



# SELLER'S PROPERTY DISCLOSURE STATEMENT

## EXHIBIT "A"

Georgia  
Association  
of REALTORS

2009 Printing

This Exhibit is part of the Agreement with an Offer Date of \_\_\_\_\_ for the purchase and sale of that certain  
Property known as: 1273 Otello Ave., Clarkston, Georgia 30021

**NOTICE TO BUYER AND SELLER:** This disclosure statement is designed to assist Seller in disclosing to prospective buyers material adverse facts relating to the physical condition of Property that may not be readily observable, disclosing historical information and past problems with Property, and identifying those fixtures/items that are included with the sale of Property. All answers are to be answered with respect to the above referenced property. IF THE ANSWERS TO ANY OF THE QUESTIONS LISTED BELOW ARE "YES" OR "OTHER" SELLER SHALL FULLY EXPLAIN THE ANSWER TO THE QUESTION IN THE BLANK CORRESPONDING TO THE QUESTION AND/OR IN THE ADDITIONAL EXPLANATIONS PARAGRAPH.

|  | Yes                                 | No                                  | Don't Know |
|--|-------------------------------------|-------------------------------------|------------|
| <b>1. OCCUPANCY:</b>   |                                     |                                     |            |
| (a) Is Property vacant?  |                                     | <input checked="" type="checkbox"/> |            |
| If yes, how long has it been since Seller occupied Property?   |                                     |                                     |            |
| (b) Are there any leases, written or verbal, on Property or any part thereof?  |                                     | <input checked="" type="checkbox"/> |            |
| <b>2. SOIL, TREES, SHRUBS AND BOUNDARIES:</b>  |                                     |                                     |            |
| (a) Are there any landfills (other than foundation backfill), graves, mine shafts, trash dumps or wells (in use or abandoned) on Property?   |                                     | <input checked="" type="checkbox"/> |            |
| (b) Is there any sliding, settling (other than normal settling), earth movement, sinkholes, upheaval, or earth stability/expansive soil problems?  |                                     | <input checked="" type="checkbox"/> |            |
| (c) Are there any diseased or dead trees on Property?  |                                     | <input checked="" type="checkbox"/> |            |
| (d) Are there any encroachments (known or recorded), leases, unrecorded easements, or boundary line disputes?  |                                     | <input checked="" type="checkbox"/> |            |
| <b>3. TERMITES, DRY-ROT, PESTS, AND WOOD-DESTROYING ORGANISMS:</b>   |                                     |                                     |            |
| (a) Is there any past or present damage to Property caused by infiltrating pests, termites, dry-rot, or other wood-destroying organisms?   |                                     | <input checked="" type="checkbox"/> |            |
| (b) Is your Property currently under a transferable bond, warranty or other coverage for termites or other wood destroying organisms by a licensed pest control company?   |                                     | <input checked="" type="checkbox"/> |            |
| If yes, check type of coverage: <input type="checkbox"/> re-treatment and repair; or <input type="checkbox"/> re-treatment   |                                     |                                     |            |
| (c) Is there a cost to transfer the bond, warranty or other coverage?  |                                     | <input checked="" type="checkbox"/> |            |
| If yes, what is the cost? \$ _____   |                                     |                                     |            |
| (d) Is there a cost to maintain the bond, warranty or other coverage?  |                                     | <input checked="" type="checkbox"/> |            |
| If yes, what is the annual cost? \$ _____ Renewal Date _____   |                                     |                                     |            |
| (e) Have any termite/pest control reports or treatments for Property been done in the last five (5) years?   |                                     | <input checked="" type="checkbox"/> |            |
| (f) Does any dwelling or garage on Property have any untreated wood or exterior siding/cladding, such as rigid board insulation, foam plastic, synthetic stucco, hard coat stucco, wood or masonry siding (excluding brick), below grade or within six inches of finished grade? |                                     | <input checked="" type="checkbox"/> |            |
| <b>4. STRUCTURAL ITEMS, ADDITIONS AND ALTERATIONS:</b>   |                                     |                                     |            |
| (a) What year was the main residential dwelling constructed? <u>1959</u>   |                                     |                                     |            |
| (b) Has there been any movement, shifting, settling (other than normal settling), cracking, deterioration, or other structural problems with any dwelling or garage on Property?   |                                     | <input checked="" type="checkbox"/> |            |
| (c) Has there been any additional structural bracing, underpinning, or other structural reinforcement added to any dwelling or garage on Property?   |                                     | <input checked="" type="checkbox"/> |            |
| (d) Are there any problems with driveways, walkways, patios, or retaining walls on Property?   |                                     | <input checked="" type="checkbox"/> |            |
| (e) Have there been any additions, structural changes, or any other major alterations to the original improvements on the Property?  | <input checked="" type="checkbox"/> |                                     |            |
| (f) Has there been any work done on the Property where required permits and/or approvals (public or private) were not obtained?  |                                     | <input checked="" type="checkbox"/> |            |
| (g) Has any work been done to Property that was not in compliance with building codes or zoning regulations?   |                                     | <input checked="" type="checkbox"/> |            |
| (h) Does any part of the exterior siding or cladding of any dwelling or garage on Property consist of synthetic stucco?  |                                     | <input checked="" type="checkbox"/> |            |

