

## 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: **160 Siltstone Dr, Franklinton, 27525**

Buyer:

Seller: **Thomas G Consler, Valerie G Montana**

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 .....                                                                                                                    | <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 type="checkbox"/>            | <input checked="" 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 type="checkbox"/>            | <input checked="" 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 type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> Potable <input type="checkbox"/> Non-potable Water Quality Test? <input type="checkbox"/> yes <input type="checkbox"/> no                  |                                     |                                     |                                     |
| depth _____; shared (y/n) _____; year installed _____; gal/min _____                                                                                                |                                     |                                     |                                     |
| 12. Septic System(s).....                                                                                                                                           | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" 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

*TC*

*VM*

Buyer Initials



**STANDARD FORM 142**

**Revised 7/2025**

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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..... ☒ ☐ ☐
2. Copy of deed(s) for property..... ☒ ☐ ☐
3. Government administered programs or allotments..... ☐ ☐ ☒
4. Rollback or other tax deferral recaptures upon sale..... ☐ ☐ ☒
5. Litigation or estate proceeding affecting ownership or boundaries..... ☐ ☐ ☒
6. Notices from governmental or quasi-governmental authorities related to the property.. ☐ ☐ ☒
7. Private use restrictions or conditions, protective covenants, or HOA..... ☒ ☐ ☐
- If yes, please describe: HOA
8. Recent work by persons entitled to file lien claims..... ☒ ☐ ☒
- 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: \_\_\_\_\_ City: \_\_\_\_\_
10. Current zoning: \_\_\_\_\_
11. Fees or leases for use of any system or item on property ..... ☐ ☐ ☒
12. Location within a government designated disaster evacuation zone (e.g., hurricane, nuclear facility, hazardous chemical facility, hazardous waste facility)..... ☐ ☐ ☒
13. Access (legal and physical) other than by direct frontage on a public road  
Access via easement..... ☐ ☐ ☒
- Access via private road ..... ☐ ☐ ☐
- If yes, is there a private road maintenance agreement? ☐ yes ☐ no
14. Solar panel(s), windmill(s), cell tower(s)..... ☐ ☐ ☒
- If yes, please describe: \_\_\_\_\_

**C. Survey/Boundary Aspects**

1. Current or past survey/plat or topographic drawing available..... ☒ ☐ ☐
2. Approximate acreage: 1.68
3. Wooded Acreage \_\_\_\_\_; Cleared Acreage \_\_\_\_\_
4. Encroachments..... ☐ ☐ ☒
5. Public or private use paths or roadways rights of way/easement(s)..... ☐ ☐ ☒
- Financial or maintenance obligations related to same ..... ☐ ☐ ☒
6. Communication, power, or other utility rights of way/easements ..... ☒ ☐ ☐
7. Railroad or other transportation rights of way/easements..... ☐ ☐ ☒
8. Conservation easement ..... ☐ ☐ ☐
9. Property Setbacks..... ☒ ☐ ☐
- If yes, describe: \_\_\_\_\_
10. Riparian Buffers (i.e., stream buffers, conservation districts, etc.)..... ☒ ☐ ☐
11. Septic Easements and Repair Fields ..... ☐ ☐ ☒
12. Any Proposed Easements Affecting Property..... ☐ ☐ ☒
13. Beach Access Easement, Boat Access Easement, Docking Permitted..... ☐ ☐ ☒
- 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 type="checkbox"/> owner or <input type="checkbox"/> tenant ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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: _____                                                                            |                          |                          |                                     |
| 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 checked="" type="checkbox"/> | <input 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 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 checked="" 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. |  |
|                                                                                                                            |  |
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|                                                                                                                            |  |
| 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:

Buyer:  Date:

Entity Buyer:

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

By:

Name:

Title:

Date:

Signed by: 

4B2D829902414D2

 Date: 6/18/2026 | 04:19 PDT

Signed by: 

Valerie G Montana

 Date: 6/18/2026 | 16:44 PDT

Entity Seller:

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

By:

Name:

Title:

Date: