

**VACANT LAND DISCLOSURE STATEMENT**

Note: Use this form to fulfill Seller's required disclosures in the Offer to Purchase and Contract – Vacant Lot/Land Form 12-T.

Property: Parcels 154957,154934,154935,15493, Kings Mountain, NC 28086

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

Seller: Robert David Ross, Shirley C. Ross

Buyer understands and agrees that this Disclosure Statement is not a substitute for professional inspections, and that this document does not relieve Buyer of their duty to conduct thorough Due Diligence on the Property. Any representations made by Seller in this Disclosure Statement are true to the best of Seller's knowledge, and copies of any documents provided by Seller are true copies, to the best of Seller's knowledge. Buyer is strongly advised to have all information confirmed and any documents substantiated during the Due Diligence Period.

If Seller checks "yes" for any question below, Seller is affirming actual knowledge of either: (1) the existence of documentation or information related to the Property; or (2) a problem, issue, characteristic, or feature existing on or associated with the Property. If Seller checks "no" for any question below, Seller is stating they have no actual knowledge or information related to the question. If Seller checks "NR," meaning no representation, Seller is choosing not to disclose whether they have knowledge or information related to the question.

**A. Physical Aspects**

Yes	No	NR
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- |  |   |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                                     |                          |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |
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| <ul style="list-style-type: none"> <li>1. Non-dwelling structures on the Property .....<br/>If yes, please describe: _____</li> <li>2. Current or past soil evaluation test (agricultural, septic, or otherwise).....</li> <li>3. Caves, mineshafts, tunnels, fissures or open or abandoned wells .....</li> <li>4. Erosion, sliding, soil settlement/expansion, fill or earth movement .....</li> <li>5. Communication, power, or utility lines.....</li> <li>6. Pipelines (natural gas, petroleum, other).....</li> <li>7. Landfill operations or junk storage .....</li> <li>    <input type="checkbox"/> Previous   <input type="checkbox"/> Current   <input type="checkbox"/> Planned   <input type="checkbox"/> Legal   <input type="checkbox"/> Illegal</li> <li>8. Drainage, grade issues, flooding, or conditions conducive to flooding .....</li> <li>9. Gravesites, pet cemeteries, or animal burial pits.....</li> <li>10. Rivers, lakes, ponds, creeks, streams, dams, or springs.....</li> <li>11. Well(s).....</li> <li>    <input type="checkbox"/> Potable   <input type="checkbox"/> Non-potable      Water Quality Test?   <input type="checkbox"/> yes   <input type="checkbox"/> no</li> <li>    depth _____; shared (y/n) _____; year installed _____; gal/min _____</li> <li>12. Septic System(s).....</li> <li>    If yes: Number of bedrooms on permit(s) _____</li> <li>    Permit(s) available?   <input type="checkbox"/> yes   <input type="checkbox"/> no   <input type="checkbox"/> NR</li> <li>    Lift station(s)/Grinder(s) on Property?   <input type="checkbox"/> yes   <input type="checkbox"/> no   <input type="checkbox"/> NR</li> <li>    Septic Onsite?   <input type="checkbox"/> yes   <input type="checkbox"/> no   <input type="checkbox"/> Details: _____</li> <li>    Tank capacity _____</li> <li>    Repairs made (describe): _____</li> <li>    Tank(s) last cleaned: _____</li> <li>    If no: Permit(s) in process?   <input type="checkbox"/> yes   <input type="checkbox"/> no   <input type="checkbox"/> NR</li> <li>    Soil Evaluation Complete?   <input type="checkbox"/> yes   <input type="checkbox"/> no   <input type="checkbox"/> NR</li> <li>    Other Septic Details: _____</li> </ul> | <table border="0"> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/>   | <input checked="" type="checkbox"/>   | <input type="checkbox"/> |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                                     |                          |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |
| <input type="checkbox"/>   | <input checked="" type="checkbox"/>   | <input type="checkbox"/> |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                                     |                          |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |
| <input type="checkbox"/>   | <input checked="" type="checkbox"/>   | <input type="checkbox"/> |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                                     |                          |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |
| <input type="checkbox"/>   | <input checked="" type="checkbox"/>   | <input type="checkbox"/> |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                                     |                          |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |
| <input type="checkbox"/>   | <input checked="" type="checkbox"/>   | <input type="checkbox"/> |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                                     |                          |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |
| <input type="checkbox"/>   | <input checked="" type="checkbox"/>   | <input type="checkbox"/> |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                                     |                          |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |
| <input type="checkbox"/>   | <input checked="" type="checkbox"/>   | <input type="checkbox"/> |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                                     |                          |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |
| <input type="checkbox"/>   | <input checked="" type="checkbox"/>   | <input type="checkbox"/> |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                                     |                          |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |
| <input type="checkbox"/>   | <input checked="" type="checkbox"/>   | <input type="checkbox"/> |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                                     |                          |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/> |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                                     |                          |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |
| <input type="checkbox"/>   | <input checked="" type="checkbox"/>   | <input type="checkbox"/> |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                                     |                          |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |
| <input type="checkbox"/>   | <input checked="" type="checkbox"/>   | <input type="checkbox"/> |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                                     |                          |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |
| <input type="checkbox"/>   | <input checked="" type="checkbox"/>   | <input type="checkbox"/> |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |                                     |                          |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                          |



