |                                     |                          |                         |                          |                          |                                     |                          |              |                          |                          |                          |                          |
| Patio   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |           |            |                          |                          |                                     |                          |      |                                     |                          |                          |                          |       |                          |                          |                                     |                          |        |                          |                          |                                     |                          |  |  |           |            |           |           |         |                          |                          |                                     |                          |       |                          |                          |                                     |                          |          |                          |                          |                                     |                          |      |                          |                          |                                     |                          |  |  |           |            |           |           |                 |                                     |                          |                          |                          |                   |                          |                          |                                     |                          |                         |                          |                          |                                     |                          |              |                          |                          |                          |                          |
| Floors  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |           |            |                          |                          |                                     |                          |      |                                     |                          |                          |                          |       |                          |                          |                                     |                          |        |                          |                          |                                     |                          |  |  |           |            |           |           |         |                          |                          |                                     |                          |       |                          |                          |                                     |                          |          |                          |                          |                                     |                          |      |                          |                          |                                     |                          |  |  |           |            |           |           |                 |                                     |                          |                          |                          |                   |                          |                          |                                     |                          |                         |                          |                          |                                     |                          |              |                          |                          |                          |                          |
|   | <b>NA</b>                           | <b>Yes</b>                          | <b>No</b>                           | <b>NR</b>                |           |            |                          |                          |                                     |                          |      |                                     |                          |                          |                          |       |                          |                          |                                     |                          |        |                          |                          |                                     |                          |  |  |           |            |           |           |         |                          |                          |                                     |                          |       |                          |                          |                                     |                          |          |                          |                          |                                     |                          |      |                          |                          |                                     |                          |  |  |           |            |           |           |                 |                                     |                          |                          |                          |                   |                          |                          |                                     |                          |                         |                          |                          |                                     |                          |              |                          |                          |                          |                          |
| 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"/> |           |            |                          |                          |                                     |                          |      |                                     |                          |                          |                          |       |                          |                          |                                     |                          |        |                          |                          |                                     |                          |  |  |           |            |           |           |         |                          |                          |                                     |                          |       |                          |                          |                                     |                          |          |                          |                          |                                     |                          |      |                          |                          |                                     |                          |  |  |           |            |           |           |                 |                                     |                          |                          |                          |                   |                          |                          |                                     |                          |                         |                          |                          |                                     |                          |              |                          |                          |                          |                          |
|   | <b>NA</b>                           | <b>Yes</b>                          | <b>No</b>                           | <b>NR</b>                |           |            |                          |                          |                                     |                          |      |                                     |                          |                          |                          |       |                          |                          |                                     |                          |        |                          |                          |                                     |                          |  |  |           |            |           |           |         |                          |                          |                                     |                          |       |                          |                          |                                     |                          |          |                          |                          |                                     |                          |      |                          |                          |                                     |                          |  |  |           |            |           |           |                 |                                     |                          |                          |                          |                   |                          |                          |                                     |                          |                         |                          |                          |                                     |                          |              |                          |                          |                          |                          |
| Attached Garage   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |           |            |                          |                          |                                     |                          |      |                                     |                          |                          |                          |       |                          |                          |                                     |                          |        |                          |                          |                                     |                          |  |  |           |            |           |           |         |                          |                          |                                     |                          |       |                          |                          |                                     |                          |          |                          |                          |                                     |                          |      |                          |                          |                                     |                          |  |  |           |            |           |           |                 |                                     |                          |                          |                          |                   |                          |                          |                                     |                          |                         |                          |                          |                                     |                          |              |                          |                          |                          |                          |
| Fireplace/Chimney   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |           |            |                          |                          |                                     |                          |      |                                     |                          |                          |                          |       |                          |                          |                                     |                          |        |                          |                          |                                     |                          |  |  |           |            |           |           |         |                          |                          |                                     |                          |       |                          |                          |                                     |                          |          |                          |                          |                                     |                          |      |                          |                          |                                     |                          |  |  |           |            |           |           |                 |                                     |                          |                          |                          |                   |                          |                          |                                     |                          |                         |                          |                          |                                     |                          |              |                          |                          |                          |                          |
| Interior/Exterior Walls   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |           |            |                          |                          |                                     |                          |      |                                     |                          |                          |                          |       |                          |                          |                                     |                          |        |                          |                          |                                     |                          |  |  |           |            |           |           |         |                          |                          |                                     |                          |       |                          |                          |                                     |                          |          |                          |                          |                                     |                          |      |                          |                          |                                     |                          |  |  |           |            |           |           |                 |                                     |                          |                          |                          |                   |                          |                          |                                     |                          |                         |                          |                          |                                     |                          |              |                          |                          |                          |                          |
| Other: _____  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |           |            |                          |                          |                                     |                          |      |                                     |                          |                          |                          |       |                          |                          |                                     |                          |        |                          |                          |                                     |                          |  |  |           |            |           |           |         |                          |                          |                                     |                          |       |                          |                          |                                     |                          |          |                          |                          |                                     |                          |      |                          |                          |                                     |                          |  |  |           |            |           |           |                 |                                     |                          |                          |                          |                   |                          |                          |                                     |                          |                         |                          |                          |                                     |                          |              |                          |                          |                          |                          |