**5. LEAD-BASED PAINT:** Was any part of the residential dwelling on Property constructed prior to 1978?

☐ Yes ☐ Don't Know ☐ No

If you have answered "Yes" or "Don't Know" the Lead-Based Paint Exhibit F54 must be executed by the parties and the Lead-Based Paint Pamphlet F55 must be provided to the buyer.

|  | Yes                                 | No                                  | Don't Know                          |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| <b>6. ROOF, GUTTERS AND DOWNSPOUTS:</b>  |                                     |                                     |                                     |
| (a) Approximate age of roof: <u>16</u> years.  |                                     | <input checked="" type="checkbox"/> |                                     |
| (b) Has the roof, or any part thereof, been repaired during Sellers ownership?   |                                     | <input checked="" type="checkbox"/> |                                     |
| (c) Are there any roof leaks or other problems with the roof, roof flashing, gutters or downspouts?  |                                     | <input checked="" type="checkbox"/> |                                     |
| <b>7. DRAINAGE, FLOODING AND MOISTURE:</b>   |                                     |                                     |                                     |
| (a) Has there been any water leakage, water accumulation, or dampness within the basement, crawl space or other parts of the main dwelling at or below grade?  |                                     | <input checked="" type="checkbox"/> |                                     |
| (b) Have any repairs been made to control any water or dampness problems in the basement, crawl space, or other parts of the main dwelling at or below grade?  |                                     | <input checked="" type="checkbox"/> |                                     |
| (c) Is the Property or any improvements thereon located in a flood zone?   |                                     | <input checked="" type="checkbox"/> |                                     |
| (d) Does water regularly stand on Property for more than 1 (one) day after it has rained?  |                                     | <input checked="" type="checkbox"/> |                                     |
| (e) Has there been any past flooding on Property?  |                                     | <input checked="" type="checkbox"/> |                                     |
| (f) Are there any problems with siding or exterior cladding, swelling, chipping, delaminating or retaining moisture?   |                                     | <input checked="" type="checkbox"/> |                                     |
| (g) Does mold appear on interior heated and cooled portions of any dwelling on Property other than on the walls, floors or ceilings of showers, sinks, and bathtubs?   |                                     | <input checked="" type="checkbox"/> |                                     |
| <b>8. PLUMBING RELATED ITEMS:</b>  |                                     |                                     |                                     |
| (a) What is your drinking water source: <input type="checkbox"/> public <input type="checkbox"/> private <input type="checkbox"/> well on property   |                                     |                                     |                                     |
| (b) If your drinking water is from a well, has it been tested within the past 12 (twelve) months?  |                                     | <input checked="" type="checkbox"/> |                                     |
| (c) Do you have a water softener, filter or purifier? If yes, <input type="checkbox"/> leased <input type="checkbox"/> owned   |                                     | <input checked="" type="checkbox"/> |                                     |
| (d) What is the type of sewage system: <input type="checkbox"/> public <input type="checkbox"/> private <input checked="" type="checkbox"/> septic tank  |                                     |                                     |                                     |
| (e) Is the main dwelling served by sewage pump or lift system?   |                                     |                                     |                                     |
| (f) Do you know if any septic tank or cesspool on Property has ever been professionally serviced? If yes, please give the date of last service: <u>1999 - DEPHC SOLUTIONS</u>  | <input checked="" type="checkbox"/> |                                     |                                     |
| (g) Do you know of any past or present leaks, backups, or other similar problems relating to any of the plumbing, water and/or sewage-related items?   |                                     |                                     | <input checked="" type="checkbox"/> |
| (h) Is there any polybutylene plumbing, other than primary service line, on Property?  |                                     |                                     | <input checked="" type="checkbox"/> |
| (i) Are any of the plumbing fixtures in the Property not low water flow fixtures?  | <input checked="" type="checkbox"/> |                                     |                                     |
