

**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.

GRIMESLAND

Property: Off South Grimesland Ridge Rd, Grimesland, NC 27837

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

Seller: Rachel Erin Perkins, Nicholas Randall

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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- |  |   |                                     |                                     |                          |                          |                          |                                     |                          |                                     |                                     |                          |                                     |                                     |                          |                                     |                                     |                          |                                     |                                     |                          |                                     |                                     |                          |                                     |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                                     |                          |                          |                                     |                          |
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| <p>1. Non-dwelling structures on the Property .....<br/>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).....<br/>    <input type="checkbox"/> Potable   <input type="checkbox"/> Non-potable   Water Quality Test?   <input type="checkbox"/> yes   <input type="checkbox"/> no<br/>    depth _____; shared (y/n) _____; year installed _____; gal/min _____</p> <p>12. Septic System(s).....<br/>If yes: Number of bedrooms on permit(s) _____<br/>    Permit(s) available?   <input type="checkbox"/> yes   <input type="checkbox"/> no   <input type="checkbox"/> NR<br/>    Lift station(s)/Grinder(s) on Property?   <input type="checkbox"/> yes   <input type="checkbox"/> no   <input type="checkbox"/> NR<br/>    Septic Onsite?   <input type="checkbox"/> yes   <input type="checkbox"/> no   <input type="checkbox"/> Details: _____<br/>    Tank capacity _____<br/>    Repairs made (describe): _____<br/>    Tank(s) last cleaned: _____<br/>If no: Permit(s) in process?   <input type="checkbox"/> yes   <input type="checkbox"/> no   <input type="checkbox"/> NR<br/>    Soil Evaluation Complete?   <input type="checkbox"/> yes   <input type="checkbox"/> no   <input type="checkbox"/> NR<br/>    Other Septic Details: _____</p> | <table border="1"> <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 checked="" type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input checked="" 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> </table> | <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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/>   | <input checked="" type="checkbox"/>   | <input type="checkbox"/>            |                                     |                          |                          |                          |                                     |                          |                                     |                                     |                          |                                     |                                     |                          |                                     |                                     |                          |                                     |                                     |                          |                                     |                                     |                          |                                     |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                                     |                          |                          |                                     |                          |
| <input type="checkbox"/>   | <input type="checkbox"/>  | <input checked="" type="checkbox"/> |                                     |                          |                          |                          |                                     |                          |                                     |                                     |                          |                                     |                                     |                          |                                     |                                     |                          |                                     |                                     |                          |                                     |                                     |                          |                                     |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                                     |                          |                          |                                     |                          |
| <input type="checkbox"/>   | <input checked="" type="checkbox"/>   | <input checked="" type="checkbox"/> |                                     |                          |                          |                          |                                     |                          |                                     |                                     |                          |                                     |                                     |                          |                                     |                                     |                          |                                     |                                     |                          |                                     |                                     |                          |                                     |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                                     |                          |                          |                                     |                          |
| <input type="checkbox"/>   | <input checked="" type="checkbox"/>   | <input checked="" type="checkbox"/> |                                     |                          |                          |                          |                                     |                          |                                     |                                     |                          |                                     |                                     |                          |                                     |                                     |                          |                                     |                                     |                          |                                     |                                     |                          |                                     |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                                     |                          |                          |                                     |                          |
| <input type="checkbox"/>   | <input checked="" type="checkbox"/>   | <input checked="" type="checkbox"/> |                                     |                          |                          |                          |                                     |                          |                                     |                                     |                          |                                     |                                     |                          |                                     |                                     |                          |                                     |                                     |                          |                                     |                                     |                          |                                     |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                                     |                          |                          |                                     |                          |
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| <input checked="" type="checkbox"/>  | <input checked="" type="checkbox"/>   | <input type="checkbox"/>            |                                     |                          |                          |                          |                                     |                          |                                     |                                     |                          |                                     |                                     |                          |                                     |                                     |                          |                                     |                                     |                          |                                     |                                     |                          |                                     |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                                     |                          |                          |                                     |                          |
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| <input type="checkbox"/>   | <input checked="" type="checkbox"/>   | <input type="checkbox"/>            |                                     |                          |                          |                          |                                     |                          |                                     |                                     |                          |                                     |                                     |                          |                                     |                                     |                          |                                     |                                     |                          |                                     |                                     |                          |                                     |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                                     |                          |                          |                                     |                          |
| <input type="checkbox"/>   | <input checked="" type="checkbox"/>   | <input type="checkbox"/>            |                                     |                          |                          |                          |                                     |                          |                                     |                                     |                          |                                     |                                     |                          |                                     |                                     |                          |                                     |                                     |                          |                                     |                                     |                          |                                     |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                                     |                          |                          |                                     |                          |



North Carolina Association of REALTORS®, Inc.