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

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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 checked="" type="checkbox"/> | <input type="checkbox"/>            |
| B2. Is there a problem, malfunction, or defect with the dwelling's heating and/or air conditioning?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| B3. What is the dwelling's heat source? (Check all that apply; indicate the year of each system manufacture)   |                          |                                     | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> Furnace [ ___ # of units] Year: _____   |                          |                                     |                                     |
| <input checked="" type="checkbox"/> Heat Pump [ <u>1</u> # of units] Year: <u>?</u>  |                          |                                     |                                     |
| <input type="checkbox"/> Baseboard [ ___ # of bedrooms with units] Year: _____   |                          |                                     |                                     |
| <input checked="" type="checkbox"/> Other: <u>Gas Pack</u> Year: _____   |                          |                                     |                                     |

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

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? \_\_\_\_\_  No Records Available

Date the septic system was last pumped: \_\_\_\_\_

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

|               | NA                                  | Yes                      | No                                  | NR                       |   | NA                       | Yes                      | No                                  | NR                       |
|---------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|---|--------------------------|--------------------------|-------------------------------------|--------------------------|
| Septic system | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Plumbing system (pipes, fixtures, water heater, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Sewer system  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Water supply (water quality, quantity, or pressure)   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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

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

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

**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                       |                    | NA                                  | Yes                      | No                                  | NR                       |
|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-----------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|----------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| Attic fan, exhaust fan, ceiling fan | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Irrigation system                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Sump pump      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Garage Door system | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Elevator system or component        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Pool/hot tub /spa                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Gas logs       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Security system    | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Appliances to be conveyed           | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | TV cable wiring or satellite dish | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Central vacuum | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other:             | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION E.  
LAND/ZONING**

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? Yes  No  NR   NA

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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

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

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

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

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

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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, materialmens' 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 checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

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

G3: Historic District (Broad Kenan)

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

REC 4.22  
REV 5/24

**SECTION H.  
OWNERS' ASSOCIATION DISCLOSURE**

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

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

Yes  No  NR

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

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

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

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

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

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

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

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

If "yes," state the amount of the fees: \_\_\_\_\_

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

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

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

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

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

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

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

Owner Signature: William Culbreth Spivey Date 3/24/2015

Owner Signature: \_\_\_\_\_ Date \_\_\_\_\_

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

Buyer Signature: \_\_\_\_\_ Date \_\_\_\_\_

Buyer Signature: \_\_\_\_\_ Date \_\_\_\_\_

LEAD-BASED PAINT OR LEAD-BASED PAINT HAZARD ADDENDUM

Property: 703 Broad St. W, Wilson, NC 27893

Seller: William Culbreth Spivey

Buyer:

This Addendum is attached to and made a part of the Offer to Purchase and Contract ("Contract") between Seller and Buyer for the Property.

During the Due Diligence Period, Buyer shall have the right to obtain a risk assessment or inspection of the Property for the presence of lead-based paint and/or lead-based paint hazards\* at Buyer's expense. Buyer may waive the right to obtain a risk assessment or inspection of the Property for the presence of lead-based paint and/or lead-based paint hazards at any time without cause.

\*Intact lead-based paint that is in good condition is not necessarily a hazard. See EPA pamphlet "Protect Your Family From Lead in Your Home" for more information.

Disclosure of Information on Lead-Based Paint and Lead-Based Paint Hazards

Lead Warning Statement

Every Buyer of any interest in residential real property on which a residential dwelling was built prior to 1978 is notified that such property may present exposure to lead from lead-based paint that may place young children at risk of developing lead poisoning. Lead poisoning in young children may produce permanent neurological damage, including learning disabilities, reduced intelligence quotient, behavioral problems, and impaired memory. Lead poisoning also poses a particular risk to pregnant women. The Seller of any interest in residential real property is required to provide the Buyer with any information on lead-based paint hazards from risk assessments or inspections in the Seller's possession and notify the Buyer of any known lead-based paint hazards. A risk assessment or inspection for possible lead-based hazards is recommended prior to purchase.

Seller's Disclosure (initial)

WCS

- (a) Presence of lead-based paint and/or lead-based paint hazards (check one below):
[ ] Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

[X] Seller has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

WCS

- (b) Records and reports available to the Seller (check one)
[ ] Seller has provided the Buyer with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

[X] Seller has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Buyer's Acknowledgement (initial)

- (c) Buyer acknowledges receipt of Seller's statement set forth in (a) above, and copies of the records/reports listed in (b) above, if any.
(d) Buyer has received the pamphlet Protect Your Family from Lead in Your Home.
(e) Buyer (check one below):
[ ] Accepts the opportunity during the Due Diligence Period to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards; or
[ ] Waives the opportunity to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards.



This form jointly approved by: North Carolina Bar Association's Real Property Section North Carolina Association of REALTORS®, Inc.



STANDARD FORM 2A9-T Revised 7/2021 © 7/2024

Buyer Initials Seller Initials WCS

**Agent's Acknowledgment (initial)**

am

(f) Agent has informed the Seller of the Seller's obligations under 42 U.S.C. 4852d and is aware of his/her responsibility to ensure compliance.

**Certification of Accuracy**

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information provided by the signatory is true and accurate.

IN THE EVENT OF A CONFLICT BETWEEN THIS ADDENDUM AND THE CONTRACT, THIS ADDENDUM SHALL CONTROL, EXCEPT THAT IN THE CASE OF SUCH A CONFLICT AS TO THE DESCRIPTION OF THE PROPERTY OR THE IDENTITY OF THE BUYER OR SELLER, THE CONTRACT SHALL CONTROL.

THE NORTH CAROLINA ASSOCIATION OF REALTORS®, INC. AND THE NORTH CAROLINA BAR ASSOCIATION MAKE NO REPRESENTATION AS TO THE LEGAL VALIDITY OR ADEQUACY OF ANY PROVISION OF THIS FORM IN ANY SPECIFIC TRANSACTION. IF YOU DO NOT UNDERSTAND THIS FORM OR FEEL THAT IT DOES NOT PROVIDE FOR YOUR LEGAL NEEDS, YOU SHOULD CONSULT A NORTH CAROLINA REAL ESTATE ATTORNEY BEFORE YOU SIGN IT.

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_

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

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

(Name of LLC/Corporation/Partnership/Trust/etc.)

By: \_\_\_\_\_

Name: \_\_\_\_\_

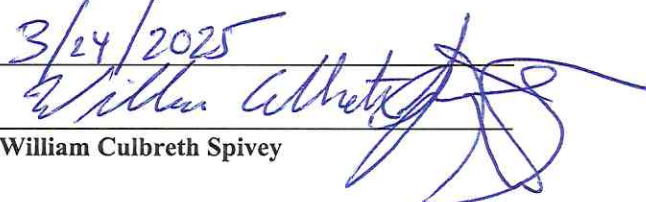
Print Name

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Selling Agent: \_\_\_\_\_

Date: \_\_\_\_\_

Date: 3/24/2025  
Seller:   
William Culbreth Spivey

Date: \_\_\_\_\_

Seller: \_\_\_\_\_

Entity Seller: \_\_\_\_\_

(Name of LLC/Corporation/Partnership/Trust/etc.)