| <b>9. OTHER SYSTEMS AND COMPONENTS:</b>  |                                     |                                     |                                     |
| (a) What type of heating system(s) serve the main dwelling? <input checked="" type="checkbox"/> gas <input type="checkbox"/> electric <input type="checkbox"/> other   |                                     |                                     |                                     |
| (b) What is the approximate age of heating system(s): <u>5</u> years   |                                     |                                     |                                     |
| (c) What type of air conditioning system(s) serve the main dwelling? <input type="checkbox"/> gas <input checked="" type="checkbox"/> electric <input type="checkbox"/> other  |                                     |                                     |                                     |
| (d) What is the approximate age of air conditioning system(s) <u>5</u> years   |                                     |                                     |                                     |
| (e) Is any portion of the main dwelling not served by a central or zoned heating and/or air conditioning system?   |                                     | <input checked="" type="checkbox"/> |                                     |
| (f) How is water heated in the main dwelling? <input type="checkbox"/> electric <input checked="" type="checkbox"/> gas <input type="checkbox"/> solar   |                                     |                                     |                                     |
| (g) What is the approximate age of water heater: <u>10</u> years   |                                     |                                     |                                     |
| (h) Does the main dwelling have aluminum wiring other than the primary service line?   |                                     |                                     | <input checked="" type="checkbox"/> |
| (i) Is there any system or appliance which is leased or for which the buyer must pay a transfer fee to continue to use? If yes, what is the transfer fee? \$ _____<br>If yes, what is the current use fee to be paid by the Buyer? \$ _____                                |                                     | <input checked="" type="checkbox"/> |                                     |
| (j) Are any fireplaces not working or in need of repair?   |                                     | <input checked="" type="checkbox"/> |                                     |
| (k) When was each fireplace, wood stove or chimney/flue last cleaned? Date(s): <u>Don't remember</u>   |                                     |                                     |                                     |
| <b>10. TOXIC SUBSTANCES:</b>   |                                     |                                     |                                     |
| (a) Are there any underground tanks, toxic or hazardous substances on Property (structure or soil) such as asbestos, urea-formaldehyde, methane gas, radioactive material, radon, mold, benzene or other environmental contaminants?                                       |                                     |                                     | <input checked="" type="checkbox"/> |
| (b) Has Property ever been tested for radon, lead, mold or any other potentially toxic substances?   |                                     | <input checked="" type="checkbox"/> |                                     |
| <b>11. COVENANTS, FEES AND ASSESSMENTS:</b>  |                                     |                                     |                                     |
| (a) Is Property part of a condominium, community association or subject to covenants, conditions and restrictions (CC & Rs)?   |                                     | <input checked="" type="checkbox"/> |                                     |
| (b) Is there a mandatory community association fee or assessment?<br>If yes, what is the amount? \$ _____ per _____<br>Is there an initiation fee? If yes, what amount? \$ _____   |                                     | <input checked="" type="checkbox"/> |                                     |
| (c) Are there any recreational facilities in the community for which the obligation to pay and the right to use are optional? If yes, the nature of the facilities should be described in the Additional Explanations paragraph and the optional fee or charge is \$ _____ |                                     | <input checked="" type="checkbox"/> |                                     |
| (d) In purchasing Property, will any initiation, transfer, or other similar fee be owed to the Association? If yes, what is the amount? \$ _____   |                                     | <input checked="" type="checkbox"/> |                                     |
| (e) Are there any special assessments approved by a Community Association that are not yet due and payable? If yes, what is the amount? \$ _____   |                                     | <input checked="" type="checkbox"/> |                                     |

