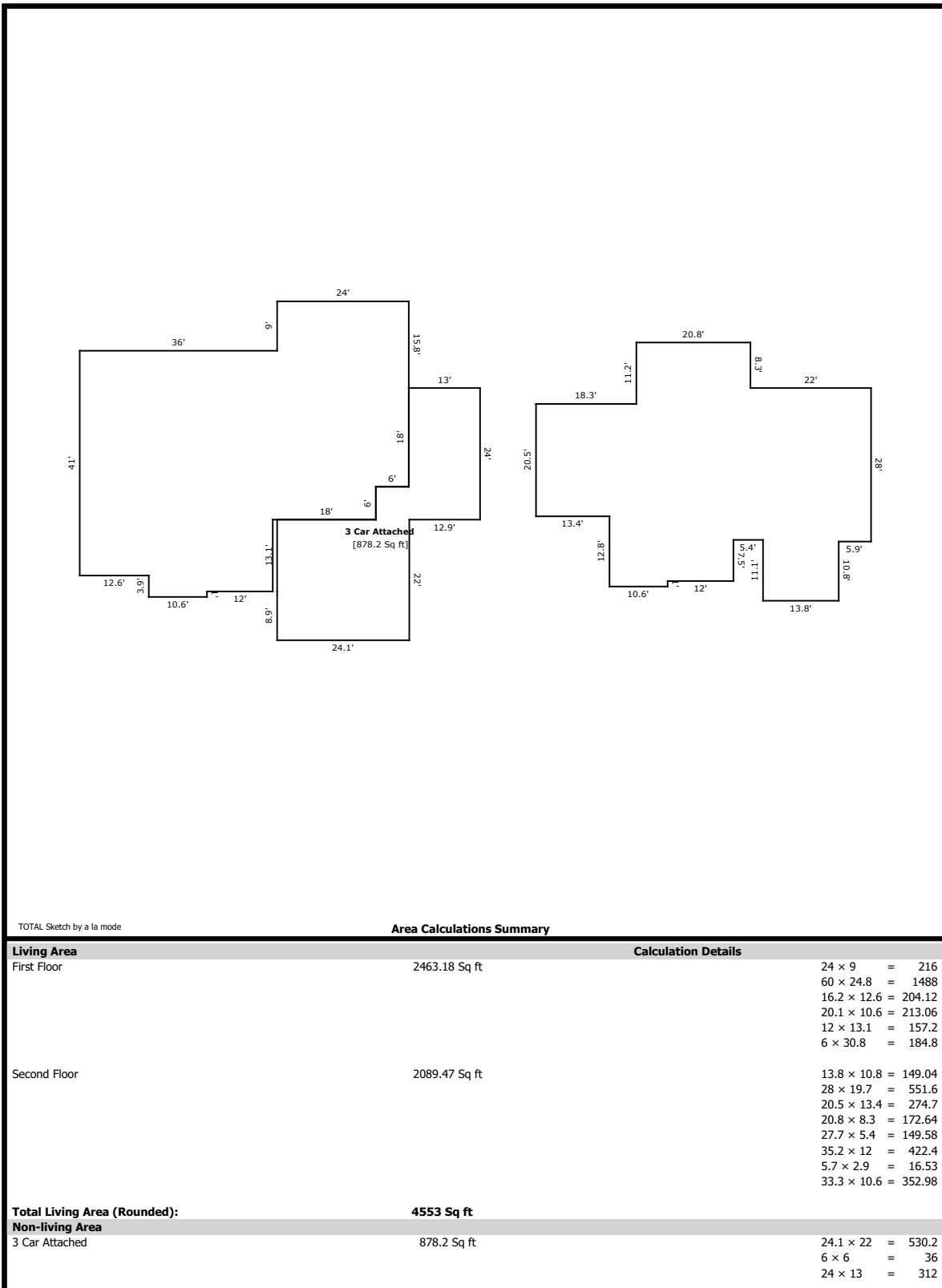


Building Sketch

Borrower					
Property Address	lot 84 Wexford Measurement				
City	Wake Forest	County		State	NC
				Zip Code	27587
Lender/Client	The Jim Allen Group				



ADDITIONAL CERTIFICATION

Borrower	File No. S2509292550				
Property Address	lot 84 Wexford Measurement				
City	Wake Forest	County		State	NC Zip Code 27587
Lender/Client	The Jim Allen Group				

APPRAISER'S CERTIFICATION: The Appraiser certifies and agrees that:

ANSI Compliance Statement

All measurements provided in this report have been completed in accordance with the American National Standards Institute (ANSI) Z765-2021 standard, "Square Footage-Method for Calculating: Single-Family Residential Buildings." Square footage calculations distinguish between above-grade and below-grade areas, and Gross Living Area (GLA) reflects only finished, habitable space above grade. Finished spaces must meet ANSI criteria for ceiling height, accessibility, and livability. Basement and other non-GLA finished areas are reported separately.

Limiting Conditions

The measurements provided are intended solely for marketing and informational purposes and are supplied to the real estate firm as a reliable and consistent basis for property representation. While every effort has been made to ensure accuracy, measurement of real property is not an exact science. An acceptable deviance of up to 2-3% is considered within industry norms due to construction tolerances, architectural complexity, and the physical process of field measurement.

These measurements should not be relied upon as a substitute for architectural drawings, building plans, or surveys prepared by a licensed professional. Buyers are encouraged to independently verify square footage and room dimensions to their own satisfaction prior to purchase.

APPRAISER:

Signature: _____
Name: Louis Warren Sumner
Date Signed: 09/16/2025
State Certification #: A4614
or State License #: _____
State: NC
Expiration Date of Certification or License: 06/30/2026

SUPERVISORY APPRAISER (only if required):

Signature: _____
Name: _____
Date Signed: _____
State Certification #: _____
or State License #: _____
State: _____
Expiration Date of Certification or License: _____

☐ Did ☐ Did Not Inspect Property