**STANDARD FORM 142**  
Adopted 7/2024  
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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:  Yes  No  NR  
 County: \_\_\_\_\_ City: \_\_\_\_\_
- 10. Current zoning: \_\_\_\_\_  Yes  No  NR
- 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: 38 ACRES
- 3. Wooded Acreage 33.5; Cleared Acreage 0.5
- 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 .....
- 6. Communication, power, or other utility rights of way/easements .....
- 7. Railroad or other transportation rights of way/easements.....
- 8. Conservation easement .....
- 9. Property Setbacks.....  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 .....
- 12. Any Proposed Easements Affecting Property.....
- 13. Beach Access Easement, Boat Access Easement, Docking Permitted.....  Yes  No  NR  
 If yes, please describe: \_\_\_\_\_

**D. Agricultural, Timber, Mineral Aspects**

Yes	No	NR
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1. Agricultural Status (e.g., forestry deferral) .....  Yes  No  NR
2. Licenses, leases, allotments, or usage permits (crops, hunting, water, timber, etc.).....  Yes  No  NR  
If yes, describe in detail: \_\_\_\_\_
3. Forfeiture, severance, or transfer of rights (mineral, oil, gas, timber, development, etc.)  Yes  No  NR  
If yes, describe in detail: \_\_\_\_\_
4. Farming on Property:  owner or  tenant .....  Yes  No  NR
5. Presence of vegetative disease or insect infestation.....  Yes  No  NR
6. Timber cruises or other timber related reports.....  Yes  No  NR
7. Timber harvest within past 25 years .....  Yes  No  NR  
If yes, monitored by Registered Forester? .....  Yes  No  NR  
If replanted, what species: LOBLOLLY PINE .....  Yes  No  NR  
Years planted: 2011 .....  Yes  No  NR
8. Harvest impact (other than timber) .....  Yes  No  NR  
If yes, describe in detail: \_\_\_\_\_

**E. Environmental Aspects**

1. Current or past Phase I, Phase II or Phase III Environmental Site Assessment(s).....  Yes  No  NR
2. Underground or above ground storage tanks .....  Yes  No  NR  
If yes, describe in detail: \_\_\_\_\_
3. Abandoned or junk motor vehicles or equipment of any kind.....  Yes  No  NR
4. Past illegal uses of property (e.g., methamphetamine manufacture or use).....  Yes  No  NR
5. Federal or State listed or protected species present.....  Yes  No  NR  
If yes, describe plants and/or animals: \_\_\_\_\_
6. Government sponsored clean-up of the property .....  Yes  No  NR
7. Groundwater, surface water, or well water contamination  Current  Previous ...  Yes  No  NR
8. Previous commercial or industrial uses.....  Yes  No  NR
9. Wetlands, streams, or other water features .....  Yes  No  NR  
Permits or certifications related to Wetlands .....  Yes  No  NR  
Conservation/stream restoration.....  Yes  No  NR
10. Coastal concern (tidal waters, unbuildable land, flood zone, CAMA, Army Corp., etc.)  Yes  No  NR  
If yes, describe in detail: \_\_\_\_\_
11. The use or presence on the property, either stored or buried, above or below ground, of:
  - i. Asbestos, Benzene, Methane, Pesticides, Radioactive Material .....  Yes  No  NR  
If yes, describe in detail: \_\_\_\_\_
  - ii. Other fuel/chemical.....  Yes  No  NR
  - iii. Paint  Lead based paint  Other paint/solvents .....  Yes  No  NR
  - iv. Agricultural chemical storage .....  Yes  No  NR

**F. Utilities**

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

- Water (describe): \_\_\_\_\_
- Sewer (describe): \_\_\_\_\_
- Gas (describe): \_\_\_\_\_
- Electricity (describe): \_\_\_\_\_
- Cable (describe): \_\_\_\_\_