## 12. OTHER MATTERS:

- (a) Have there been any inspections of Property in the past year?  
If yes, by whom and of what type? \_\_\_\_\_
- (b) Does Property contain any building products which are or have been the subject of class action lawsuits, litigation or legal claims alleging that the product is defective? If yes, please identify in the Additional Explanations the product or products and the general location of each on Property.
- (c) Is there or has there been in the past any litigation involving Property or any improvement therein alleging negligent or improper construction defects, termites, and/or title problems?
- (d) Has there been any award or payment of money in lieu of repairs for such a defective building product?
- (e) Has any release been signed that would limit a future owner from making any claims in connection with Property?
- (f) Has there been any fire, flood or wind damage which required repairs to Property in excess of \$500.00?
- (g) Approximately how many insurance claims have been filed on Property since you owned it? \_\_\_\_\_
- (h) Are any fixtures or appliances included in the sale in need of repair?
- (i) Have any repairs been made to the electrical, plumbing, or heating and air condition systems, or any part thereof?
- (j) Was any dwelling on Property or portion thereof (excluding mobile, modular and manufactured dwelling) moved to the site from another location?
- (k) Are there any other adverse, material facts pertaining to the physical condition of the Property that have not otherwise been disclosed?

| Yes | No                                  | Don't Know |
|-----|-------------------------------------|------------|
|     | <input checked="" type="checkbox"/> |            |
|     | <input checked="" type="checkbox"/> |            |
|     | <input checked="" type="checkbox"/> |            |
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|     | <input checked="" type="checkbox"/> |            |
|     | <input checked="" type="checkbox"/> |            |
|     | <input checked="" type="checkbox"/> |            |

