

**Greenbrier Valley Board of Realtors
Seller's Property Disclosure**

Name Nichols Fox Date _____
 Property Address 5199 Brownstown Rd, Benick, WV 24966

<u>Appliances</u>	Working	Not Working	Unknown	Not Included	Comments
Built-in vacuum system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clothes dryer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clothes washer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Freezer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gas grill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Microwave oven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oven	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Range	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Refrigerator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Room air conditioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TV antenna/satellite dish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Trash compactor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<u>Electrical System</u>	Working	Not Working	Unknown	Not Included	Comments
Air purifier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Burglar alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ceiling fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Garage door opener controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Inside telephone wiring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Intercom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Light fixtures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sauna	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Smoke or fire alarms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Switches and outlets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Telephone instruments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vent fan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
220 volt service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other <u>gas lights</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<u>Heating and Cooling</u>	Working	Not Working	Unknown	Not Included	Comments
Attic fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Central air conditioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Evaporative coolers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fireplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Seller's Initials NF / _____ Purchaser's Initials _____ / _____

Fireplace insert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Furnace heat – electric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Furnace heat – gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Humidifier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Propane tank	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Solar house heating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Wood burning stove	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

<u>Water Systems</u>	Working	Not Working	Unknown	Not Included	Comments
Cistern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hot tub	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Septic tank and leach field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sump pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Underground sprinkler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Water heater – electric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Water heater – gas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Water heater – solar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Water purifier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Water softener	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Well	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

<u>Roof</u>	Yes	No	Unknown	Comments
Does the roof leak?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Is there present damage to the roof?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Is the roof under warranty?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NEW ROOF - 2009 - METAL
Is the warranty transferable?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Expiration date of warranty: _____				
Age of Roof: <u>3 1/2 years</u>				

<u>Hazardous Conditions Present</u>	Yes	No	Unknown	Comments
Methane gas?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Asbestos insulation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Radon gas?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Radioactive material?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Landfill?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Mineshaft?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Expansive soil?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Toxic materials?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Urea formaldehyde foam insulation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____

Seller's Initials Wf / _____ Purchaser's Initials _____ / _____

Other Disclosures

	Yes	No	Unknown	Comments
Is property connected to public water?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is property connected to public sewer?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is property connected to community water?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is property connected to community sewer?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Has fireplace been recently inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA
Are there any dead or diseased trees or shrubs?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	woodland area on property
Are there any encroachments?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are there any zoning violations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are there any building code violations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are there any violations of deed restrictions?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is the present use a non-conforming use?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are there any structural problems?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Have alterations been made without permit?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are there any moisture or water problems?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is there damage from wind, fire, flood?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is there damage from termites or rodents?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Does house have aluminum wiring?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is this property in a flood zone?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Do you presently have flood insurance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA
Have you received any governmental notices relating to the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Additional Comments

wood-burning stove inspected + cleaned prior to fall use.

The information contained in this disclosure has been furnished by the Seller, who certifies to the truth thereof based on the Seller's CURRENT ACTUAL KNOWLEDGE. Any important changes will be disclosed by Seller to Purchaser prior to closing. Seller and Purchaser acknowledge receipt of a copy of this Disclosure.

Seller and Purchaser understand that the Greenbrier Valley Board of Realtors, nor its' members, in no way warrants or guarantees the above information on the property.

Nicole C. Fox 3/12/13
 Seller Date

 Purchaser Date

 Seller Date

 Purchaser Date



Seller's Initials nf / _____ Purchaser's Initials _____ / _____