

**NORTH CAROLINA REAL ESTATE COMMISSION*****Residential Property And Owners'  
Association Disclosure Statement******Protecting the Public Interest in Real Estate Brokerage Transactions***

Property Address/Description: 4900 Avenida Del Sol Dr, Raleigh, NC, 27616  
 Owner's Name(s): Opendoor Property Trust I

North Carolina law N.C.G.S. 47E requires residential property owners to complete this Disclosure Statement and provide it to the buyer prior to any offer to purchase. There are limited exemptions for completing the form, such as new home construction that has never been occupied. Owners are advised to seek legal advice if they believe they are entitled to one of the limited exemptions contained in N.C.G.S. 47E-2.

An owner is required to provide a response to every question by selecting Yes (Y), No (N), No Representation (NR), or Not Applicable (NA). An owner is not required to disclose any of the material facts that have a NR option, even if they have knowledge of them. However, failure to disclose latent (hidden) defects may result in civil liability. The disclosures made in this Disclosure Statement are those of the owner(s), not the owner's broker.

- If an owner selects Y or N, the owner is only obligated to disclose information about which they have actual knowledge. If an owner selects Y in response to any question about a problem, the owner must provide a written explanation or attach a report from an attorney, engineer, contractor, pest control operator, or other expert or public agency describing it.
- If an owner selects N, the owner has no actual knowledge of the topic of the question, including any problem. If the owner selects N and the owner knows there is a problem or that the owner's answer is not correct, the owner may be liable for making an intentional misstatement.
- If an owner selects NR, it could mean that the owner (1) has knowledge of an issue and chooses not to disclose it; or (2) simply does not know.
- If an owner selects NA, it means the property does not contain a particular item or feature.

For purposes of completing this Disclosure Statement: **"Dwelling"** means any structure intended for human habitation, **"Property"** means any structure intended for human habitation and the tract of land, and **"Not Applicable"** means the item does not apply to the property or exist on the property.

**OWNERS:** The owner must give a completed and signed Disclosure Statement to the buyer no later than the time the buyer makes an offer to purchase property. If the owner does not, the buyer can, under certain conditions, cancel any resulting contract. An owner is responsible for completing and delivering the Disclosure Statement to the buyer even if the owner is represented in the sale of the property by a licensed real estate broker and the broker must disclose any material facts about the property that the broker knows or reasonably should know, regardless of the owner's response.

The owner should keep a copy signed by the buyer for their records. If something happens to make the Disclosure Statement incorrect or inaccurate (for example, the roof begins to leak), the owner must promptly give the buyer an updated Disclosure Statement or correct the problem. Note that some issues, even if repaired, such as structural issues and fire damage, remain material facts and must be disclosed by a broker even after repairs are made.

**BUYERS:** The owner's responses contained in this Disclosure Statement are not a warranty and should not be a substitute for conducting a careful and independent evaluation of the property. **Buyers are strongly encouraged to:**

- Carefully review the entire Disclosure Statement.
- Obtain their own inspections from a licensed home inspector and/or other professional.

DO NOT assume that an answer of N or NR is a guarantee of no defect. If an owner selects N, that means the owner has no actual knowledge of any defects. It does not mean that a defect does not exist. If an owner selects NR, it could mean the owner (1) has knowledge of an issue and chooses not to disclose it, or (2) simply does not know.

**BROKERS:** A licensed real estate broker shall furnish their seller-client with a Disclosure Statement for the seller to complete in connection with the transaction. A broker shall obtain a completed copy of the Disclosure Statement and provide it to their buyer-client to review and sign. All brokers shall (1) review the completed Disclosure Statement to ensure the seller responded to all questions, (2) take reasonable steps to disclose material facts about the property that the broker knows or reasonably should know regardless of the owner's responses or representations, and (3) explain to the buyer that this Disclosure Statement does not replace an inspection and encourage the buyer to protect their interests by having the property fully examined to the buyer's satisfaction.

- **Brokers are NOT permitted to complete this Disclosure Statement on behalf of their seller-clients.**
- Brokers who own the property may select NR in this Disclosure Statement but are obligated to disclose material facts they know or reasonably should know about the property.

Buyer Initials \_\_\_\_\_ Owner Initials BB  
 Buyer Initials \_\_\_\_\_ Owner Initials \_\_\_\_\_