**FIXTURES/ITEMS:** (Check (✓) only those fixtures/items below that are included in the sale of Property. Unless otherwise indicated, if there is more than one item (such as a second refrigerator or two chandeliers or three smoke detectors), all such fixtures/items checked are included in the sale of Property. Those fixtures/items listed below that are not checked shall not be included in the sale of Property.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Air Conditioning Window Unit                     | <input type="checkbox"/> Garage Door Opener                              | <input type="checkbox"/> Smoke Detector                                    |
| <input type="checkbox"/> Air Purifier                                     | <input type="checkbox"/> Remote Control                                  | <input type="checkbox"/> Battery Operated                                  |
| <input checked="" type="checkbox"/> Alarm System (Burglar)                | <input type="checkbox"/> Gas Grille                                      | <input type="checkbox"/> Hard Wired  |
| <input type="checkbox"/> Leased <input checked="" type="checkbox"/> Owned | <input type="checkbox"/> Built-In <input type="checkbox"/> Free Standing | <input type="checkbox"/> Speakers (Built-In)                               |
| <input type="checkbox"/> Alarm System (Smoke/Fire)                        | <input type="checkbox"/> Gates   | <input type="checkbox"/> Statuary  |
| <input type="checkbox"/> Leased <input type="checkbox"/> Owned            | <input type="checkbox"/> Remote Control                                  | <input type="checkbox"/> Stepping Stones                                   |
| <input type="checkbox"/> Arbor  | <input type="checkbox"/> Gazebo  | <input checked="" type="checkbox"/> Storage Building                       |
| <input type="checkbox"/> Attic Fan (Whole House Fan)                      | <input type="checkbox"/> Hot Tub   | <input type="checkbox"/> Stove   |
| <input type="checkbox"/> Attic Ventilator Fan                             | <input type="checkbox"/> Humidifier                                      | <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Electric  |
| <input type="checkbox"/> Awning   | <input checked="" type="checkbox"/> Ice Maker                            | <input type="checkbox"/> Built-In <input type="checkbox"/> Free Standing   |
| <input type="checkbox"/> Basketball Post & Goal                           | <input type="checkbox"/> Built-In <input type="checkbox"/> Free Standing | <input type="checkbox"/> Sump Pump   |
| <input type="checkbox"/> Built-In <input type="checkbox"/> Free Standing  | <input type="checkbox"/> Intercom  | <input type="checkbox"/> Surface Unit Cook Top                             |
| <input type="checkbox"/> Birdhouses                                       | <input type="checkbox"/> Jetted Tub                                      | <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Electric  |
| <input type="checkbox"/> Boat Dock  | <input checked="" type="checkbox"/> Landscape Irrigation System          | <input checked="" type="checkbox"/> Swimming Pool                          |
| <input type="checkbox"/> Carbon Monoxide Detector                         | <input checked="" type="checkbox"/> Landscaping Lights                   | <input checked="" type="checkbox"/> Above Ground                           |
| <input checked="" type="checkbox"/> Ceiling Fan                           | <input type="checkbox"/> Light Bulbs                                     | <input type="checkbox"/> Swimming Pool Equipment                           |
| <input type="checkbox"/> Remote Control                                   | <input type="checkbox"/> Light Fixtures                                  | (List below)   |
| <input checked="" type="checkbox"/> Chandelier                            | (Except Chandeliers)   | <input type="checkbox"/> Swing Set   |
| <input checked="" type="checkbox"/> Closet Shelving System                | <input type="checkbox"/> Mailbox   | <input checked="" type="checkbox"/> Switch Plate Covers                    |
| <input type="checkbox"/> Built-In <input type="checkbox"/> Free Standing  | <input type="checkbox"/> Microwave Oven                                  | <input type="checkbox"/> Telephone Jacks/Wires                             |
| <input type="checkbox"/> Dehumidifier                                     | <input type="checkbox"/> Built-In <input type="checkbox"/> Free Standing | <input type="checkbox"/> Television Antenna                                |
| <input type="checkbox"/> Built-In <input type="checkbox"/> Free Standing  | <input type="checkbox"/> Mirror (Attached)                               | <input type="checkbox"/> Television Cable/Jacks                            |
| <input checked="" type="checkbox"/> Dishwasher                            | <input checked="" type="checkbox"/> Outbuilding                          | <input checked="" type="checkbox"/> Thermostat (Programmable)              |
| <input type="checkbox"/> Built-In <input type="checkbox"/> Free Standing  | <input checked="" type="checkbox"/> Outdoor Bench                        | <input type="checkbox"/> Trash Compactor                                   |
| <input checked="" type="checkbox"/> Dog House                             | <input type="checkbox"/> Playhouse                                       | <input type="checkbox"/> Built-In <input type="checkbox"/> Free Standing   |
| <input type="checkbox"/> Door & Window Hardware                           | <input type="checkbox"/> Porch swing                                     | <input type="checkbox"/> Tree House  |
| <input type="checkbox"/> Dryer  | <input type="checkbox"/> Propane Gas/ Fuel Oil Tanks                     | <input type="checkbox"/> Trellis   |
| <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Electric | <input type="checkbox"/> Above ground <input type="checkbox"/> Buried    | <input type="checkbox"/> Vacuum System (Built-In)                          |
| <input type="checkbox"/> Fence (Invisible)                                | <input type="checkbox"/> Leased <input type="checkbox"/> Owned           | <input type="checkbox"/> Vacuum Attachments                                |
| <input type="checkbox"/> Fence Pet Collar                                 | <input type="checkbox"/> Propane/ Fuel Oil in Tank                       | <input type="checkbox"/> Vent Hood   |
| <input checked="" type="checkbox"/> Fireplace                             | <input type="checkbox"/> Radio (Built-In)                                | <input checked="" type="checkbox"/> Washing Machine                        |
| <input type="checkbox"/> Gas Logs   | <input checked="" type="checkbox"/> Refrigerator - <i>refrig</i>         | <input type="checkbox"/> Water Purification System                         |
| <input type="checkbox"/> Gas Starter Key                                  | <input type="checkbox"/> Safe  | <input type="checkbox"/> Water Softener System                             |
| <input type="checkbox"/> Remote Control                                   | <input type="checkbox"/> Satellite Dish/Receiver                         | <input type="checkbox"/> Weather Vane                                      |
| <input type="checkbox"/> Screen/Door                                      | <input type="checkbox"/> Sauna   | <input type="checkbox"/> Well Pump   |
| <input type="checkbox"/> Wood Burning Insert                              | <input type="checkbox"/> Septic Pump                                     | <input checked="" type="checkbox"/> Window Screens                         |
| <input type="checkbox"/> Fire Sprinkler System                            | <input type="checkbox"/> Shelving Unit & System                          | <input checked="" type="checkbox"/> Window Treatments (including Hardware) |
| <input type="checkbox"/> Flag Pole  | <input type="checkbox"/> Built-In <input type="checkbox"/> Free Standing | <input type="checkbox"/> Wine Cooler                                       |
| <input checked="" type="checkbox"/> Garbage Disposal                      | <input checked="" type="checkbox"/> Shower Head/Sprayer                  |  |

