

SELLER'S PROPERTY DISCLOSURE STATEMENT

EXHIBIT " " "



2012 Printing

This Seller's Property Disclosure Statement ("Statement") is an exhibit to the Purchase and Sale Agreement with an Offer Date of _____ for Property known as or located at 12 Ace Way Bairsville, Georgia 30512. This Statement contains Seller's disclosures to Buyer regarding the present condition of the Property, certain past repairs and the history of the Property.

A. INSTRUCTIONS TO SELLER IN COMPLETING THIS DISCLOSURE STATEMENT. In completing this Disclosure Statement, Seller agrees to:

- (1) answer all questions in reference to the Property (which, unless otherwise noted, shall include the improvements thereon);
- (2) leave no question unanswered;
- (3) answer all questions fully and accurately based upon the best knowledge and belief of all Sellers in the Purchase and Sale Agreement;
- (4) fully explain in the Additional Explanations paragraph any questions to which the answer is "yes" or "other" referencing the number of the question for which the additional explanation is being given; and
- (5) promptly revise the Statement and provide a copy of the same to the Buyer and any Broker involved in the transaction if prior to closing there are any material changes in the answers to any of the questions.

B. HOW THIS STATEMENT SHOULD BE USED BY BUYER. The answers of Seller below should not be a substitute for Buyer conducting a careful, independent evaluation of the Property. Caveat emptor or buyer beware is the law in Georgia. Buyer is expected to use reasonable care to identify defects in the Property and satisfy herself or himself that the Property is suitable for Buyer's needs and purposes. If an independent evaluation of the Property reveals potential problems or areas of concern that would cause a reasonable buyer to investigate further, Buyer may not have legal recourse if Buyer fails to investigate further.

C. DISCLOSURES.

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
1. OCCUPANCY:			
(a) Is Property vacant?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, how long has it been since Seller occupied Property? _____			
(b) Is the Property or any portion thereof leased?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. SOIL, TREES, SHRUBS AND BOUNDARIES:			
(a) Are there now or have there been any landfills (other than foundation backfill), graves, burial pits, caves, mine shafts, trash dumps or wells (in use or abandoned) on the Property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(b) Is there now or has there been any soil movement, subsidence, settlement, upheaval, or erosion?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(c) Are there presently any diseased or dead trees on the Property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(d) Are there presently any encroachments onto the Property, unrecorded easements affecting the Property or boundary line disputes with a neighboring property owner?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(e) Do any of the improvements on the Property encroach onto a neighboring property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. TERMITES, DRY-ROT, PESTS, AND WOOD-DESTROYING ORGANISMS:			
(a) Is there now or has there been any damage to the Property caused by squirrels, mice, possums or other infiltrating animals; termites; bees, ants and other insects, fungi and dry-rot; or other wood-destroying organisms?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(b) Is the Property presently under a transferable bond, warranty or service contract for termites or other wood destroying organisms by a licensed pest control company?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, check type of coverage: <input type="checkbox"/> re-treatment and repair; or <input type="checkbox"/> re-treatment; or ? periodic inspections only.			
(c) Is there a cost to transfer the bond, warranty or service contract?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, what is the cost? \$ _____			
(d) Is there a cost to maintain the bond, warranty or service contract?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, what is the annual cost? \$ _____ Renewal Date _____			
(e) Have any termite/pest control reports or treatments been done on or to the Property in the last five (5) years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(f) Is there any exterior untreated wood, hard coat stucco, rigid board insulation, plastic foam or siding or cladding (other than stone, brick or concrete) in contact with the soil or within six inches of the finished grade?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

