



Mississippi State Form

PROPERTY CONDITION DISCLOSURE STATEMENT

The following is a Property Condition Disclosure Statement (PCDS) made by the SELLER(S) concerning the condition of the RESIDENTIAL PROPERTY (1 TO 4 UNITS) located at:

3806 Bluff Rd, Hernando, MS 38632

SELLER(S): James A. Flemons Approximate Age of the Residence 56

This document is a disclosure of the condition of real property known by the SELLER on the date that this statement is signed and it is based on their actual knowledge of the property. It is NOT a warranty of any kind by the Seller or any Real Estate Licensee representing a principal in this transaction and this PCDS is not a substitute for any home inspection(s) or warranties the purchaser(s) may wish to obtain. However, the purchaser(s) may rely on the information contained herein when deciding to negotiate the terms for the purchase of the residential real property. This statement may be made available to other parties and is to be attached to the Listing Agreement and signed by the SELLER(S). This statement is NOT intended to be part of any contract between the seller and the purchaser.

IF THE RESIDENCE IS NEW (NEVER OCCUPIED) OR PROPOSED RESIDENTIAL CONSTRUCTION and a real estate licensee is involved in the transaction, the BUILDER/OWNER/SELLER must complete the PCDS in its entirety and should reference specific plans/specifications, building material lists and/or change orders.

DO NOT LEAVE ANY QUESTIONS UNANSWERED AND DO NOT LEAVE BLANK SPACES. THE SELLER(S) MAY ATTACH ADDITIONAL PAGES IF NECESSARY TO FULLY EXPLAIN A PROPERTY'S CONDITION. THE ACRONYM "N/A" MAY BE USED FOR "NOT APPLICABLE" AND "UNK" MAY BE USED FOR "UNKNOWN."

A. GENERAL INFORMATION

- 1. Does the Transferor/Seller currently have a deeded title to the residence? Yes [checked] No \_\_\_\_\_. If "YES", when did the current Seller receive the title to the property? July 2022
2. Does the Transferor/Seller currently occupy the residence? Yes \_\_\_\_ No [checked]. If "NO", has the current seller ever occupied the residence? Yes \_\_\_\_ No [checked]. If "YES", what were the dates of Occupancy?
3. Is the site improved with a Factory Built (Manufactured Housing Unit) or a Modular Home constructed on a permanent foundation? Yes \_\_\_\_ No [checked]. If "YES", indicate the Home Identification number on the Data Plate
4. Was the residence built in conformity with an approved building code? Yes \_\_\_\_ No \_\_\_\_ Unknown [checked]. If "YES", was a PERMIT secured from the City/County Building Authority? Yes \_\_\_\_ No \_\_\_\_ Unknown [checked].
5. Do you have a Home Inspection Report which was completed for you? Yes \_\_\_\_ No [checked]. If "YES", is the report available for review by a prospective purchaser? Yes \_\_\_\_ No \_\_\_\_



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B. STRUCTURAL ITEMS & SOILS:

- 1. Are you aware of any settlement/heaving of soils, any collapsible or expansive soils or poorly compacted fill on the Property? Yes  No  Unknown . If "YES", please describe, to your knowledge, the nature and location of any settlement or heaving \_\_\_\_\_.
- 2. Are you aware of any past or present movement, shifting, deterioration or other problems with the walls (interior or exterior) or the foundation of the Property? Yes  No  Unknown . If "YES", please describe, to your knowledge, the nature and location of any such problems \_\_\_\_\_.
- 3. Are you aware of any tests to determine the composition/compaction of the soil or the presence of any "expandable soils" being present on the Property? Yes  No . If "YES", please provide copies of the results if they are available.
- 4. Are you aware of any foundation repairs made in the past? Yes  No . If "Yes", is there a written report which will indicate the foundation repairs? Explain \_\_\_\_\_.
- 5. If foundation repairs were completed is there a Warranty which can be transferred to a new owner? Yes  No .
- 6. To your knowledge, are any foundation repairs currently needed? Yes  No  Unknown . If "YES", please explain in detail \_\_\_\_\_.
- 7. Except for "Cosmetic Upgrades" (carpet, paint, wallpaper, etc) have you remodeled, made any room additions, made structural modifications or other alterations or improvements to the Property? If "YES", please describe, to your knowledge, the nature of all such remodels/alterations added sink and toilet in laundry closet.
- 8. To your knowledge, were all necessary work PERMITS and approvals secured in compliance with local/city/county building codes? Yes  No  Unknown . If "YES", please indicate the name of the Licensed Contractor who completed the work and the dates of the work Kenyan Mullins

C. ROOF:

- 1. Has all or any portion of the roof has been repaired or replaced during your ownership? Yes  No . If "YES", please indicate the dates of the roof work (if known) and describe, to the best of your knowledge, the nature of any roof repairs or replacements. replaced roof 2022 - Kreunan Roofers 8/5/22 with warranty
- 2. To your knowledge, are there any written warranties presently in place for the roof? Yes  No . If "YES", please attach copies of any warranties in your possession.
- 3. Are you aware of any current leaks or defects with the roof such as structural issues, dry rot, water backups, moisture issues, wind damage or hail damage? Yes  No . If "YES", please describe, to your knowledge, the nature of the defects and their location \_\_\_\_\_.
- 4. How long have you known about the current problems with the roof? \_\_\_\_\_
- 5. The roof is 2 years old.