REC 4.22  
REV 5/24

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## SECTION A. STRUCTURE/FLOORS/WALLS/CEILING/WINDOW/ROOF

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Yes                                 | No                                  | NR                                  |    |            |                          |                          |                                     |      |                          |                          |                                     |       |                                     |                          |                          |        |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |     |    |    |         |                          |                          |                                     |       |                          |                          |                                     |          |                          |                          |                                     |      |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |     |    |    |                 |                                     |                          |                          |                   |                                     |                          |                          |                         |                          |                          |                                     |              |                          |                          |                          |
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| A1. Is the property currently owner-occupied?<br>Date owner acquired the property: <u>05/07/2026</u><br>If not owner-occupied, how long has it been since the owner occupied the property? <u>never occupied</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |    |            |                          |                          |                                     |      |                          |                          |                                     |       |                                     |                          |                          |        |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |     |    |    |         |                          |                          |                                     |       |                          |                          |                                     |          |                          |                          |                                     |      |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |     |    |    |                 |                                     |                          |                          |                   |                                     |                          |                          |                         |                          |                          |                                     |              |                          |                          |                          |
| A2. In what year was the dwelling constructed? <u>1987</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                     | <input type="checkbox"/>            |    |            |                          |                          |                                     |      |                          |                          |                                     |       |                                     |                          |                          |        |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |     |    |    |         |                          |                          |                                     |       |                          |                          |                                     |          |                          |                          |                                     |      |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |     |    |    |                 |                                     |                          |                          |                   |                                     |                          |                          |                         |                          |                          |                                     |              |                          |                          |                          |
| A3. Have there been any structural additions or other structural or mechanical changes to the dwelling(s)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |    |            |                          |                          |                                     |      |                          |                          |                                     |       |                                     |                          |                          |        |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |     |    |    |         |                          |                          |                                     |       |                          |                          |                                     |          |                          |                          |                                     |      |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |     |    |    |                 |                                     |                          |                          |                   |                                     |                          |                          |                         |                          |                          |                                     |              |                          |                          |                          |
| A4. The dwelling's exterior walls are made of what type of material? (Check all that apply)<br><input type="checkbox"/> Brick Veneer <input type="checkbox"/> Vinyl <input type="checkbox"/> Stone <input type="checkbox"/> Fiber Cement <input type="checkbox"/> Synthetic Stucco <input checked="" type="checkbox"/> Composition/Hardboard<br><input type="checkbox"/> Concrete <input type="checkbox"/> Aluminum <input type="checkbox"/> Wood <input type="checkbox"/> Asbestos <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                     | <input type="checkbox"/>            |    |            |                          |                          |                                     |      |                          |                          |                                     |       |                                     |                          |                          |        |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |     |    |    |         |                          |                          |                                     |       |                          |                          |                                     |          |                          |                          |                                     |      |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |     |    |    |                 |                                     |                          |                          |                   |                                     |                          |                          |                         |                          |                          |                                     |              |                          |                          |                          |
| A5. In what year was the dwelling's roof covering installed? <u>Unknown</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                     | <input checked="" type="checkbox"/> |    |            |                          |                          |                                     |      |                          |                          |                                     |       |                                     |                          |                          |        |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |     |    |    |         |                          |                          |                                     |       |                          |                          |                                     |          |                          |                          |                                     |      |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |     |    |    |                 |                                     |                          |                          |                   |                                     |                          |                          |                         |                          |                          |                                     |              |                          |                          |                          |
| A6. Is there a leakage or other problem with the dwelling's roof or related existing damage?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |    |            |                          |                          |                                     |      |                          |                          |                                     |       |                                     |                          |                          |        |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |     |    |    |         |                          |                          |                                     |       |                          |                          |                                     |          |                          |                          |                                     |      |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |     |    |    |                 |                                     |                          |                          |                   |                                     |                          |                          |                         |                          |                          |                                     |              |                          |                          |                          |
| A7. Is there water seepage, leakage, dampness, or standing water in the dwelling's basement, crawl space, or slab?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |    |            |                          |                          |                                     |      |                          |                          |                                     |       |                                     |                          |                          |        |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |     |    |    |         |                          |                          |                                     |       |                          |                          |                                     |          |                          |                          |                                     |      |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |     |    |    |                 |                                     |                          |                          |                   |                                     |                          |                          |                         |                          |                          |                                     |              |                          |                          |                          |
| A8. Is there an infestation present in the dwelling or damage from past infestations of wood destroying insects or organisms that has not been repaired?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |    |            |                          |                          |                                     |      |                          |                          |                                     |       |                                     |                          |                          |        |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |     |    |    |         |                          |                          |                                     |       |                          |                          |                                     |          |                          |                          |                                     |      |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |     |    |    |                 |                                     |                          |                          |                   |                                     |                          |                          |                         |                          |                          |                                     |              |                          |                          |                          |
| A9. Is there a problem, malfunction, or defect with the dwelling's:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                     |                                     |    |            |                          |                          |                                     |      |                          |                          |                                     |       |                                     |                          |                          |        |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |     |    |    |         |                          |                          |                                     |       |                          |                          |                                     |          |                          |                          |                                     |      |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |     |    |    |                 |                                     |                          |                          |                   |                                     |                          |                          |                         |                          |                          |                                     |              |                          |                          |                          |
| <table border="0" style="width: 100%;"> <tr> <th style="width: 25%;">NA</th> <th style="width: 10%;">Yes</th> <th style="width: 10%;">No</th> <th style="width: 10%;">NR</th> </tr> <tr> <td>Foundation</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Slab</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Patio</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Floors</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table> | NA                                  | Yes                                 | No                                  | NR | Foundation | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Slab | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Patio | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floors | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <table border="0" style="width: 100%;"> <tr> <th style="width: 25%;">NA</th> <th style="width: 10%;">Yes</th> <th style="width: 10%;">No</th> <th style="width: 10%;">NR</th> </tr> <tr> <td>Windows</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Doors</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Ceilings</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Deck</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table> | NA | Yes | No | NR | Windows | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Doors | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Ceilings | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Deck | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <table border="0" style="width: 100%;"> <tr> <th style="width: 25%;">NA</th> <th style="width: 10%;">Yes</th> <th style="width: 10%;">No</th> <th style="width: 10%;">NR</th> </tr> <tr> <td>Attached Garage</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Fireplace/Chimney</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Interior/Exterior Walls</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Other: _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> | NA | Yes | No | NR | Attached Garage | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fireplace/Chimney | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Interior/Exterior Walls | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Other: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Yes                                 | No                                  | NR                                  |    |            |                          |                          |                                     |      |                          |                          |                                     |       |                                     |                          |                          |        |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |     |    |    |         |                          |                          |                                     |       |                          |                          |                                     |          |                          |                          |                                     |      |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |     |    |    |                 |                                     |                          |                          |                   |                                     |                          |                          |                         |                          |                          |                                     |              |                          |                          |                          |
