



# SELLER'S PROPERTY DISCLOSURE STATEMENT

## EXHIBIT " \_\_\_\_\_ "



2008 Printing

This Exhibit is part of the Agreement with an Offer Date of \_\_\_\_\_ for the purchase and sale of that certain Property known as: 1013 Andover Dr. Hoschton, Georgia 30548.

**NOTICE TO BUYER AND SELLER:** This disclosure statement is designed to assist Seller in disclosing to prospective buyers material adverse facts relating to the physical condition of Property that may not be readily observable, disclosing historical information and past problems with Property, and identifying those fixtures/items that are included with the sale of Property. **All answers are to be answered with respect to the above referenced property. IF THE ANSWERS TO ANY OF THE QUESTIONS LISTED BELOW ARE "YES" SELLER SHALL FULLY EXPLAIN THE ANSWER TO THE QUESTION IN THE BLANK CORRESPONDING TO THE QUESTION AND/OR IN THE ADDITIONAL EXPLANATIONS PARAGRAPH.**

	Yes	No	Don't Know
<b>1. OCCUPANCY:</b>			
(a) Is Property vacant? If yes, how long has it been since Seller occupied Property? _____	_____	_____	_____
(b) Are there any leases, written or verbal, on Property or any part thereof?	_____	_____	_____
<b>2. SOIL, TREES, SHRUBS AND BOUNDARIES:</b>			
(a) Are there any landfills (other than foundation backfill), graves, mine shafts, trash dumps or wells (in use or abandoned) on Property?	_____	_____	_____
(b) Is there any sliding, settling (other than normal settling), earth movement, sinkholes, upheaval, or earth stability/expansive soil problems?	_____	_____	_____
(c) Are there any diseased or dead trees on Property?	_____	_____	_____
(d) Are there any encroachments (known or recorded), leases, unrecorded easements, or boundary line disputes?	_____	_____	_____
<b>3. TERMITES, DRY-ROT, PESTS, AND WOOD-DESTROYING ORGANISMS:</b>			
(a) Is there any past or present damage to Property caused by infiltrating pests, termites, dry-rot, or other wood-destroying organisms?	_____	_____	_____
(b) Is your Property currently under a transferable bond, warranty or other coverage for termites or other wood destroying organisms by a licensed pest control company? If yes, check type of coverage: <input type="checkbox"/> re-treatment and repair; or <input type="checkbox"/> re-treatment	_____	_____	_____
(c) Is there a cost to transfer the bond, warranty or other coverage? If yes, what is the cost? \$ _____	_____	_____	_____
(d) Is there a cost to maintain the bond, warranty or other coverage? If yes, what is the annual cost? \$ _____	_____	_____	_____
(e) Have any termite/pest control reports or treatments for Property been done in the last five (5) years?	_____	_____	_____
(f) Does any dwelling or garage on Property have any untreated wood or exterior siding/cladding, such as rigid board insulation, foam plastic, synthetic stucco, hard coat stucco, wood or masonry siding (excluding brick), below grade or within six inches of finished grade?	_____	_____	_____
<b>4. STRUCTURAL ITEMS, ADDITIONS AND ALTERATIONS:</b>			
(a) What year was the main residential dwelling constructed? <u>2003</u>	_____	_____	_____
(b) Has there been any movement, shifting, settling (other than normal settling), cracking, deterioration, or other structural problems with any dwelling or garage on Property?	_____	_____	_____
(c) Has there been any additional structural bracing, underpinning, or other structural reinforcement added to any dwelling or garage on Property?	_____	_____	_____
(d) Are there any problems with driveways, walkways, patios, or retaining walls on Property?	_____	_____	_____
(e) Have there been any additions, structural changes, or any other major alterations to the original improvements on the Property?	_____	_____	_____
(f) Has there been any work done on the Property where required permits and/or approvals (public or private) were not obtained?	_____	_____	_____
(g) Has any work been done to Property that was not in compliance with building codes or zoning regulations?	_____	_____	_____
(h) Does any part of the exterior siding or cladding of any dwelling or garage on Property consist of synthetic stucco?	_____	_____	_____
<b>5. LEAD-BASED PAINT:</b> Was any part of the residential dwelling on Property constructed prior to 1978?			
<input type="checkbox"/> Yes <input type="checkbox"/> Don't Know <input checked="" type="checkbox"/> No			
If you have answered "Yes" or "Don't Know" the Lead-Based Paint Exhibit F54 must be executed by the parties and the Lead-Based Paint Pamphlet F55 must be provided to the buyer.			