Yes	No	NR
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13. Commercial or industrial noxious fumes, odors, noises, etc. on or near Property.....     
 If yes, please describe: \_\_\_\_\_

**B. Legal/Land Use Aspects**

- 1. Current or past title insurance policy or title search.....
- 2. Copy of deed(s) for property.....
- 3. Government administered programs or allotments.....
- 4. Rollback or other tax deferral recaptures upon sale.....
- 5. Litigation or estate proceeding affecting ownership or boundaries.....
- 6. Notices from governmental or quasi-governmental authorities related to the property..
- 7. Private use restrictions or conditions, protective covenants, or HOA.....     
 If yes, please describe: \_\_\_\_\_
- 8. Recent work by persons entitled to file lien claims.....     
 If yes, have all such persons been paid in full .....     
 If not paid in full, provide lien agent name and project number: \_\_\_\_\_
- 9. Jurisdictional government land use authority:  
 County: \_\_\_\_\_ City: \_\_\_\_\_
- 10. Current zoning: \_\_\_\_\_
- 11. Fees or leases for use of any system or item on property .....
- 12. Location within a government designated disaster evacuation zone (e.g., hurricane, nuclear facility, hazardous chemical facility, hazardous waste facility).....
- 13. Access (legal and physical) other than by direct frontage on a public road  
 Access via easement.....     
 Access via private road .....     
 If yes, is there a private road maintenance agreement?  yes  no
- 14. Solar panel(s), windmill(s), cell tower(s).....     
 If yes, please describe: \_\_\_\_\_

**C. Survey/Boundary Aspects**

- 1. Current or past survey/plat or topographic drawing available.....
- 2. Approximate acreage: \_\_\_\_\_
- 3. Wooded Acreage \_\_\_\_\_; Cleared Acreage \_\_\_\_\_
- 4. Encroachments.....
- 5. Public or private use paths or roadways rights of way/easement(s).....     
 Financial or maintenance obligations related to same .....
- 6. Communication, power, or other utility rights of way/easements .....
- 7. Railroad or other transportation rights of way/easements.....
- 8. Conservation easement .....
- 9. Property Setbacks.....     
 If yes, describe: \_\_\_\_\_
- 10. Riparian Buffers (i.e., stream buffers, conservation districts, etc.).....
- 11. Septic Easements and Repair Fields .....
- 12. Any Proposed Easements Affecting Property.....
- 13. Beach Access Easement, Boat Access Easement, Docking Permitted.....     
 If yes, please describe: \_\_\_\_\_