Other fixtures/items included in the sale of Property shall be: \_\_\_\_\_

Other fixtures/items not included in the sale of Property shall be: \_\_\_\_\_

The common law of fixtures shall apply to fixtures not addressed herein. Those fixtures/items that are not included in the sale of Property shall remain Property of Seller and shall be removed prior to closing or the transfer of possession of Property to Buyer, whichever is later. Seller shall lose the right to remove any such fixtures/items not timely removed. In removing all fixtures/items, Seller shall use reasonable care to prevent damage and, if necessary, to restore Property to its original condition.

**14. AGRICULTURAL DISCLOSURE:** Is Property within, partially within, or adjacent to any property zoned or identified on an approved county land use plan as agricultural or forestry use? ☐ Yes ☐ No ☐ Don't Know

It is the policy of this state and this community to conserve, protect, and encourage the development and improvement of farm and forest land for the production of food, fiber, and other products, and also for its natural and environmental value. This notice is to inform prospective property owners or other persons or entities leasing or acquiring an interest in real property that property in which they are about to acquire an interest lies within, partially within, or adjacent to an area zoned, used, or identified for farm and forest activities and that farm and forest activities occur in the area. Such farm and forest activities may include intensive operations that cause discomfort and inconveniences that involve, but are not limited to, noises, odors, fumes, dust, smoke, insects, operations of machinery during any 24 hour period, storage and disposal of manure, and the application by spraying or otherwise of chemical fertilizers, soil amendments, herbicides, and pesticides. One or more of these inconveniences may occur as the result of farm or forest activities which are in conformance with existing laws and regulations and accepted customs and standards.

**15. ADDITIONAL EXPLANATIONS FOR ALL QUESTIONS ANSWERED "YES" or "OTHER":** *[Explanations should reference the number of the question for which more detailed information is being provided.]*

4e. Sunroom built in 1988.  
8J - Master bathroom toilet

☐ MARK BOX IF ADDITIONAL PAGES ARE ATTACHED.

**SELLER'S REPRESENTATION:**

To the best of Seller's knowledge and belief, the information contained in this Seller's Property Disclosure Statement is accurate and complete as of the date signed by Seller. It should not be a substitute for Buyer inspecting Property or obtaining any warranties with regard to Property that Buyer may wish to obtain. Seller hereby authorizes Broker to provide this Seller's Property Disclosure Statement to prospective buyers of Property and to real estate Brokers and their affiliated Licensees. **Seller agrees to promptly update this Seller's Property Disclosure Statement and to provide any Buyer and Broker with a revised copy of the same if there are any material changes in the answers to the questions contained herein.**

Is each individual named below a U.S. Citizen or resident alien?

☒ Yes ☐ No

Has each individual named below been a Georgia resident for the past two years?

☒ Yes ☐ No

Has Property been Seller's primary residence for at least two of the last five years?

☒ Yes ☐ No

Seller: Mary K Snodgrass

Date: \_\_\_\_\_

Seller: Jana Lowe

Date: \_\_\_\_\_

**RECEIPT AND ACKNOWLEDGMENT BY BUYER:**

I acknowledge receipt of this Seller's Property Disclosure Statement. I understand that, except as stated in the Purchase and Sale Agreement, Property is being sold in its present condition, without warranties or guarantees of any kind by Seller or Brokers. No representations concerning the condition of Property are being relied upon by Buyer except as disclosed herein or stated in the Purchase and Sale Agreement.

Buyer: \_\_\_\_\_

Date: \_\_\_\_\_

Buyer: \_\_\_\_\_

Date: \_\_\_\_\_