6. ROOF, GUTTERS AND DOWNSPOUTS:

- (a) Approximate age of roof: 5 years.
- (b) Has the roof, or any part thereof, been repaired during Sellers ownership?
- (c) Are there any roof leaks or other problems with the roof, roof flashing, gutters or downspouts?

Yes	No	Don't Know
___	<input checked="" type="checkbox"/>	___
___	<input checked="" type="checkbox"/>	___

7. DRAINAGE, FLOODING AND MOISTURE:

- (a) Has there been any water leakage, water accumulation, or dampness within the basement, crawl space or other parts of the main dwelling at or below grade?
- (b) Have any repairs been made to control any water or dampness problems in the basement, crawl space, or other parts of the main dwelling at or below grade?
- (c) Is the Property or any improvements thereon located in a flood zone?
- (d) Does water regularly stand on Property for more than 1 (one) day after it has rained?
- (e) Has there been any past flooding on Property?
- (f) Are there any problems with siding or exterior cladding, swelling, chipping, delaminating or retaining moisture?
- (g) Does mold appear on interior heated and cooled portions of any dwelling on Property other than on the walls, floors or ceilings of showers, sinks, and bathtubs?

___	<input checked="" type="checkbox"/>	___
___	<input checked="" type="checkbox"/>	___
___	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
___	<input checked="" type="checkbox"/>	___
___	<input checked="" type="checkbox"/>	___
<input checked="" type="checkbox"/>	___	___
___	<input checked="" type="checkbox"/>	___

8. PLUMBING RELATED ITEMS:

- (a) What is your drinking water source:  public  private  well on property
- (b) If your drinking water is from a well, has it been tested within the past 12 (twelve) months?
- (c) Do you have a water softener, filter or purifier? If yes,  leased  owned
- (d) What is the type of sewage system:  public  private  septic tank
- (e) Is the main dwelling served by sewage pump or lift system?
- (f) Do you know if any septic tank or cesspool on Property has ever been professionally serviced? If yes, please give the date of last service: \_\_\_\_\_
- (g) Do you know of any past or present leaks, backups, or other similar problems relating to any of the plumbing, water and/or sewage-related items?
- (h) Is there any polybutylene plumbing, other than primary service line, on Property?
- (i) Are any of the plumbing fixtures in the Property not low water flow fixtures? If yes, please describe in the Additional Explanations paragraph which fixtures are not low water flow fixtures.

___	<u>N/A</u>	___
___	<input checked="" type="checkbox"/>	___
___	<input checked="" type="checkbox"/>	___
___	<input checked="" type="checkbox"/>	___
<input checked="" type="checkbox"/>	___	___
___	___	<input checked="" type="checkbox"/>
___	___	<input checked="" type="checkbox"/>

9. OTHER SYSTEMS AND COMPONENTS:

- (a) What type of heating system(s) serve the main dwelling?  gas  electric  water pump  other
- (b) What is the approximate age of heating system(s): 5 years
- (c) What type of air conditioning system(s) serve the main dwelling?  gas  electric  other
- (d) What is the approximate age of air conditioning system(s) 5 years
- (e) Is any portion of the main dwelling not served by a central or zoned heating and/or air conditioning system?
- (f) How is water heated in the main dwelling?  electric  gas  solar
- (g) What is the approximate age of water heater: 5 years
- (h) Does the main dwelling have aluminum wiring other than the primary service line?
- (i) Is there any system or appliance which is leased or for which the buyer must pay a transfer fee to continue to use? If yes, what is the transfer fee? \$ \_\_\_\_\_  
If yes, what is the current use fee to be paid by the Buyer? \$ \_\_\_\_\_
- (j) Are any fireplaces not working or in need of repair?
- (k) When was each fireplace, wood stove or chimney/flue last cleaned? Date(s): N/A