at construction time

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		Yes	No	Don't Know
4. STRUCTURAL ITEMS, ADDITIONS AND ALTERATIONS:				
(a)	What year was the main residential dwelling constructed? <u>2008</u>			
(b)	Is there now or has there been any movement, shifting, settling (other than normal settling), cracking, or structural problems with any dwelling or garage on the Property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(c)	Has any additional bracing, underpinning, or other structural reinforcements been added to any dwelling or garage on the Property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(d)	Are there now or have there been any problems with driveways, walkways, patios, decks or retaining walls on the Property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(e)	Have there been any additions, structural changes, or any other major alterations to the original improvements on the Property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(f)	Has there been any work done on the Property where required permits and/or approvals (public or private) were not obtained?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(g)	Has any work been done to the Property that was not in compliance with the then applicable building codes or zoning regulations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(h)	Does any part of the exterior siding or cladding of any dwelling or garage on Property consist of synthetic stucco?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. LEAD-BASED PAINT Was any part of the residential dwelling on the Property or any painted component, fixture or material used therein constructed or manufactured prior to 1978? 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.				
		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. ROOF, GUTTERS AND DOWNSPOUTS:				
(a)	Approximate age of roof: <u>5</u> years.			<input type="checkbox"/>
(b)	Has the roof, or any part thereof, been repaired or replaced during Seller's ownership?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(c)	Are there now or have there been any roof leaks or other problems with the roof, roof flashing, roof underlayment, gutters, leaf guards or downspouts?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. FLOODING, DRAINAGE, MOISTURE AND SPRINGS:				
(a)	Are there now or have there been any water leaks, water accumulation, or dampness within the basement, crawl space or other parts of any dwelling or garage at or below grade?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(b)	Have any repairs been made to control any water leaks, water accumulation or dampness in the basement, crawl space, or other parts of any dwelling or garage at or below grade?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(c)	Is any part of the Property or any improvements thereon presently located in a 100 year Special Flood Hazard Area where there is at least a 1% chance of a flood in any given year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(d)	Does water presently stand on any part of Property for more than one (1) day after it has rained?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(e)	Has there ever been any flooding on any part of the Property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(f)	Are there now or have there been any streams that do not flow year round or springs on the Property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(g)	Are there any dams, retention ponds, storm water detention basins, or other similar facilities on the Property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. SEWER/PLUMBING RELATED ITEMS:				
(a)	What is your drinking water source: <input type="checkbox"/> public <input type="checkbox"/> private <input checked="" type="checkbox"/> well on Property			
(b)	If the drinking water is from a well, has it been tested within the past 12 (twelve) months?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c)	What type of sewage system serves the Property: <input type="checkbox"/> public <input type="checkbox"/> private <input checked="" type="checkbox"/> septic tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d)	If the Property is served by a septic system, how many bedrooms was the septic system approved for by local governmental authorities? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e)	Is the main dwelling served by sewage pump system?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(f)	Has any septic tank or cesspool on the Property has ever been professionally serviced? If yes, please give the date of last service: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(g)	Are there now or have there been any leaks, backups, tree roots in lines or other similar problems with to any portion of the plumbing, water or sewage systems?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(h)	Is there presently any polybutylene plumbing, other than primary service line, on Property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(i)	Are any of the plumbing fixtures in any dwelling or garage not low water flow fixtures?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(j)	Has any water line or fixture on the Property ever frozen in cold weather?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. SYSTEMS AND COMPONENTS:				
(a)	What is the primary heating system serving the main dwelling? <input type="checkbox"/> natural gas, forced air <input checked="" type="checkbox"/> heat pump <input type="checkbox"/> electric furnace <input type="checkbox"/> radiant heating <input type="checkbox"/> other			
(b)	Does the primary heating system not serve any enclosed part of the main dwelling (excluding the attic, crawl space, garage or basement)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(c)	What is the approximate age of the primary heating system serving the Property: <u>5</u> years			
(d)	What is the primary air conditioning system serving the main dwelling? <input type="checkbox"/> gas <input checked="" type="checkbox"/> electric <input type="checkbox"/> other			
(e)	Does the primary air conditioning system not serve the entire enclosed portion of the main dwelling (excluding the attic, crawl space, garage or basement)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(f)	What is the approximate age of the primary air conditioning system(s) <u>5</u> years			