| Foundation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |    |            |                          |                          |                                     |      |                          |                          |                                     |       |                                     |                          |                          |        |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |     |    |    |         |                          |                          |                                     |       |                          |                          |                                     |          |                          |                          |                                     |      |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |     |    |    |                 |                                     |                          |                          |                   |                                     |                          |                          |                         |                          |                          |                                     |              |                          |                          |                          |
| Slab                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |    |            |                          |                          |                                     |      |                          |                          |                                     |       |                                     |                          |                          |        |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |     |    |    |         |                          |                          |                                     |       |                          |                          |                                     |          |                          |                          |                                     |      |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |     |    |    |                 |                                     |                          |                          |                   |                                     |                          |                          |                         |                          |                          |                                     |              |                          |                          |                          |
| Patio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |    |            |                          |                          |                                     |      |                          |                          |                                     |       |                                     |                          |                          |        |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |     |    |    |         |                          |                          |                                     |       |                          |                          |                                     |          |                          |                          |                                     |      |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |     |    |    |                 |                                     |                          |                          |                   |                                     |                          |                          |                         |                          |                          |                                     |              |                          |                          |                          |
| Floors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |    |            |                          |                          |                                     |      |                          |                          |                                     |       |                                     |                          |                          |        |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |     |    |    |         |                          |                          |                                     |       |                          |                          |                                     |          |                          |                          |                                     |      |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |     |    |    |                 |                                     |                          |                          |                   |                                     |                          |                          |                         |                          |                          |                                     |              |                          |                          |                          |
| NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Yes                                 | No                                  | NR                                  |    |            |                          |                          |                                     |      |                          |                          |                                     |       |                                     |                          |                          |        |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |     |    |    |         |                          |                          |                                     |       |                          |                          |                                     |          |                          |                          |                                     |      |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |     |    |    |                 |                                     |                          |                          |                   |                                     |                          |                          |                         |                          |                          |                                     |              |                          |                          |                          |
| Windows                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |    |            |                          |                          |                                     |      |                          |                          |                                     |       |                                     |                          |                          |        |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |     |    |    |         |                          |                          |                                     |       |                          |                          |                                     |          |                          |                          |                                     |      |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |     |    |    |                 |                                     |                          |                          |                   |                                     |                          |                          |                         |                          |                          |                                     |              |                          |                          |                          |
| Doors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |    |            |                          |                          |                                     |      |                          |                          |                                     |       |                                     |                          |                          |        |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |     |    |    |         |                          |                          |                                     |       |                          |                          |                                     |          |                          |                          |                                     |      |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |     |    |    |                 |                                     |                          |                          |                   |                                     |                          |                          |                         |                          |                          |                                     |              |                          |                          |                          |
| Ceilings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |    |            |                          |                          |                                     |      |                          |                          |                                     |       |                                     |                          |                          |        |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |     |    |    |         |                          |                          |                                     |       |                          |                          |                                     |          |                          |                          |                                     |      |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |     |    |    |                 |                                     |                          |                          |                   |                                     |                          |                          |                         |                          |                          |                                     |              |                          |                          |                          |
| Deck                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |    |            |                          |                          |                                     |      |                          |                          |                                     |       |                                     |                          |                          |        |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |     |    |    |         |                          |                          |                                     |       |                          |                          |                                     |          |                          |                          |                                     |      |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |     |    |    |                 |                                     |                          |                          |                   |                                     |                          |                          |                         |                          |                          |                                     |              |                          |                          |                          |
| NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Yes                                 | No                                  | NR                                  |    |            |                          |                          |                                     |      |                          |                          |                                     |       |                                     |                          |                          |        |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |     |    |    |         |                          |                          |                                     |       |                          |                          |                                     |          |                          |                          |                                     |      |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |     |    |    |                 |                                     |                          |                          |                   |                                     |                          |                          |                         |                          |                          |                                     |              |                          |                          |                          |
| Attached Garage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |    |            |                          |                          |                                     |      |                          |                          |                                     |       |                                     |                          |                          |        |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |     |    |    |         |                          |                          |                                     |       |                          |                          |                                     |          |                          |                          |                                     |      |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |     |    |    |                 |                                     |                          |                          |                   |                                     |                          |                          |                         |                          |                          |                                     |              |                          |                          |                          |
| Fireplace/Chimney                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |    |            |                          |                          |                                     |      |                          |                          |                                     |       |                                     |                          |                          |        |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |     |    |    |         |                          |                          |                                     |       |                          |                          |                                     |          |                          |                          |                                     |      |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |     |    |    |                 |                                     |                          |                          |                   |                                     |                          |                          |                         |                          |                          |                                     |              |                          |                          |                          |
| Interior/Exterior Walls                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |    |            |                          |                          |                                     |      |                          |                          |                                     |       |                                     |                          |                          |        |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |     |    |    |         |                          |                          |                                     |       |                          |                          |                                     |          |                          |                          |                                     |      |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |     |    |    |                 |                                     |                          |                          |                   |                                     |                          |                          |                         |                          |                          |                                     |              |                          |                          |                          |
| Other: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |    |            |                          |                          |                                     |      |                          |                          |                                     |       |                                     |                          |                          |        |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |     |    |    |         |                          |                          |                                     |       |                          |                          |                                     |          |                          |                          |                                     |      |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |     |    |    |                 |                                     |                          |                          |                   |                                     |                          |                          |                         |                          |                          |                                     |              |                          |                          |                          |