By: \_\_\_\_\_

Name: \_\_\_\_\_

Print Name

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Listing Agent: 

Allyson Moye

Date: 3/28/25



**STATE OF NORTH CAROLINA  
MINERAL AND OIL AND GAS RIGHTS MANDATORY DISCLOSURE STATEMENT**

**Instructions to Property Owners**

1. The Residential Property Disclosure Act (G.S. 47E) ("Disclosure Act") requires owners of certain residential real estate such as single-family homes, individual condominiums, townhouses, and the like, and buildings with up to four dwelling units, to furnish purchasers a Mineral and Oil and Gas Rights Disclosure Statement ("Disclosure Statement"). This form is the only one approved for this purpose.
2. A disclosure statement is not required for some transactions. For a complete list of exemptions, see G.S. 47E-2(a). **A DISCLOSURE STATEMENT IS REQUIRED FOR THE TRANSFERS IDENTIFIED IN G.S. 47E-2(b)**, including transfers involving the first sale of a dwelling never inhabited, lease with option to purchase contracts where the lessee occupies or intends to occupy the dwelling, and transfers between parties when both parties agree not to provide the Residential Property and Owner's Association Disclosure Statement.
3. You must respond to each of the following by placing a check  in the appropriate box.

**MINERAL AND OIL AND GAS RIGHTS DISCLOSURE**

Mineral rights and/ or oil and gas rights can be severed from the title to real property by conveyance (deed) of the mineral rights and/ or oil and gas rights from the owner or by reservation of the mineral rights and/ or oil and gas rights by the owner. If mineral rights and/ or oil and gas rights are or will be severed from the property, the owner of those rights may have the perpetual right to drill, mine, explore, and remove any of the subsurface mineral and/or oil or gas resources on or from the property either directly from the surface of the property or from a nearby location. With regard to the severance of mineral rights and/or oil and gas rights, Seller makes the following disclosures:

|  | Yes                      | No                                  | No Representation                   |
|--|--------------------------|-------------------------------------|-------------------------------------|
| <u>                    </u> 1. Mineral rights were severed from the property by a previous owner.<br>Buyer Initials                                    | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <u>                    </u> 2. Seller has severed the mineral rights from the property.<br>Buyer Initials  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                     |
| <u>                    </u> 3. Seller intends to sever the mineral rights from the property prior to<br>Buyer Initials transfer of title to the Buyer. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                     |
| <u>                    </u> 4. Oil and gas rights were severed from the property by a previous owner.<br>Buyer Initials                                | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <u>                    </u> 5. Seller has severed the oil and gas rights from the property.<br>Buyer Initials  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                     |
| <u>                    </u> 6. Seller intends to sever the oil and gas rights from the property prior<br>Buyer Initials to transfer of title to Buyer. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                     |

**Note to Purchasers**

If the owner does not give you a Mineral and Oil and Gas Rights Disclosure Statement by the time you make your offer to purchase the property, or exercise an option to purchase the property pursuant to a lease with an option to purchase, you may under certain conditions cancel any resulting contract without penalty to you as the purchaser. To cancel the contract, you must personally deliver or mail written notice of your decision to cancel to the owner or the owner's agent within three calendar days following your receipt of this Disclosure Statement, or three calendar days following the date of the contract, whichever occurs first. However, in no event does the Disclosure Act permit you to cancel a contract after settlement of the transaction or (in the case of a sale or exchange) after you have occupied the property, whichever occurs first.

Property Address: 703 Broad St. W, Wilson, NC 27893

Owner's Name(s): William Culbreth Spivey

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

Owner Signature:  William Culbreth Spivey Date 3/24/2025

Owner Signature: \_\_\_\_\_ Date \_\_\_\_\_

Purchaser(s) acknowledge receipt of a copy of this Disclosure Statement; that they have examined it before signing; that they understand that this is not a warranty by owner or owner's agent; and that the representations are made by the owner and not the owner's agent(s) or subagent(s).

Purchaser Signature: \_\_\_\_\_ Date \_\_\_\_\_

Purchaser Signature: \_\_\_\_\_ Date \_\_\_\_\_

REC 4.25

1/1/15