

VACANT LAND DISCLOSURE STATEMENT

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

Property: Lot-2, 00 Campbell Road, Bear Creek, 27207

Buyer: _____

Seller: Avery Spey Wooten, Trenton James Wooten

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

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

A. Physical Aspects

Yes	No	NR
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| <p>1. Non-dwelling structures on the Property
If yes, please describe: _____</p> <p>2. Current or past soil evaluation test (agricultural, septic, or otherwise).....</p> <p>3. Caves, mineshafts, tunnels, fissures or open or abandoned wells</p> <p>4. Erosion, sliding, soil settlement/expansion, fill or earth movement</p> <p>5. Communication, power, or utility lines.....</p> <p>6. Pipelines (natural gas, petroleum, other).....</p> <p>7. Landfill operations or junk storage</p> <p> <input type="checkbox"/> Previous <input type="checkbox"/> Current <input type="checkbox"/> Planned <input type="checkbox"/> Legal <input type="checkbox"/> Illegal</p> <p>8. Drainage, grade issues, flooding, or conditions conducive to flooding</p> <p>9. Gravesites, pet cemeteries, or animal burial pits.....</p> <p>10. Rivers, lakes, ponds, creeks, streams, dams, or springs.....</p> <p>11. Well(s).....</p> <p> <input type="checkbox"/> Potable <input type="checkbox"/> Non-potable Water Quality Test? <input type="checkbox"/> yes <input type="checkbox"/> no
depth _____; shared (y/n) _____; year installed _____; gal/min _____</p> <p>12. Septic System(s).....</p> <p><i>If yes:</i> Number of bedrooms on permit(s) _____
Permit(s) available? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NR
Lift station(s)/Grinder(s) on Property? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NR
Septic Onsite? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Details: _____
Tank capacity _____
Repairs made (describe): _____
Tank(s) last cleaned: _____</p> <p><i>If no:</i> Permit(s) in process? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NR
Soil Evaluation Complete? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NR
Other Septic Details: _____</p> | <table border="0"> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
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Yes	No	NR
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13. Commercial or industrial noxious fumes, odors, noises, etc. on or near Property..... Yes No NR
 If yes, please describe: _____

B. Legal/Land Use Aspects

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

C. Survey/Boundary Aspects

- 1. Current or past survey/plat or topographic drawing available..... Yes No NR
- 2. Approximate acreage: 13 acres
- 3. Wooded Acreage 12.5 acres; Cleared Acreage .5 acres
- 4. Encroachments..... Yes No NR
- 5. Public or private use paths or roadways rights of way/easement(s)..... Yes No NR
 Financial or maintenance obligations related to same Yes No NR
- 6. Communication, power, or other utility rights of way/easements Yes No NR
- 7. Railroad or other transportation rights of way/easements..... Yes No NR
- 8. Conservation easement Yes No NR
- 9. Property Setbacks..... Yes No NR
 If yes, describe: _____
- 10. Riparian Buffers (i.e., stream buffers, conservation districts, etc.)..... Yes No NR
- 11. Septic Easements and Repair Fields Yes No NR
- 12. Any Proposed Easements Affecting Property..... Yes No NR
- 13. Beach Access Easement, Boat Access Easement, Docking Permitted..... Yes No NR
 If yes, please describe: _____

D. Agricultural, Timber, Mineral Aspects

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

E. Environmental Aspects

1. Current or past Phase I, Phase II or Phase III Environmental Site Assessment(s).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Underground or above ground storage tanks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, describe in detail: _____			
3. Abandoned or junk motor vehicles or equipment of any kind.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Past illegal uses of property (e.g., methamphetamine manufacture or use).....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Federal or State listed or protected species present.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes, describe plants and/or animals: _____			
6. Government sponsored clean-up of the property	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Groundwater, surface water, or well water contamination <input type="checkbox"/> Current <input type="checkbox"/> Previous ...	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Previous commercial or industrial uses.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Wetlands, streams, or other water features	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Permits or certifications related to Wetlands	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Conservation/stream restoration.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Coastal concern (tidal waters, unbuildable land, flood zone, CAMA, Army Corp., etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, describe in detail: _____			
11. The use or presence on the property, either stored or buried, above or below ground, of:			
i. Asbestos, Benzene, Methane, Pesticides, Radioactive Material	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, describe in detail: _____			
ii. Other fuel/chemical.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
iii. Paint <input type="checkbox"/> Lead based paint <input type="checkbox"/> Other paint/solvents	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
iv. Agricultural chemical storage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

F. Utilities

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

- Water (describe): _____
- Sewer (describe): _____
- Gas (describe): _____
- Electricity (describe): _____
- Cable (describe): _____