(g)	How is the hot water heated in the main dwelling? <input type="checkbox"/> gas <input checked="" type="checkbox"/> electric <input type="checkbox"/> solar			
(h)	Is any water heater tankless?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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	Yes	No	Don't Know
(i) What is the approximate age of the primary water heater: <u>5</u> years		<input checked="" type="checkbox"/>	<input type="checkbox"/>
(j) Does any dwelling or garage have aluminum wiring other than in the primary service line?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(k) 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? \$ _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(l) Are any fixtures or appliances included in the sale in need of repair or replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(m) Are any fireplaces presently not working, decorative only or in need of repair?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(n) When was each fireplace, wood stove or chimney/flue last cleaned? Date(s): _____			
(o) Is any part of the exterior surface of any dwelling or garage on the Property presently constructed of synthetic stucco?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(p) Are there now or have there been any problems with siding or exterior building surfaces swelling, chipping, cracking, delaminating or retaining moisture? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
(q) Are any windows designed to be operable, painted shut or fail to open and close?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(r) Was any of the drywall used in the Property made in China and/or have a foul smelling odor?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. ENVIRONMENTAL/HEALTH/SAFETY CONCERNS:			
(a) Are there now or have there been any underground tanks or toxic or hazardous substances such as asbestos, urea-formaldehyde, methane gas, radioactive material, radon, mold, benzene or other environmental contaminants on or in the Property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(b) Has the Property ever been used for production of Methamphetamine ("Meth")?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(c) Has the Property ever been tested for radon, lead, mold or any other potentially toxic substances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(d) Is there now or has there been any mold on interior heated and cooled portions of any dwelling on the Property other than on the walls, floors or ceilings of showers, sinks, and bathtubs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(e) Are there any exterior doors which either do not lock or for which the key has been lost?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. LITIGATION AND INSURANCE:			
(a) Does the 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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(b) Is there now or has there been any litigation involving the Property or any improvement therein alleging negligent or improper construction, defects, termites, and/or title problems?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(c) Has there been any award or payment of money in lieu of repairs for such a defective building product?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(d) Has any release been signed that would limit a future owner from making any claims in connection with Property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(e) Has there been any fire, flood or wind damage which required repairs to Property in excess of \$500.00?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(f) Has there been any insurance claims filed on Property since you owned it? If yes, how many? _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. OTHER MATTERS:			
(a) Have there been any inspections of the Property in the past year? If yes, by whom and of what type? _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(b) Was any dwelling on the Property or portion thereof (excluding mobile, modular and manufactured dwelling) moved to the site from another location?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(c) Is any portion of the main dwelling a mobile, modular or manufactured home?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(d) Has the Property been designated as historic or in a historic district where modifications and additions are limited?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(e) Are there any other adverse, material facts pertaining to the physical condition of the Property that have not otherwise been disclosed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. COVENANTS, FEES AND ASSESSMENTS:			
Is the Property part of a condominium, community association or subject to a Declaration of Covenants, Conditions and Restrictions (CC & Rs) or other similar restrictions?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
[IF YES, SELLER IS INSTRUCTED TO ADDITIONALLY FILL OUT AND PROVIDE TO BUYER A COMMUNITY ASSOCIATION DISCLOSURE EXHIBIT, GAR FORM 123].			
14. AGRICULTURAL DISCLOSURE: Is Property within, partially within, or adjacent to any property zoned or identified on an approved county land use plan as agricultural or forestry use? <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>			
It is the policy of this state and this community to conserve, protect, and encourage the development and improvement of farm and forest land for the production of food, fiber, and other products, and also for its natural and environmental value. This notice is to inform prospective property owners or other persons or entities leasing or acquiring an interest in real property that property in which they are about to acquire an interest lies within, partially within, or adjacent to an area zoned, used, or identified for farm and forest activities and that farm and forest activities occur in the area. Such farm and forest activities may include intensive operations that cause discomfort and inconveniences that involve, but are not limited to, noises, odors, fumes, dust, smoke, insects, operations of machinery during any 24 hour period, storage and disposal of manure, and the application by spraying or otherwise of chemical fertilizers, soil amendments, herbicides, and pesticides. One or more of these inconveniences may occur as the result of farm or forest activities which are in conformance with existing laws and regulations and accepted customs and standards.			

