

ITEMS TO CONVEY (AT NO VALUE)

Seller Katie See, as POA for Daniel Poling

Street Address 325 Tanglewood Drive County Hardy County

City Old Fields, West Virginia Zip 26845

Yes	No #	Items	Yes	No #	Items	Yes	No #	Items
<input type="checkbox"/>	<input type="checkbox"/>	Alarm System	<input type="checkbox"/>	<input type="checkbox"/>	Freezer	<input type="checkbox"/>	<input type="checkbox"/>	Satellite Dish
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Built-in Microwave	<input type="checkbox"/>	<input type="checkbox"/>	Furnace Humidifier	<input type="checkbox"/>	<input type="checkbox"/>	Storage Shed
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ceiling Fan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Garage Opener	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stove or Range
<input type="checkbox"/>	<input type="checkbox"/>	Central Vacuum	<input type="checkbox"/>	<input type="checkbox"/>	w/remote	<input type="checkbox"/>	<input type="checkbox"/>	Trach Compactor
<input type="checkbox"/>	<input type="checkbox"/>	Clothes Dryer	<input type="checkbox"/>	<input type="checkbox"/>	Gas Log	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wall Mount Brackets
<input type="checkbox"/>	<input type="checkbox"/>	Clothes Washer	<input type="checkbox"/>	<input type="checkbox"/>	Hot Tub, Equip & Cover	<input type="checkbox"/>	<input type="checkbox"/>	Wall Oven
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cooktop	<input type="checkbox"/>	<input type="checkbox"/>	Intercom	<input type="checkbox"/>	<input type="checkbox"/>	Water Treatment System
<input type="checkbox"/>	<input type="checkbox"/>	Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	Playground Equipment	<input type="checkbox"/>	<input type="checkbox"/>	Window A/C Unit
<input type="checkbox"/>	<input type="checkbox"/>	Disposal	<input type="checkbox"/>	<input type="checkbox"/>	Pool, Equip, & cover	<input type="checkbox"/>	<input type="checkbox"/>	Window Fan
<input type="checkbox"/>	<input type="checkbox"/>	Electronic Air Filter	<input type="checkbox"/>	<input type="checkbox"/>	Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	Window Treatments
<input type="checkbox"/>	<input type="checkbox"/>	Fireplace Screen/Door	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Refrigerator w/ice maker	<input type="checkbox"/>	<input type="checkbox"/>	Wood Stove

A. **As-Is Items:** Seller will not warrant the condition or working order of the following items and/or systems:

B. **Items That Do Not Convey:** Generator

SELLER:

PURCHASER:

Katie See 7-20-23
Signature Date

Signature Date

Signature Date

Signature Date

Final Inspection (see Residential Sales Contract #8) of FINAL PROPERTY INSPECTION made on _____
The items to convey and the following items are acceptable: Roof, Structure, Heating System, Plumbing, Water Heater, Exhaust fans, Lights/Outlets, Central Air, Attic Fans, Smoke Detectors, Door Keys, Blinds/Shades, etc. All items are in acceptable condition (see Regional Sales Contract #7) or are noted below

- Seller to credit the Purchaser \$ _____.
- Repairs to be paid from escrow as per escrow agreement.
- Seller to correct discrepancies within _____ days.

The Agent shall not be liable for any breach of any agreement made by the Seller and Purchaser above.

SELLER:

PURCHASER:

Katie See 7-20-23
Signature Date

Signature Date

Signature Date

Signature Date

4. Other Structural Systems, including exterior walls and floors:

Any defects (structural or otherwise)? Yes No Unknown N/A

Comments: _____

5. Plumbing System: Is the system in operating condition? Yes No Unknown N/A

Comments: _____

6. Heating Systems: Is heat supplied to all finished rooms: Yes No Unknown N/A

Are the systems in operating condition? Yes No Unknown N/A

Comments: _____

7. Air Conditioning System:

Is cooling supplied to all finished rooms: Yes No Unknown N/A

Is the system in operating condition? Yes No Unknown N/A

Comments: _____

8. Electric Systems: Are there any problems with electrical fuses, circuit breakers, outlets or wiring? Yes No Unknown N/A

Comments: _____

9. Septic Systems: Is the septic system functioning properly? Yes No Unknown N/A

When was the system was last pumped? Date: _____ Unknown

Comments: _____

10. Water Supply: Any problem with water supply? Yes No Unknown N/A

Home water treatment system: Yes No Unknown N/A Leased

Fire sprinkler system: Yes No Unknown N/A

Are the systems in operating condition? Yes No Unknown N/A

Comments: _____

11. Insulation:

In exterior walls? Yes No Unknown N/A

In ceiling/attic? Yes No Unknown N/A

In any other areas? Yes No Unknown N/A

Where? _____

Comments: _____

12. Exterior Drainage: Does water stand on the property for more than 24 hours after rain?

Yes No Unknown N/A

Are gutters and downspouts in good repair? Yes No Unknown N/A

Comments: _____

13. Wood-destroying insects: Any infestation and/or prior damage?

Yes No Unknown N/A

Any treatments or repairs? Yes No Unknown
Any warranties? Yes No Unknown

Comments: _____

14. Are there any hazardous or regulated materials (including, but not limited to, licensed landfills, asbestos, methamphetamine lab, radon gas, lead-based paint, underground storage tanks, any mining operations or other past contamination) on the property
 Yes No Unknown N/A

If yes, please specify _____

15. If the property relies on the combustion of a fossil fuel for heat, ventilation, hot water, or clothes dryer operation, is a carbon monoxide alarm installed in the property?

Yes No Unknown N/A

Comments: Plug in CO detector was used in conjunction with removable gas fireplace

16. Are there Fireplace(s)/Woodstove(s)/Chimney(s) Yes No Unknown N/A
In good working condition? Yes No Unknown N/A

Comments: _____

17. Are there any zoning violations, nonconforming uses, violation of building restrictions or setback requirements or any recorded or unrecorded easement, except for utilities, on or affecting the property?
 Yes No Unknown N/A

If yes, please specify _____

18. If you or a contractor has made improvements to the property, were the required permits pulled from the county or local permitting office?
 Yes No Unknown N/A

Comments: _____

19. Is the property located in a flood zone, farmland/conservation area, wetland area and/or historic district designated by locality?
 Yes No Unknown N/A

Comments: _____

20. Is the property subject to any restrictions imposed by a Home Owners Association, community association or any deed restrictions?
 Yes No Unknown N/A

Comments: _____

21. Are there any other material defects, including latent defects, affecting the physical condition of the property?
 Yes No Unknown N/A

Comments: _____

NOTE: Seller may wish to disclose the condition of other buildings on the property on a separate VOLUNTARY RESIDENTIAL PROPERTY DISCLOSURE STATEMENT.

<i>Katie See</i> , as POA	7-20-23
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Seller Date

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Seller Date

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Purchaser Date

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Purchaser Date

DISCLAIMER

NOTICE TO SELLER: Sign this statement only if you elect to sell the property without representations and warranties as to its condition, except as otherwise provided in the contract of sale and in the listing of latent defects set forth below; otherwise, complete and sign the VOLUNTARY RESIDENTIAL PROPERTY DISCLOSURE STATEMENT.

Except for the latent defects listed below, the undersigned Seller of the real property make no representations or warranties as to the condition of the real property or any improvements thereon, and the purchaser will be receiving the real property "as is" with all defects, including latent defects, which may exist.

The Seller has actual knowledge of the following latent defects:

Seller

Date

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Seller

Date

The purchaser acknowledges receipt of this Disclosure/Disclaimer Document.

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Purchaser

Date

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Purchaser

Date