

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

Name Wayne Herkness II Revocable Trust Date _____
Property Address 25 Mary's Lane, Lewisburg, WV 24901

| <u>Appliances</u> | Working | Not Working | Unknown | Not Included | Comments |
|---------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|-----------------|
| Built-in vacuum system | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>N/A</i> <input type="checkbox"/> | _____ |
| Clothes dryer | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Clothes washer | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Dishwasher | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Disposal | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Freezer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>N/A</i> <input type="checkbox"/> | _____ |
| Gas grill | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____ |
| Hood | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Microwave oven | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>N/A</i> <input type="checkbox"/> | _____ |
| Room air conditioner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____ |
| TV antenna/satellite dish | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____ |
| Trash compactor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>N/A</i> <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"/> | <i>N/A</i> <input type="checkbox"/> | _____ |
| Burglar alarm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>N/A</i> <input type="checkbox"/> | _____ |
| Ceiling fan | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Garage door opener controls | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Inside telephone wiring | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Intercom | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>N/A</i> <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"/> | <i>N/A</i> <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 checked="" type="checkbox"/> | _____ |
| Vent fan | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>1 each bathroom</i> |
| 220 volt service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>N/A</i> <input type="checkbox"/> | _____ |
| Other _____ | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Central air conditioning | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>1st floor only</i> |
| Evaporative coolers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>N/A</i> <input type="checkbox"/> | _____ |
| Fireplace | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>3 - all work w/ gas</i> |

Seller's Initials WH Purchaser's Initials _____/_____

| | | | | | |
|-------------------------|-------------------------------------|--------------------------|--------------------------|------------------------------|-------|
| Fireplace insert | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | N/A <input type="checkbox"/> | _____ |
| Furnace heat – electric | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | N/A <input type="checkbox"/> | _____ |
| Furnace heat – gas | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Humidifier | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | N/A <input type="checkbox"/> | _____ |
| Propane tank | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | N/A <input type="checkbox"/> | _____ |
| Solar house heating | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | N/A <input type="checkbox"/> | _____ |
| Wood burning stove | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | N/A <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"/> | N/A <input type="checkbox"/> | _____ |
| Hot tub | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | N/A <input type="checkbox"/> | _____ |
| Plumbing | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Pool | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Septic tank and leach field | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Sump pump | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | N/A <input type="checkbox"/> | _____ |
| Underground sprinkler | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | N/A <input type="checkbox"/> | _____ |
| Water heater – electric | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | N/A <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"/> | N/A <input type="checkbox"/> | _____ |
| Water purifier | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | N/A <input type="checkbox"/> | _____ |
| Water softener | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | N/A <input type="checkbox"/> | _____ |
| Well | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | N/A <input type="checkbox"/> | Town water |
| 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 checked="" type="checkbox"/> | <input type="checkbox"/> | _____ |
| Is the warranty transferable? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | _____ |
| Expiration date of warranty: _____ | | | | |
| Age of Roof: _____ | | | | |

| <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 checked="" type="checkbox"/> | <input 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 checked="" 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"/> | None known |

Seller's Initials HH / DN Purchaser's Initials _____ / _____

Other Disclosures

| | Yes | No | Unknown | Comments |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------------------|
| Is property connected to public water? | <input checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Are there any dead or diseased trees or shrubs? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 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"/> | Have annual contract w/ exterminator |
| 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 checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Have you received any governmental notices relating to the property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |

Additional Comments

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.

Loiselle Henderson _____
Seller Date 6/17/14 Purchaser _____ Date _____

Dan _____
Seller Date 6-17-14 Purchaser _____ Date _____



Seller's Initials 1077 Purchaser's Initials _____

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