**D. Agricultural, Timber, Mineral Aspects**

	Yes	No	NR
1. Agricultural Status (e.g., forestry deferral) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Licenses, leases, allotments, or usage permits (crops, hunting, water, timber, etc.)..... If yes, describe in detail: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Forfeiture, severance, or transfer of rights (mineral, oil, gas, timber, development, etc.) If yes, describe in detail: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Farming on Property: <input type="checkbox"/> owner or <input type="checkbox"/> tenant .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Presence of vegetative disease or insect infestation.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Timber cruises or other timber related reports.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Timber harvest within past 25 years .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, monitored by Registered Forester? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If replanted, what species: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Years planted: _____			
8. Harvest impact (other than timber) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, describe in detail: _____			

**E. Environmental Aspects**

1. Current or past Phase I, Phase II or Phase III Environmental Site Assessment(s).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Underground or above ground storage tanks .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, describe in detail: _____			
3. Abandoned or junk motor vehicles or equipment of any kind.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Past illegal uses of property (e.g., methamphetamine manufacture or use).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Federal or State listed or protected species present.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, describe plants and/or animals: _____			
6. Government sponsored clean-up of the property .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Groundwater, surface water, or well water contamination <input type="checkbox"/> Current <input type="checkbox"/> Previous ...	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Previous commercial or industrial uses.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Wetlands, streams, or other water features .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permits or certifications related to Wetlands .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Conservation/stream restoration.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Coastal concern (tidal waters, unbuildable land, flood zone, CAMA, Army Corp., etc.) If yes, describe in detail: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. The use or presence on the property, either stored or buried, above or below ground, of:			
i. Asbestos, Benzene, Methane, Pesticides, Radioactive Material .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, describe in detail: _____			
ii. Other fuel/chemical.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
iii. Paint <input type="checkbox"/> Lead based paint <input type="checkbox"/> Other paint/solvents .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
iv. Agricultural chemical storage .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**F. Utilities**

Check all currently available on the Property and indicate the provider.

Water (describe): \_\_\_\_\_

Sewer (describe): \_\_\_\_\_

Gas (describe): \_\_\_\_\_

Electricity (describe): \_\_\_\_\_

Cable (describe): \_\_\_\_\_

- High Speed Internet (describe): \_\_\_\_\_
- Fiber Optic (describe): \_\_\_\_\_
- Telephone (describe): \_\_\_\_\_
- Private well (describe): \_\_\_\_\_
- Shared private well or community well (describe): \_\_\_\_\_
- Hauled water (describe): \_\_\_\_\_
- Other (describe): \_\_\_\_\_

**Explanation Sheet for Vacant Land Disclosure Statement**

**Instructions:** Identify a line item in the first column (e.g., "E/8") and provide further explanation in the second column.

<b>A-10</b>	<b>Stream on parcel # 154957</b>
<b>B-2</b>	<b>Copy of Deeds available</b>
<b>D-1</b>	<b>Parcels 154957, 154934, 154935, 154938 are in a forestry deferral program</b>
<b>E-9</b>	<b>Stream and wetland on parcel # 154957</b>
<b>B-13 / C-5</b>	<b>Seller is aware of an easement on parcel 154957 and 154934. Seller is not aware of an easement for parcels 154935 and 154938</b>

**Attach additional sheets as necessary**

THE NORTH CAROLINA ASSOCIATION OF REALTORS®, INC., MAKES NO REPRESENTATION AS TO THE LEGAL VALIDITY OR ADEQUACY OF THIS FORM. CONSULT A NORTH CAROLINA ATTORNEY BEFORE YOU SIGN IT.

Buyer: _____ Date: _____	Seller: <u>Robert David Ross</u> Date: <u>11-25-24</u> <b>Robert David Ross</b>
Buyer: _____ Date: _____	Seller: <u>Shirley C. Ross</u> Date: <u>11-25-24</u> <b>Shirley C. Ross</b>
Entity Buyer: _____	Entity Seller: _____
_____ (Name of LLC/Corporation/Partnership/Trust/Etc.)	_____ (Name of LLC/Corporation/Partnership/Trust/Etc.)
By: _____	By: _____
Name: _____	Name: _____
Title: _____	Title: _____
Date: _____	Date: _____