___	<input checked="" type="checkbox"/>	___
___	___	<input checked="" type="checkbox"/>
___	<input checked="" type="checkbox"/>	___
___	<input checked="" type="checkbox"/>	___

10. TOXIC SUBSTANCES:

- (a) Are there any underground tanks, toxic or hazardous substances on Property (structure or soil) such as asbestos, urea-formaldehyde, methane gas, radioactive material, radon, mold, benzene or other environmental contaminates?
- (b) Has Property ever been tested for radon, lead, mold or any other potentially toxic substances?

___	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
___	___	<input checked="" type="checkbox"/>

11. COVENANTS, FEES AND ASSESSMENTS:

- (a) Is Property part of a condominium, community association or subject to covenants, conditions and restrictions (CC & Rs)?
- (b) Is there a mandatory community association fee or assessment? If yes, what is the amount? \$ 125.00 per year. Is there an initiation fee? If yes, what amount? \$ \_\_\_\_\_
- (c) Are there any recreational facilities in the community for which the obligation to pay and the right to use are optional? If yes, the nature of the facilities should be described in the Additional Explanations paragraph and the optional fee or charge is \$ \_\_\_\_\_
- (d) In purchasing Property, will any initiation, transfer, or other similar fee be owed to the Association? If yes, what is the amount? \$ \_\_\_\_\_
- (e) Are there any special assessments approved by but yet not owing or due to a community Association that are not yet owed or due?

<input checked="" type="checkbox"/>	___	___
___	___	___
___	<input checked="" type="checkbox"/>	___
___	<input checked="" type="checkbox"/>	___
___	<input checked="" type="checkbox"/>	___



**12. OTHER MATTERS:**

- (a) Have there been any inspections of Property in the past year?  
If yes, by whom and of what type? \_\_\_\_\_
- (b) Does Property contain any building products which are or have been the subject of class action lawsuits, litigation or legal claims alleging that the product is defective? If yes, please identify in the Additional Explanations the product or products and the general location of each on Property.
- (c) Is there or has there been in the past any litigation involving Property or any improvement therein alleging negligent or improper construction defects, termites, and/or title problems?
- (d) Has there been any award or payment of money in lieu of repairs for such a defective building product?
- (e) Has any release been signed that would limit a future owner from making any claims in connection with Property?
- (f) Has there been any fire, flood or wind damage which required repairs to Property in excess of \$500.00?
- (g) Approximately how many insurance claims have been filed on Property since you owned it? \_\_\_\_\_
- (h) Are any fixtures or appliances included in the sale in need of repair?
- (i) Have any repairs been made to the electrical, plumbing, or heating and air condition systems, or any part thereof?
- (j) Was any dwelling on Property or portion thereof (excluding mobile, modular and manufactured dwelling) moved to the site from another location?
- (k) Are there any other adverse, material facts pertaining to the physical condition of the Property that have not otherwise been disclosed?

Yes	No	Don't Know
_____	<input checked="" type="checkbox"/>	_____
_____	<input checked="" type="checkbox"/>	_____
_____	<input checked="" type="checkbox"/>	_____
_____	<input checked="" type="checkbox"/>	_____
_____	_____	<input checked="" type="checkbox"/>
_____	<input checked="" type="checkbox"/>	_____
<input checked="" type="checkbox"/>	_____	_____
_____	<input checked="" type="checkbox"/>	_____
_____	<input checked="" type="checkbox"/>	_____

**13. FIXTURES/ITEMS: (Check (✓) only those fixtures/items below that are included in the sale of Property. Unless otherwise indicated, if there is more than one item (such as a second refrigerator or two chandeliers or three smoke detectors), all such fixtures/items checked are included in the sale of Property. Those fixtures/items listed below that are not checked shall not be included in the sale of Property.**