**Explanations for questions in Section A (identify the specific question for each explanation):**

A5) Seller does not know installation dates

## SECTION B. HVAC/ELECTRICAL

|                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                          |                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|-------------------------------------|
| B1. Is there a problem, malfunction, or defect with the dwelling's electrical system (outlets, wiring, panels, switches, fixtures, generator, etc.)?                                                                                                                                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| B2. Is there a problem, malfunction, or defect with the dwelling's heating and/or air conditioning?                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| B3. What is the dwelling's heat source? (Check all that apply; indicate the year of each system manufacture)<br><input checked="" type="checkbox"/> Furnace [ <u>Unknown</u> # of units ] Year: <u>Unknown</u> <input type="checkbox"/> Heat Pump [ ____ # of units ] Year: ____<br><input type="checkbox"/> Baseboard [ ____ # of bedrooms with units ] Year: ____ <input type="checkbox"/> Other: _____ Year: ____ |                          |                          | <input type="checkbox"/>            |

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

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Yes No NR

B4. What is the dwelling's cooling source? (Check all that apply; indicate the year of each system manufacture)

☒ Central Forced Air: Split system Year: Unknown ☐ Wall/Windows Unit(s): \_\_\_\_\_ Year: \_\_\_\_\_  
☐ Other: \_\_\_\_\_ Year: \_\_\_\_\_

☐

B5. What is the dwelling's fuel source? (Check all that apply)

☒ Electricity ☒ Natural Gas ☐ Solar ☐ Propane ☐ Oil ☐ Other: \_\_\_\_\_

☐

*Explanations for questions in Section B (identify the specific question for each explanation):*

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### SECTION C. PLUMBING/WATER SUPPLY/SEWER/SEPTIC

Yes No NR

C1. What is the dwelling's water supply source? (Check all that apply)

☒ City/County ☐ Shared well ☐ Community System ☐ Private well ☐ Other: \_\_\_\_\_

☐

If the dwelling's water supply source is supplied by a private well, identify whether the private well has been tested for: (Check all that apply).

☐ Quality ☐ Pressure ☐ Quantity

If the dwelling's water source is supplied by a private well, what was the date of the last water quality/quantity test? \_\_\_\_\_

C2. The dwelling's water pipes are made of what type of material? (Check all that apply)

☒ Copper ☐ Galvanized ☐ Plastic ☐ Polybutylene ☐ Other: \_\_\_\_\_

☐

C3. What is the dwelling's water heater fuel source? (Check all that apply; indicate the year of each system manufacture) ☒ Gas: Unknown ☐ Electric: \_\_\_\_\_ ☐ Solar: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

C4. What is the dwelling's sewage disposal system? (Check all that apply)

☐ Septic tank with pump ☐ community system ☐ Septic tank ☐ Drip system  
☒ Connected to City/County System ☐ City/County system available ☐ Other: \_\_\_\_\_  
☐ Straight pipe (wastewater does not go into a septic or other sewer system) \*Note: Use of this type of system violates State Law.

☐

If the dwelling is serviced by a septic system, how many bedrooms are allowed by the septic system permit? \_\_\_\_\_ ☐ No Records Available

Date the septic system was last pumped: \_\_\_\_\_

C5. Is there a problem, malfunction, or defect with the dwelling's:

|               | NA                                  | Yes                      | No                       | NR                                  |                                                       | NA                       | Yes                      | No                       | NR                                  |
|---------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|
| Septic system | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Plumbing system (pipes, fixtures, water heater, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Sewer system  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Water supply (water quality, quantity, or pressure)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

*Explanations for questions in Section C (identify the specific question for each explanation):*

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

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## SECTION D. FIXTURES/APPLIANCES

D1. Is the dwelling equipped with an elevator system?

If yes, when was it last inspected? \_\_\_\_\_

Date of last maintenance service: \_\_\_\_\_

Yes ☐ No ☐ NR ☒

D2. Is there a problem, malfunction, or defect with the dwelling's:

|                                     | NA                                  | Yes                      | No                       | NR                                  |                                   | NA                                  | Yes                      | No                       | NR                                  |                | NA                       | Yes                      | No                       | NR                                  |                    | NA                                  | Yes                      | No                       | NR                                  |
|-------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|-----------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|----------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|
| Attic fan, exhaust fan, ceiling fan | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Irrigation system                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Sump pump      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Garage Door system | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Elevator system or component        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Pool/hot tub /spa                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Gas logs       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Security system    | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Appliances to be conveyed           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | TV cable wiring or satellite dish | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Central vacuum | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Other:             | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

**Explanations for questions in Section D (identify the specific question for each explanation):**

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## SECTION E. LAND/ZONING

E1. Is there a problem, malfunction, or defect with the drainage, grading, or soil stability of the property?

Yes ☐ No ☐ NR ☒

E2. Is the property in violation of any local zoning ordinances, restrictive covenants, or local land-use restrictions (including setback requirements?)

☐ ☐ ☒

E3. Is the property in violation of any building codes (including the failure to obtain required permits for room additions or other changes/improvements?)

☐ ☐ ☒

E4. Is the property subject to any utility or other easements, shared driveways, party walls, encroachments from or on adjacent property, or other land use restrictions?

☒ ☐ ☐

E5. Does the property abut or adjoin any private road(s) or street(s)?

☒ ☐ ☐

E6. If there is a private road or street adjoining the property, are there any owners' association or maintenance agreements dealing with the maintenance of the road or street? ☐ NA

☐ ☒ ☐

**Explanations for questions in Section E (identify the specific question for each explanation):**

E5) Previous seller mentioned property has privately maintained road - details unknown. E4) Property is a apartment, party walls present.

