

# 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: Lots 1 and 2 Johnston Town Rd, Zebulon, NC 27597

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

Seller: Roosevelt Rogers

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                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|--------------------------|
| 1. Non-dwelling structures on the Property .....<br>If yes, please describe: _____                                                                                                                                         | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Current or past soil evaluation test (agricultural, septic, or otherwise).....                                                                                                                                          | <input type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Communication, power, or utility lines.....                                                                                                                                                                             | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Pipelines (natural gas, petroleum, other).....                                                                                                                                                                          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Gravesites, pet cemeteries, or animal burial pits.....                                                                                                                                                                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Rivers, lakes, ponds, creeks, streams, dams, or springs.....                                                                                                                                                           | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> no<br>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 type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NR                                                                                                             |                          |                                     |                          |
| Other Septic Details: _____                                                                                                                                                                                                |                          |                                     |                          |

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This form approved by:

NC REALTORS®

Seller Initials R.R.

Buyer Initials \_\_\_\_\_



STANDARD FORM 142

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| Yes | No | NR |
|-----|----|----|
|-----|----|----|

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 checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Rollback or other tax deferral recaptures upon sale.....                                                                                                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Litigation or estate proceeding affecting ownership or boundaries.....                                                                                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Notices from governmental or quasi-governmental authorities related to the property..                                                                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input 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 .....                                                                                                                |                                     |                                     |                          |
| If not paid in full, provide lien agent name and project number: _____                                                                                               |                                     |                                     |                          |
| 9. Jurisdictional government land use authority:                                                                                                                     |                                     |                                     |                          |
| County: <u>Franklin</u>                                                                                                                                              | City: _____                         |                                     |                          |
| 10. Current zoning: <u>RCO R-30</u>                                                                                                                                  |                                     |                                     |                          |
| 11. Fees or leases for use of any system or item on property .....                                                                                                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> yes <input 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>See Plat</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 type="checkbox"/>            |
| Financial or maintenance obligations related to same .....                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 6. Communication, power, or other utility rights of way/easements .....        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 7. Railroad or other transportation rights of way/easements.....               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 8. Conservation easement .....                                                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 9. Property Setbacks.....                                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| If yes, describe: _____                                                        |                                     |                                     |                                     |
| 10. Riparian Buffers (i.e., stream buffers, conservation districts, etc.)..... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 11. Septic Easements and Repair Fields .....                                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 12. Any Proposed Easements Affecting Property.....                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 13. Beach Access Easement, Boat Access Easement, Docking Permitted.....        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| If yes, please describe: _____                                                 |                                     |                                     |                                     |

Seller Initials AR Buyer Initials \_\_\_\_\_  
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**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.).....    | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If yes, describe in detail: .....                                                               |                          |                                     |                          |
| 3. Forfeiture, severance, or transfer of rights (mineral, oil, gas, timber, development, etc.)  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If yes, describe in detail: .....                                                               |                          |                                     |                          |
| 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 checked="" type="checkbox"/> | <input 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If yes, monitored by Registered Forester? .....                                                 |                          |                                     |                          |
| If replanted, what species: .....                                                               |                          |                                     |                          |
| 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 checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Federal or State listed or protected species present.....                                                                      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Previous commercial or industrial uses.....                                                                                    | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input 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 .....                                                                               |                          |                                     |                          |
| Conservation/stream restoration.....                                                                                              |                          |                                     |                          |
| 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.

|                                                        |
|--------------------------------------------------------|
| <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): .....       |

- ☐ High Speed Internet (describe): \_\_\_\_\_
- ☐ Fiber Optic (describe): \_\_\_\_\_
- ☐ Telephone (describe): \_\_\_\_\_
- ☐ Private well (describe): \_\_\_\_\_
- ☐ Shared private well or community well (describe): \_\_\_\_\_
- ☐ Hauled water (describe): \_\_\_\_\_
- ☐ Other (describe): \_\_\_\_\_

## Explanation Sheet for Vacant Land Disclosure Statement

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

[illegible]

**Attach additional sheets as necessary**

THE NORTH CAROLINA ASSOCIATION OF REALTORS®, INC., MAKES NO REPRESENTATION AS TO THE LEGAL VALIDITY OR ADEQUACY OF THIS FORM. CONSULT A NORTH CAROLINA ATTORNEY BEFORE YOU SIGN IT.

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

Seller: Roosevelt Rogers Date: 3-2-2016  
Roosevelt Rogers

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

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

Entity Buyer:

Entity Seller:

(Name of LLC/Corporation/Partnership/Trust/Etc.)

(Name of LLC/Corporation/Partnership/Trust/Etc.)

By: \_\_\_\_\_

By: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

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

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