- |   |  |  |
|---|--|--|
| <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Air Conditioning Window Unit</li> <li><input type="checkbox"/> Air Purifier</li> <li><input checked="" type="checkbox"/> Alarm System (Burglar)                     <ul style="list-style-type: none"> <li><input type="checkbox"/> Leased <input checked="" type="checkbox"/> Owned</li> </ul> </li> <li><input checked="" type="checkbox"/> Alarm System (Smoke/Fire)                     <ul style="list-style-type: none"> <li><input type="checkbox"/> Leased <input checked="" type="checkbox"/> Owned</li> </ul> </li> <li><input type="checkbox"/> Arbor</li> <li><input type="checkbox"/> Attic Fan (Whole House Fan)</li> <li><input type="checkbox"/> Attic Ventilator Fan</li> <li><input type="checkbox"/> Awning</li> <li><input type="checkbox"/> Basketball Post &amp; Goal                     <ul style="list-style-type: none"> <li><input type="checkbox"/> Built-In <input type="checkbox"/> Free Standing</li> </ul> </li> <li><input type="checkbox"/> Birdhouses</li> <li><input type="checkbox"/> Boat Dock</li> <li><input checked="" type="checkbox"/> Carbon Monoxide Detector</li> <li><input checked="" type="checkbox"/> Ceiling Fan</li> <li><input type="checkbox"/> Chandelier</li> <li><input type="checkbox"/> Closet Shelving System                     <ul style="list-style-type: none"> <li><input type="checkbox"/> Built-In <input type="checkbox"/> Free Standing</li> </ul> </li> <li><input type="checkbox"/> Dehumidifier                     <ul style="list-style-type: none"> <li><input type="checkbox"/> Built-In <input type="checkbox"/> Free Standing</li> </ul> </li> <li><input checked="" type="checkbox"/> Dishwasher                     <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Built-In <input type="checkbox"/> Free Standing</li> </ul> </li> <li><input type="checkbox"/> Dog House</li> <li><input checked="" type="checkbox"/> Door &amp; Window Hardware</li> <li><input type="checkbox"/> Dryer                     <ul style="list-style-type: none"> <li><input type="checkbox"/> Gas <input type="checkbox"/> Electric</li> </ul> </li> <li><input type="checkbox"/> Fence (Invisible)</li> <li><input type="checkbox"/> Fence Pet Collar</li> <li><input checked="" type="checkbox"/> Fireplace                     <ul style="list-style-type: none"> <li><input type="checkbox"/> Gas Logs</li> <li><input type="checkbox"/> Screen/Door</li> <li><input type="checkbox"/> Wood Burning Insert</li> </ul> </li> <li><input type="checkbox"/> Flag Pole</li> <li><input checked="" type="checkbox"/> Garage Door Opener                     <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Remote Control</li> </ul> </li> <li><input type="checkbox"/> Garbage Disposal</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Gas Grille                     <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Built-In <input type="checkbox"/> Free Standing</li> </ul> </li> <li><input type="checkbox"/> Gates</li> <li><input type="checkbox"/> Gazebo</li> <li><input type="checkbox"/> Hot Tub</li> <li><input type="checkbox"/> Humidifier</li> <li><input checked="" type="checkbox"/> Ice Maker <i>nego</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Built-In <input type="checkbox"/> Free Standing</li> </ul> </li> <li><input type="checkbox"/> Intercom</li> <li><input checked="" type="checkbox"/> Jetted Tub</li> <li><input type="checkbox"/> Landscaping Lights</li> <li><input checked="" type="checkbox"/> Light Bulbs Fixtures (Except Chandeliers)</li> <li><input checked="" type="checkbox"/> Light Fixtures (Except Chandeliers)</li> <li><input checked="" type="checkbox"/> Mailbox</li> <li><input checked="" type="checkbox"/> Microwave Oven                     <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Built-In <input type="checkbox"/> Free Standing</li> </ul> </li> <li><input checked="" type="checkbox"/> Mirror (Attached)</li> <li><input type="checkbox"/> Outbuilding</li> <li><input type="checkbox"/> Outdoor Bench</li> <li><input type="checkbox"/> Playhouse</li> <li><input type="checkbox"/> Porch swing</li> <li><input type="checkbox"/> Propane Gas Tanks                     <ul style="list-style-type: none"> <li><input type="checkbox"/> Above ground <input type="checkbox"/> Buried</li> <li><input type="checkbox"/> Leased <input type="checkbox"/> Owned</li> </ul> </li> <li><input type="checkbox"/> Propane in Tank</li> <li><input type="checkbox"/> Radio (Built-In)</li> <li><input type="checkbox"/> Refrigerator <i>nego</i></li> <li><input type="checkbox"/> Safe</li> <li><input checked="" type="checkbox"/> Satellite Dish/Receiver</li> <li><input type="checkbox"/> Sauna</li> <li><input type="checkbox"/> Septic Pump</li> <li><input type="checkbox"/> Shelving Unit &amp; System                     <ul style="list-style-type: none"> <li><input type="checkbox"/> Built-In <input type="checkbox"/> Free Standing</li> </ul> </li> <li><input checked="" type="checkbox"/> Shower Head/Sprayer</li> </ul> | <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Smoke Detector                     <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Battery Operated <input type="checkbox"/> Hard Wired</li> </ul> </li> <li><input type="checkbox"/> Speakers (Built-In)</li> <li><input type="checkbox"/> Sprinkler System</li> <li><input type="checkbox"/> Statuary</li> <li><input type="checkbox"/> Stepping Stones</li> <li><input type="checkbox"/> Storage Building</li> <li><input checked="" type="checkbox"/> Stove                     <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Gas <input type="checkbox"/> Electric</li> <li><input checked="" type="checkbox"/> Built-In <input type="checkbox"/> Free Standing</li> </ul> </li> <li><input type="checkbox"/> Sump Pump</li> <li><input type="checkbox"/> Surface Unit Cook Top                     <ul style="list-style-type: none"> <li><input type="checkbox"/> Gas <input type="checkbox"/> Electric</li> </ul> </li> <li><input type="checkbox"/> Swimming Pool                     <ul style="list-style-type: none"> <li><input type="checkbox"/> Above Ground</li> </ul> </li> <li><input type="checkbox"/> Swimming Pool Equipment (List below)</li> <li><input type="checkbox"/> Swing Set</li> <li><input checked="" type="checkbox"/> Switch Plate Covers</li> <li><input checked="" type="checkbox"/> Telephone Jacks/Wires</li> <li><input checked="" type="checkbox"/> Television Antenna</li> <li><input checked="" type="checkbox"/> Television Cable/Jacks</li> <li><input checked="" type="checkbox"/> Thermostat (Programmable)</li> <li><input type="checkbox"/> Trash Compactor                     <ul style="list-style-type: none"> <li><input type="checkbox"/> Built-In <input type="checkbox"/> Free Standing</li> </ul> </li> <li><input type="checkbox"/> Tree House</li> <li><input type="checkbox"/> Trellis</li> <li><input type="checkbox"/> Vacuum System (Built-In)                     <ul style="list-style-type: none"> <li><input type="checkbox"/> Vacuum Attachments</li> </ul> </li> <li><input checked="" type="checkbox"/> Vent Hood</li> <li><input checked="" type="checkbox"/> Washing Machine</li> <li><input type="checkbox"/> Water Purification System</li> <li><input type="checkbox"/> Water Softener System</li> <li><input type="checkbox"/> Weather Vane</li> <li><input type="checkbox"/> Well Pump</li> <li><input checked="" type="checkbox"/> Window Screens</li> <li><input checked="" type="checkbox"/> Window Treatments</li> <li><input type="checkbox"/> Wine Cooler</li> </ul> |
|---|--|--|