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## SECTION F. ENVIRONMENTAL/FLOODING

F1. Is there hazardous or toxic substance, material, or product (such as asbestos, formaldehyde, radon gas, methane gas, lead-based paint) that exceed government safety standards located on or which otherwise affect the property?

Yes ☐ No ☐ NR ☒

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

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|                                                                                                                                                                                                                                                      | Yes                      | No                                  | NR                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|-------------------------------------|
| F2. Is there an environmental monitoring or mitigation device or system located on the property?                                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| F3. Is there debris (whether buried or covered), an underground storage tank, or an environmentally hazardous condition (such as contaminated soil or water or other environmental contamination) located on or which otherwise affect the property? | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| F4. Is there any noise, odor, smoke, etc., from commercial, industrial, or military sources that affects the property?                                                                                                                               | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| F5. Is the property located in a federal or other designated flood hazard zone?                                                                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| F6. Has the property experienced damage due to flooding, water seepage, or pooled water attributable to a natural event such as heavy rainfall, coastal storm surge, tidal inundation, or river overflow?                                            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| F7. Have you ever filed a claim for flood damage to the property with any insurance provider, including the National Flood Insurance Program?                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| F8. Is there a current flood insurance policy covering the property?                                                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| F9. Have you received assistance from FEMA, U.S. Small Business Administration, or any other federal disaster flood assistance for flood damage to the property?                                                                                     | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| F10. Is there a flood or FEMA elevation certificate for the property?                                                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

**NOTE:** An existing flood insurance policy may be assignable to a buyer at a lesser premium than a new policy. For properties that have received disaster assistance, the requirement to obtain flood insurance passes down to all future owners. Failure to obtain flood insurance can result in an owner being ineligible for future assistance.

**Explanations for questions in Section F (identify the specific question for each explanation):**

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## SECTION G. MISCELLANEOUS

|                                                                                                                                                                                                                                            | Yes                                 | No                       | NR                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|-------------------------------------|
| G1. Is the property subject to any lawsuits, foreclosures, bankruptcy, judgments, tax liens, proposed assessments, mechanics' liens, materialmens' liens, or notices from any governmental agency that could affect title to the property? | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| G2. Is the property subject to a lease or rental agreement?                                                                                                                                                                                | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| G3. Is the property subject to covenants, conditions, or restrictions or to governing documents separate from an owners' association that impose various mandatory covenants, conditions, and or restrictions upon the lot or unit?        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

**Explanations for question in Section G (identify the specific question for each explanation):**

G3) Property has CC&Rs

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Buyer Initials \_\_\_\_\_ Owner Initials BB

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

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**SECTION H.**  
**OWNERS' ASSOCIATION DISCLOSURE**

If you answer 'Yes' to question H1, you must complete the remaining questions in Section H. If you answered 'No' or 'No Representation' to question H1, you do not need to answer the remaining questions in Section H.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Yes                                 | No                       | NR                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| H1. Is the property subject to regulation by one or more owners' association(s) including, but not limited to, obligations to pay regular assessments or dues and special assessments?<br>If "yes," please provide the information requested below as to each owners' association to which the property is subject [insert N/A into any blank that does not apply]:<br>a. (specify name) <u>Villages East Homeowners Association, Inc.</u> whose regular assessments ("dues") are \$ <u>218</u> per <u>MONTHLY</u> .<br>The name, address, telephone number, and website of the president of the owners' association or the association manager are: <u>Shawn Murphy Realty PO Box 61460 Raleigh, NC 27661 919-497-2100</u><br>b. (specify name) _____ whose regular assessments ("dues") are \$ _____ per _____.<br>The name, address, telephone number, and website of the president of the owners' association or the association manager are: _____<br>c. Are there any changes to dues, fees, or special assessment which have been duly approved and to which the lot is subject?<br>If "yes," state the nature and amount of the dues, fees, or special assessments to which the property is subject: _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|                                                                                                                                                                                                                                  |                                     |                          |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| H2. Is there any fee charged by the association or by the association's management company in connection with the conveyance or transfer of the lot or property to a new owner?<br>If "yes," state the amount of the fees: _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|

|                                                                                                                                                                                                                                                                                        |                          |                          |                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|-------------------------------------|
| H3. Is there any unsatisfied judgment against, pending lawsuit, or existing or alleged violation of the association's governing documents involving the property?<br>If "yes," state the nature of each pending lawsuit, unsatisfied judgment, or existing or alleged violation: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|-------------------------------------|

|                                                                                                                                                                         |                          |                          |                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|-------------------------------------|
| H4. Is there any unsatisfied judgment or pending lawsuits against the association?<br>If "yes," state the nature of each unsatisfied judgment or pending lawsuit: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|-------------------------------------|

**Explanations for questions in Section H (identify the specific question for each explanation):**

H1) Property is part of HOA. \_\_\_\_\_

H2) Please see attached for HOA-related expenses provided to Seller at the time Seller purchased this property. Buyer is encouraged to contact HOA for current information \_\_\_\_\_

**Owner(s) acknowledge(s) having reviewed this Disclosure Statement before signing and that all information is true and correct to the best of their knowledge as of the date signed.**

Owner Signature: Brad Bonney Opendoor Property Trust I Date 05/28/2026

Owner Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Buyers(s) acknowledge(s) receipt of a copy of this Disclosure Statement and that they have reviewed it before signing.**

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

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

Documentation provided to Seller at the time Seller purchased this property. Buyer is encouraged to contact HOA for current information

### Property Information

|               |                                                       |
|---------------|-------------------------------------------------------|
| Address       | 4900 Avenida Del Sol Dr, APT 102, Raleigh, NC 27616   |
| HOA Name      | Villages East Homeowners Association, Inc.            |
| Seller's Name | XXXXXXXXXX                                            |
| Buyer's Name  | Opendoor Property Trust I, A Delaware Statutory Trust |
| Closing Date  | 04/30/2026                                            |

We are currently handling transaction involving the property described above. On the attached page please complete the information which is applicable to this property, sign the form and return it by the email to [contactus@rexera.com](mailto:contactus@rexera.com) or Fax us at your earliest convenience.

