

# 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: **11.26 Acres Duke Memorial Road , Louisburg, NC 27549**

Buyer:

Seller: **Nicholas E Bell , Heather R Bell**

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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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| 1. Non-dwelling structures on the Property .....                                                                                                                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| If yes, please describe: .....                                                                                                                                      |                                     |                                     |                                     |
| 2. Current or past soil evaluation test (agricultural, septic, or otherwise).....                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 3. Caves, mineshafts, tunnels, fissures or open or abandoned wells .....                                                                                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 4. Erosion, sliding, soil settlement/expansion, fill or earth movement .....                                                                                        | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 5. Communication, power, or utility lines.....                                                                                                                      | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 6. Pipelines (natural gas, petroleum, other).....                                                                                                                   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 7. Landfill operations or junk storage .....                                                                                                                        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <input type="checkbox"/> Previous <input type="checkbox"/> Current <input type="checkbox"/> Planned <input type="checkbox"/> Legal <input type="checkbox"/> Illegal |                                     |                                     |                                     |
| 8. Drainage, grade issues, flooding, or conditions conducive to flooding .....                                                                                      | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 9. Gravesites, pet cemeteries, or animal burial pits.....                                                                                                           | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 10. Rivers, lakes, ponds, creeks, streams, dams, or springs.....                                                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 11. Well(s).....                                                                                                                                                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <input type="checkbox"/> Potable <input type="checkbox"/> Non-potable Water Quality Test? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no       |                                     |                                     |                                     |
| depth _____; shared (y/n) _____; year installed _____; gal/min _____                                                                                                |                                     |                                     |                                     |
| 12. Septic System(s).....                                                                                                                                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| If yes: 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: _____                                                                                                                                         |                                     |                                     |                                     |
| If no: Permit(s) in process? <input 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: _____                                                                                                                                         |                                     |                                     |                                     |



| Yes | No | NR |
|-----|----|----|
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13. Commercial or industrial noxious fumes, odors, noises, etc. on or near Property..... ☐ ☐ ☒
- If yes, please describe: \_\_\_\_\_

**B. Legal/Land Use Aspects**

- |                                                                                                                                                                      |                                     |                                     |                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| 1. Current or past title insurance policy or title search.....                                                                                                       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 2. Copy of deed(s) for property.....                                                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 3. Government administered programs or allotments.....                                                                                                               | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 4. Rollback or other tax deferral recaptures upon sale.....                                                                                                          | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 5. Litigation or estate proceeding affecting ownership or boundaries.....                                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 6. Notices from governmental or quasi-governmental authorities related to the property..                                                                             | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 7. Private use restrictions or conditions, protective covenants, or HOA.....                                                                                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| If yes, please describe: _____                                                                                                                                       |                                     |                                     |                                     |
| 8. Recent work by persons entitled to file lien claims.....                                                                                                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| If yes, have all such persons been paid in full .....                                                                                                                | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| If not paid in full, provide lien agent name and project number: _____                                                                                               |                                     |                                     |                                     |
| 9. Jurisdictional government land use authority:                                                                                                                     |                                     |                                     |                                     |
| County: <u>Franklin</u>                                                                                                                                              |                                     |                                     |                                     |
| City: <u>Louisburg</u>                                                                                                                                               |                                     |                                     |                                     |
| 10. Current zoning: <u>AG R-30</u>                                                                                                                                   |                                     |                                     |                                     |
| 11. Fees or leases for use of any system or item on property .....                                                                                                   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 12. Location within a government designated disaster evacuation zone (e.g., hurricane, nuclear facility, hazardous chemical facility, hazardous waste facility)..... | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 13. Access (legal and physical) other than by direct frontage on a public road                                                                                       |                                     |                                     |                                     |
| Access via easement.....                                                                                                                                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Access via private road .....                                                                                                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| If yes, is there a private road maintenance agreement? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no                                           |                                     |                                     |                                     |
| 14. Solar panel(s), windmill(s), cell tower(s).....                                                                                                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| If yes, please describe: _____                                                                                                                                       |                                     |                                     |                                     |

**C. Survey/Boundary Aspects**

- |                                                                                |                                     |                          |                                     |
|--------------------------------------------------------------------------------|-------------------------------------|--------------------------|-------------------------------------|
| 1. Current or past survey/plat or topographic drawing available.....           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 2. Approximate acreage: <u>11.26</u>                                           |                                     |                          |                                     |
| 3. Wooded Acreage _____; Cleared Acreage _____                                 |                                     |                          |                                     |
| 4. Encroachments.....                                                          | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Public or private use paths or roadways rights of way/easement(s).....      | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Financial or maintenance obligations related to same .....                     | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Communication, power, or other utility rights of way/easements .....        | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. Railroad or other transportation rights of way/easements.....               | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. Conservation easement .....                                                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. Property Setbacks.....                                                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If yes, describe: _____                                                        |                                     |                          |                                     |
| 10. Riparian Buffers (i.e., stream buffers, conservation districts, etc.)..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 11. Septic Easements and Repair Fields .....                                   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12. Any Proposed Easements Affecting Property.....                             | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13. Beach Access Easement, Boat Access Easement, Docking Permitted.....        | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If yes, please describe: _____                                                 |                                     |                          |                                     |

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

|                                                                                                            | Yes                                 | No                       | NR                                  |
|------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|-------------------------------------|
| 1. Agricultural Status (e.g., forestry deferral) .....                                                     | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Licenses, leases, allotments, or usage permits (crops, hunting, water, timber, etc.).....               | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If yes, describe in detail: _____                                                                          |                                     |                          |                                     |
| 3. Forfeiture, severance, or transfer of rights (mineral, oil, gas, timber, development, etc.)             | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If yes, describe in detail: _____                                                                          |                                     |                          |                                     |
| 4. Farming on Property: <input checked="" type="checkbox"/> owner or <input type="checkbox"/> tenant ..... | <input checked="" type="checkbox"/> | <input 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 type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. Timber harvest within past 25 years .....                                                               | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If yes, monitored by Registered Forester? .....                                                            |                                     |                          |                                     |
| If replanted, what species: _____                                                                          |                                     |                          |                                     |
| Years planted: _____                                                                                       | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. Harvest impact (other than timber) .....                                                                | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Underground or above ground storage tanks .....                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If yes, describe in detail: _____                                                                                                 |                          |                          |                                     |
| 3. Abandoned or junk motor vehicles or equipment of any kind.....                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input checked="" type="checkbox"/> |
| Permits or certifications related to Wetlands .....                                                                               |                          |                          |                                     |
| Conservation/stream restoration.....                                                                                              |                          |                          |                                     |
| 10. Coastal concern (tidal waters, unbuildable land, flood zone, CAMA, Army Corp., etc.)                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input checked="" type="checkbox"/> |
| If yes, describe in detail: _____                                                                                                 |                          |                          |                                     |
| ii. Other fuel/chemical.....                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| iii. Paint <input type="checkbox"/> Lead based paint <input type="checkbox"/> Other paint/solvents .....                          | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| iv. Agricultural chemical storage .....                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

**F. Utilities**

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

|                          |                               |
|--------------------------|-------------------------------|
| <input type="checkbox"/> | Water (describe): _____       |
| <input type="checkbox"/> | Sewer (describe): _____       |
| <input type="checkbox"/> | Gas (describe): _____         |
| <input type="checkbox"/> | Electricity (describe): _____ |
| <input type="checkbox"/> | Cable (describe): _____       |

**Instructions:** Identify a line item in the first column (e.g., “E/8”) and provide further explanation in the second column.

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| Attach additional sheets as necessary |  |

Date: \_\_\_\_\_