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15. ADDITIONAL EXPLANATIONS FOR ALL QUESTIONS ANSWERED "YES" or "Other": [Explanations should reference the number of the question for which more detailed information is being provided.]

Additional Special Stipulations are ☐ or are not ☐ attached.

D. FIXTURES/ITEMS: (Check (x) 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.

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Above Ground Pool | <input type="checkbox"/> Fence (Invisible) | <input checked="" type="checkbox"/> Microwave Oven | <input type="checkbox"/> Sump Pump |
| <input type="checkbox"/> Air Conditioning Window Unit | <input type="checkbox"/> Fence Pet Collar | <input type="checkbox"/> Built-In <input type="checkbox"/> Free Standing | <input checked="" type="checkbox"/> Surface Unit Cook Top |
| <input type="checkbox"/> Air Purifier | <input checked="" type="checkbox"/> Fireplace | <input checked="" type="checkbox"/> Mirror (Attached) | <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Electric |
| <input type="checkbox"/> Alarm System (Burglar) | <input checked="" type="checkbox"/> Gas Logs | <input type="checkbox"/> Outbuilding | <input type="checkbox"/> Swimming Pool Equipment |
| <input type="checkbox"/> Leased <input type="checkbox"/> Owned | <input type="checkbox"/> Gas Starter Key | <input type="checkbox"/> Outdoor Bench | (List below) |
| <input type="checkbox"/> Alarm System (Smoke/Fire) | <input type="checkbox"/> Remote Control | <input type="checkbox"/> Outdoor Playhouse | <input type="checkbox"/> Swing Set |
| <input type="checkbox"/> Leased <input type="checkbox"/> Owned | <input checked="" type="checkbox"/> Screen/Door | <input type="checkbox"/> Porch swing | <input checked="" type="checkbox"/> Switch Plate Covers |
| <input type="checkbox"/> Arbor | <input type="checkbox"/> Wood Burning Insert | <input checked="" type="checkbox"/> Propane Gas/Fuel Oil Tanks | <input checked="" type="checkbox"/> Telephone/Data Jacks/Wires |
| <input type="checkbox"/> Attic Fan (Whole House Fan) | <input type="checkbox"/> Fire Sprinkler System | <input checked="" type="checkbox"/> Above ground <input type="checkbox"/> Buried | <input type="checkbox"/> Television Antenna |
| <input type="checkbox"/> Attic Ventilator Fan | <input type="checkbox"/> Flag Pole | <input type="checkbox"/> Leased <input type="checkbox"/> Owned | <input checked="" type="checkbox"/> Television Cable/Jacks |
| <input type="checkbox"/> Awning | <input type="checkbox"/> Garbage Disposal | <input type="checkbox"/> Propane/Fuel Oil in Tank | <input checked="" type="checkbox"/> Thermostat |
| <input type="checkbox"/> Basement/Crawl Space | <input checked="" type="checkbox"/> Garage Door Opener | <input type="checkbox"/> Refrigerator | <input type="checkbox"/> Trash Compactor |
| <input type="checkbox"/> Ventilator Fan | <input checked="" type="checkbox"/> Remote Control | <input type="checkbox"/> Safe | <input type="checkbox"/> Built-In <input type="checkbox"/> Free Standing |
| <input type="checkbox"/> Basketball Post & Goal | <input type="checkbox"/> Gas Grille | <input type="checkbox"/> Satellite Dish/Receiver | <input type="checkbox"/> Tree House |
| <input type="checkbox"/> Built-In <input type="checkbox"/> Free Standing | <input type="checkbox"/> Built-In <input type="checkbox"/> Free Standing | <input type="checkbox"/> Sauna | <input type="checkbox"/> Trellis |
| <input checked="" type="checkbox"/> Birdhouses servicing the | <input type="checkbox"/> Gates | <input type="checkbox"/> Sewage Pump | <input type="checkbox"/> Vacuum System (Built-In) |
| Property | <input type="checkbox"/> Remote Control | <input type="checkbox"/> Shelving Unit & System | <input type="checkbox"/> Vacuum Attachments |
| <input type="checkbox"/> Boat Dock servicing the | <input type="checkbox"/> Gazebo | <input type="checkbox"/> Built-In <input type="checkbox"/> Free Standing | <input type="checkbox"/> Vent Hood |
| Property | <input type="checkbox"/> Hot Tub | <input checked="" type="checkbox"/> Shower Head/Sprayer | <input type="checkbox"/> Washing Machine |
| <input type="checkbox"/> Carbon Monoxide Detector | <input type="checkbox"/> Humidifier | <input checked="" type="checkbox"/> Smoke Detector | <input type="checkbox"/> Water Purification System |
| <input checked="" type="checkbox"/> Ceiling Fan | <input checked="" type="checkbox"/> Ice Maker | <input checked="" type="checkbox"/> Battery Operated | <input type="checkbox"/> Leased <input type="checkbox"/> Owned |
| <input type="checkbox"/> Remote Control | <input checked="" type="checkbox"/> Built-In <input type="checkbox"/> Free Standing | <input checked="" type="checkbox"/> Hard Wired | <input type="checkbox"/> Water Softener System |
| <input checked="" type="checkbox"/> Chandelier | <input type="checkbox"/> Intercom System | <input type="checkbox"/> Speakers (Built-In) | <input type="checkbox"/> Leased <input type="checkbox"/> Owned |
| <input type="checkbox"/> Dehumidifier | <input type="checkbox"/> Landscape Irrigation System | <input type="checkbox"/> Statuary | <input type="checkbox"/> Weather Vane |
| <input type="checkbox"/> Built-In <input type="checkbox"/> Free Standing | <input type="checkbox"/> Landscaping Lights | <input type="checkbox"/> Stepping Stones | <input checked="" type="checkbox"/> Well Pump |
| <input checked="" type="checkbox"/> Dishwasher | <input checked="" type="checkbox"/> Light Bulbs | <input type="checkbox"/> Storage Building | <input checked="" type="checkbox"/> Window Screens |
| <input checked="" type="checkbox"/> Built-In <input type="checkbox"/> Free Standing | <input checked="" type="checkbox"/> Light Fixtures | <input checked="" type="checkbox"/> Stove | <input checked="" type="checkbox"/> Window Treatments |
| <input type="checkbox"/> Dog House | (Except Chandeliers) | <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Electric | (including Hardware) |
| <input checked="" type="checkbox"/> Doorbell | <input checked="" type="checkbox"/> Mailbox | <input type="checkbox"/> Built-In <input type="checkbox"/> Free Standing | <input type="checkbox"/> Wine Cooler |
| <input checked="" type="checkbox"/> Door & Window Hardware | | | |
| <input checked="" type="checkbox"/> Dryer | | | |
| <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Electric | | | |