### Please provide following documents along with this letter.

|                    |                                                         |
|--------------------|---------------------------------------------------------|
| CC&Rs              | <input checked="" type="checkbox"/> ATTACHED IN EMAIL   |
| Bylaws             | <input checked="" type="checkbox"/> ATTACHED IN EMAIL   |
| Leasing Disclosure | <input type="checkbox"/> THERE IS NO LEASING DISCLOSURE |

### Should you have any questions or need assistance please contact the undersigned.

Rexera  
Document Acquisition Team

|         |                                                                |
|---------|----------------------------------------------------------------|
| Email   | <a href="mailto:contactus@rexera.com">contactus@rexera.com</a> |
| Website | <a href="http://www.rexera.com">www.rexera.com</a>             |
| Phone   | (415) 236-2577                                                 |

## General Information

|                                                                              |                                                                                                                                                         |                    |                                         |
|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------|
| Prepared date                                                                | <input type="text" value="04/27/2026"/>                                                                                                                 | Valid till date    | <input type="text" value="04/30/2026"/> |
| Is the HOA mandatory?                                                        | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                     |                    |                                         |
| Dues Amount                                                                  | \$ <input type="text" value="218.00"/>                                                                                                                  |                    |                                         |
| Dues Payable                                                                 | <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi Annually <input type="checkbox"/> Annually |                    |                                         |
| Are the Dues current?                                                        | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                     |                    |                                         |
| If No, Outstanding dues \$                                                   | <input type="text"/>                                                                                                                                    | covers period from | <input type="text"/>                    |
| Regular assessment is paid through                                           | <input type="text" value="4/30/2026"/>                                                                                                                  |                    |                                         |
| Date HOA Dues are payable                                                    | <b>PAID IN FULL THROUGH 4/30/2026 WITH A \$0 BALANCE</b>                                                                                                |                    |                                         |
| Covers period from                                                           | <input type="text" value="4/1/2026"/>                                                                                                                   | to                 | <input type="text" value="4/30/2026"/>  |
| Any special assessments?                                                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                     |                    |                                         |
| If Yes, please explain reason, frequency and period of special assessments   | <input type="text"/>                                                                                                                                    |                    |                                         |
| How many days after the due date is regular assessment considered delinquent | <input type="text" value="LATE ON THE 21ST OF THE MONTH"/>                                                                                              |                    |                                         |
| What is the penalty for delinquent assessments?                              | <input type="text" value="\$21.80/MONTH"/>                                                                                                              |                    |                                         |
| Is the account is in collection with an attorney?                            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                     |                    |                                         |
| If Yes, kindly provide details                                               | <input type="text"/>                                                                                                                                    |                    |                                         |
| Is there Transfer /move-in/move-out fee?                                     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                     |                    |                                         |
| Payable to                                                                   | <input type="text" value="SHAWN MURPHY REALTY WHICH IS A SELLER EXPENSE"/>                                                                              | Amount Due         | <input type="text" value="175.00"/>     |
| Are there any current or ongoing Litigations?                                | <input type="text" value="NONE."/>                                                                                                                      |                    |                                         |
| Preparation fee (if any)                                                     | <input type="text" value="\$250 CERTIFICATION FEE PAYABLE TO 'SHAWN MURPHY REALTY' WHICH IS A BUYER EXPENSE"/>                                          |                    |                                         |
| Any additional closing fee                                                   | <input type="text" value="NO."/>                                                                                                                        |                    |                                         |
| Total amount due as of this date of this statement                           | <input type="text"/>                                                                                                                                    |                    |                                         |

## Violations

Are there any open violations against the current homeowner?

☐ Yes ☒ No

Please provide details of open violations

## Additional Associations

|                                        |                                                                     |                        |                      |
|----------------------------------------|---------------------------------------------------------------------|------------------------|----------------------|
| Is there any Master/Other association? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If Yes, Amounts Due \$ | <input type="text"/> |
| Master Association Name (if any)       | <input type="text"/>                                                |                        |                      |
| Master Association Contact Info        | <input type="text"/>                                                |                        |                      |

 **Insurance Information**

Insurance Provider

Policy Number

Agent Phone

Agent Email

 **Payment Details****HOA Name and address where the payment (check/online) needs to be sent for the closing/transfer fee**

Payable to

Mailing address

**PM Name and address where the payment (check/online) needs to be sent for the closing/transfer fee**

Payable to

Mailing address

I hereby certify that I am an authorized agent and the answers I have provided to the above questions are correct to the best of my knowledge.

Name

Designation

Phone

Email

Signature

**Timestamp** : 2026-04-28T12:22:53.547781

**From** : Shawn Murphy <shawnmurphymanagement@gmail.com>

**Subject** : Re: URGENT -- HOA Information Requested - 4900 Avenida Del Sol Drive Apt 102 Raleigh, NC 27616 (Wake)

**To** : Team Rexera <contactus@rexera.com>

**CC** : Shawn Murphy <shawnmurphymanagement@gmail.com>

**BCC** : N/A

**Body** :

Rexera,



**Property Address:** 4900 Avenida Del Sol Dr, APT

102, Raleigh, NC 27616

**HOA Name** : VILLAGES EAST HOMEOWNERS  
ASSOCIATION, INC.

**Closing date** : 2026-04-30

**As a part of the due diligence, could you kindly answer the following questions.**

1. Is this property address under your management or governance? Can you confirm the HOA Name? **VILLAGES EAST HOMEOWNERS ASSOCIATION, INC.**
2. How can we order a resale certificate/closing letter? **(Form attached) I WILL COMPLETE THE ATTACHED FORM BUT THERE IS A \$250 CERIFICATION FEE THAT IS MADE PAYABLE TO : "SHAWN MURPHY REALTY, PO BOX 61460, RALEIGH, NC 27661"**
3. **Are there any additional associations that the property/unit is a part of? NO.**
4. **Are there any reported violations associated with the property? NO.**
5. **Are there any current or ongoing litigations? NO**

**Please acknowledge receipt of this email.**

**Thanks,**

**Shawn Murphy**

**919-497-2100**

On Fri, Apr 24, 2026 at 7:59 PM Team Rexera <[contactus@rexera.com](mailto:contactus@rexera.com)> wrote:



**Hi Team,**

Our firm is handling the sale of the below-referenced property. To ensure a seamless transaction, we kindly request your assistance in providing some essential information during our due diligence process.



**Property Address:** 4900 Avenida Del Sol Dr, APT  
102, Raleigh, NC 27616  
**HOA Name :** VILLAGES EAST HOMEOWNERS  
ASSOCIATION, INC.  
**Closing date :** 2026-04-30

**As a part of the due diligence, could you kindly answer the following questions.**

1. Is this property address under your management or governance? Can you confirm the HOA Name?
2. How can we order a resale certificate/closing letter? **(Form attached)**
3. **Are there any additional associations that the property/unit is a part of?**
4. **Are there any reported violations associated with the property?**
5. **Are there any current or ongoing litigations?**

Your prompt response to these inquiries is highly appreciated, as it will contribute significantly to the smooth progression of the sale process.

**Thanks**

Rexera

Website: [www.rexera.com](http://www.rexera.com)

Office: 415-236-2577

Fax: 765-374-0795

Address: 515 E Main St, Ste 16, Muncie, IN 47305

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*Legally privileged/confidential information may be contained in this message and is intended solely for the recipient(s). If you have received this communication in error, please destroy it and notify us immediately by emailing [contactus@rexera.com](mailto:contactus@rexera.com). The views expressed in this message may not be endorsed by Rexera unless otherwise indicated by an authorized representative independent of this message.*

***Beware of Wire Fraud!***

*If you receive an e-mail containing wire transfer instructions, please call our office immediately. We never ask for wire transfers over email. All legitimate wire transfer instructions are provided over our secure portal.*

--

**Shawn Murphy**

**VEHOA PROPERTY MANAGER**

**919-497-2100**

**EMAIL: [SHAWNMURPHYMANAGEMENT@GMAIL.COM](mailto:SHAWNMURPHYMANAGEMENT@GMAIL.COM)**

# PROPERTY FLOOD RISK REPORT

FEMA National Flood Hazard Layer (NFHL) — Official Data Source

Report No.  
FZD-15F3F786

Created  
May 28, 2026

Purpose  
Seller Disclosure

PROPERTY IS NOT UNDER FLOOD ZONE

This property is NOT UNDER a FEMA flood zone

## SECTION 1 — PROPERTY INFORMATION

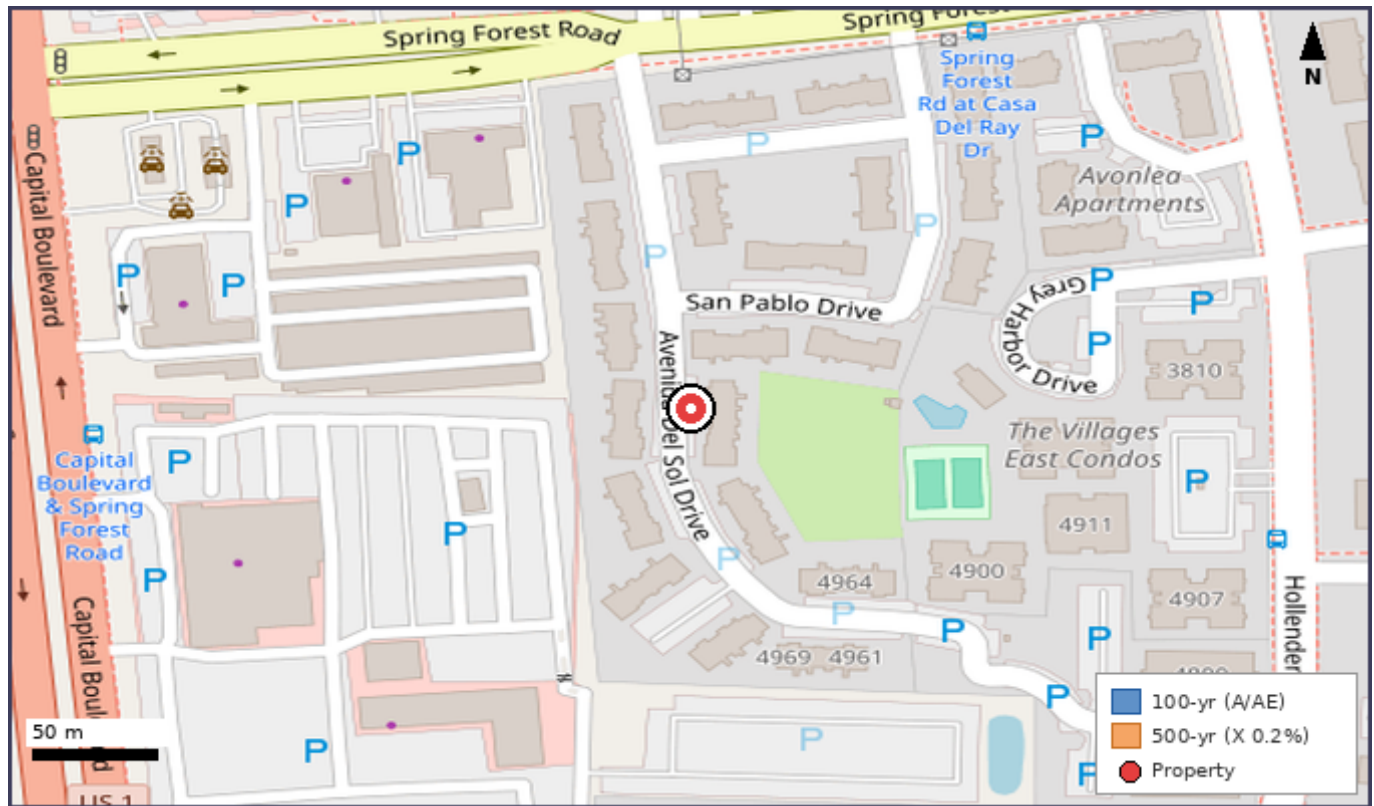
|                    |                                             |
|--------------------|---------------------------------------------|
| Submitted Address: | 4900 Avenida Del Sol Dr, Raleigh, NC 27616  |
| Geocoded Match:    | 4900 AVENIDA DEL SOL DR, RALEIGH, NC, 27616 |
| Latitude:          | 35.853655                                   |
| Longitude:         | -78.578026                                  |