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F50, Seller's Property Disclosure Statement Exhibit, Page 4 of 5 01/01/12

Other fixtures/items included in the sale of Property shall be:

Other fixtures/items not included in the sale of Property shall be:

The common law of fixtures shall apply to fixtures not addressed herein. Those fixtures/items that are not included in the sale of Property shall remain Property of Seller and shall be removed prior to closing or the transfer of possession of Property to Buyer, whichever is later. Seller shall lose the right to remove any such fixtures/items not timely removed. In removing all fixtures/items, Seller shall use reasonable care to prevent damage and, if necessary, to restore Property to its original condition.

SELLER'S REPRESENTATION REGARDING SELLER'S PROPERTY DISCLOSURE STATEMENT:

Seller represents that Seller has followed the Instructions to Seller in Completing This Disclosure Statement set forth in Paragraph A above and will follow the same in updating this Disclosure Statement as needed from time to time.

Seller: Jean M. Laughlin

Date: 9-14-12

Seller: David A. Powell

Date: 9-14-12

RECEIPT AND ACKNOWLEDGMENT BY BUYER:

Buyer acknowledges the receipt of this Seller's Property Disclosure Statement.

Buyer: _____

Date: _____

Buyer: _____

Date: _____

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F50, Seller's Property Disclosure Statement Exhibit, Page 5 of 5 01/01/12