## SECTION 2 — FLOOD ZONE DETERMINATION

|                                   |                                                                                                                                                  |
|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| Determination:                    | This property is NOT UNDER a FEMA flood zone                                                                                                     |
| FEMA Flood Zone:                  | X (Outside SFHA)                                                                                                                                 |
| Zone Sub-Type:                    | AREA OF MINIMAL FLOOD HAZARD                                                                                                                     |
| SFHA (Special Flood Hazard Area): | No                                                                                                                                               |
| FIRM Panel:                       | 3720172600K (eff. Jul 19, 2022)                                                                                                                  |
| Flood Insurance Requirement:      | Not required                                                                                                                                     |
| Multi-Point Coverage Analysis:    | 5-point coverage sample (center + 4 offsets at ~50m N/S/E/W) classified as: <b>0 BLUE</b> (100-yr) · <b>0 ORANGE</b> (500-yr) · <b>5 MINIMAL</b> |

## SECTION 2A — PROPERTY MAP WITH FEMA FLOOD OVERLAY

FEMA flood zones rendered as semi-transparent overlay on OpenStreetMap base layer. The red pin marks the property at 35.853655, -78.578026. Blue shading indicates 100-year (high-risk) zones; orange shading indicates 500-year (0.2% annual chance) zones.



## SECTION 3 — DATA SOURCES

|                      |                                                                                                                                               |
|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| Primary Source:      | FEMA National Flood Hazard Layer (NFHL) — Layer 28 (S_FLD_HAZ_AR)                                                                             |
| Service Endpoint:    | <a href="https://hazards.fema.gov/arcgis/rest/services/public/NFHL/MapServer">hazards.fema.gov/arcgis/rest/services/public/NFHL/MapServer</a> |
| Geocoding:           | U.S. Census Bureau Geocoder (Public_AR_Current)                                                                                               |
| Map Base Layer:      | OpenStreetMap (© OpenStreetMap contributors)                                                                                                  |
| Verification Method: | 5-Point Coverage Analysis (center + 4 cardinal offsets at ~50m, point-in-polygon query against FEMA NFHL, WGS 84 / EPSG:4326)                 |
| Verified On:         | 2026-05-28 23:03 UTC                                                                                                                          |

## SECTION 4 — FLOOD INSURANCE GUIDANCE

This property is located **outside mapped FEMA flood hazard areas** — neither in the high-risk 100-year zone nor the moderate-risk 500-year zone.

**Federal mandate:** Flood insurance is not federally required.

**Optional coverage:** Flood damage is excluded from standard homeowners insurance. NFIP Preferred Risk Policies are available at the lowest premium tier for minimal-risk properties.

**Note:** Flood risk can exist outside mapped zones due to local drainage issues, storm surge, or evolving conditions. Discuss with a licensed insurance agent if the property is near waterways or low-lying terrain.

## SECTION 5 — LEGAL DISCLAIMER

This Property Flood Risk Report is generated from publicly available FEMA National Flood Hazard Layer (NFHL) data and is provided for informational purposes (e.g., real-estate seller disclosure, preliminary due diligence). **This document is NOT the Standard Flood Hazard Determination Form (SFHDF) required for federally-backed mortgage loan determinations pursuant to 42 U.S.C. § 4012a (Flood Disaster Protection Act).** Lenders and federal agencies must use the official **FEMA Form FF-206-FY-22-152** (Standard Flood Hazard Determination Form), completed by a qualified flood-zone determination provider. FEMA flood maps are subject to revision; effective panels and Letters of Map Change (LOMC/LOMA/LOMR) should be verified at [msc.fema.gov](https://msc.fema.gov). The issuer assumes no liability for decisions made in reliance on this informational summary.

**Data Source:** FEMA National Flood Hazard Layer ([hazards.fema.gov](https://hazards.fema.gov)) · **Report No.:** FZD-15F3F786