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D. HISTORY OF INFESTATION: TERMITES, CARPENTER ANTS, ETC:

- 1. Are you aware of any ongoing, recurring or habitual problems with termites, dry rot, mildew, vermin, rodents or other pests which affect the Property? Yes \_\_\_ No [checked]. If "YES", please describe, to your knowledge, the nature of the problem and the location of the problem \_\_\_\_\_.
2. Are you aware of any DAMAGE to the Property which was caused by termites, dry rot, mildew, vermin, rodents or other pests? Yes \_\_\_ No [checked]. If "YES", please describe, to your knowledge, the location of such damage and what efforts were taken to mitigate and/or repair the damage \_\_\_\_\_.
3. If a Wood Destroying Insect Treatment was required for the residence, which Pest Control Company treated the Property for the problem? \_\_\_\_\_.
4. If DAMAGE to the residence was actually mitigated/repaired, who was the contractor who repaired the DAMAGE to the Property? \_\_\_\_\_.
5. To your knowledge, are there any written warranties or other termite or pest control coverage(s) presently in place for the Property? Yes \_\_\_ No [checked]. If "YES", please attach copies of such warranties in your possession.

E. STRUCTURE/FLOOR/WALLS/CEILINGS/WINDOWS/FEATURES:

- 1. During your ownership, has there been DAMAGE to any portion of the physical structure resulting from fire, windstorm, hail, tornados, hurricane or any other natural disaster? Yes \_\_\_ No [checked]. If "YES", please describe, to your best knowledge, the cause of the damage, in detail, and supply the dates of the losses \_\_\_\_\_.
2. Are you aware of any past or present problems, malfunctions or defects with the windows (including storm windows and screens), the flooring (hardwood, marble, stone, tile or carpeting), fireplace/chimneys, ceilings, walls (interior), jetted bathtub, hot tub, sauna, skylights, shower or wet bar; including any modifications to them? Yes \_\_\_ No [checked]. If "YES", please describe, to your knowledge, the nature of any such problem; for example, the skylight leaked or the motor which operates the jetted bathtub had to be replaced, etc. \_\_\_\_\_.
3. Are you aware of any past or present problems, malfunctions or defects with the lawn sprinkler system, swimming pool, hot tub, rain gutters, tile drains (French drains), driveway, patio, storage building, gazebo, outdoor fireplace, or outdoor kitchen appliances (which are remaining with the property)? Yes \_\_\_ No [checked]. If "YES", please describe, to your knowledge, the nature of such problems; for example, the French drains are clogged and do not remove rain water or the timer for the sprinkler system is not functioning properly, etc. \_\_\_\_\_.
4. During your ownership, have there been any notices concerning safety issues with a swimming pool or other improvements to the property? Yes \_\_\_ No [checked]. If "YES". Please describe, to the best of your knowledge, those safety issue in detail. \_\_\_\_\_.
5. Except for regular maintenance of the exterior surfaces of the Property (painting, staining, etc) are you aware of any past or present problems, malfunctions or defects with any portion of the exterior walls, fascias, soffits, stucco, windows, doors or trim? Yes \_\_\_ No [checked]. If "YES", please describe, to your knowledge, the nature of the problems. (for example, there is moisture damage behind the stucco) \_\_\_\_\_.



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F. LAND AND SITE DATA:

1. Is there an engineer's survey or a recorded plat of the Property available? Yes [checked] No [ ]. If "YES", please attach a copy of the survey (if available). If "YES", please indicate by whom the survey was completed Joseph Hill 12/2022 and the Date the survey was completed 12/2022.

2. Are you aware of the existence of any of the following, to wit:

Encroachments: Yes [ ] No [checked] Unknown [ ] Boundary Dispute: Yes [ ] No [checked] Unknown [ ]
Easements: Yes [ ] No [checked] Unknown [ ] Soil/Erosion: Yes [ ] No [checked] Unknown [ ]
Soil Problems: Yes [ ] No [checked] Unknown [ ] Standing Water: Yes [ ] No [checked] Unknown [ ]
Land Fill: Yes [ ] No [checked] Unknown [ ] Drainage Problems: Yes [ ] No [checked] Unknown [ ]

3. Are you aware of any current pending litigation, foreclosure, zoning regulations, restrictive covenants, building code violations, mechanics liens, judgments, special assessments or any other type of restriction which could negatively affect your Property? Yes [ ] No [checked] If "YES", please explain

4. Other than the utility easements, are you aware of any easement which impacts the residence? Yes [ ] No [checked].

5. Are there any rights-of-way, easements, eminent domain proceedings or similar matters which may negatively impact your ownership interest in the Property? Yes [ ] No [checked] If "YES", please explain

6. Are you aware if any portion of the Property (including a part of the site) is currently located in or near a FEMA Designated Flood Hazard Zone? Yes [ ] No [checked] Unknown [ ]. If "YES", please indicate the source of your information and the current Map Number used to determine the Flood Zone

7. Is Flood Insurance currently required on the Property? Yes [ ] No [checked]. If "YES", please indicate the amount of the premium currently being paid and when the premium was last adjusted

8. Are you aware if any portion of the Property (Site) is currently designated as being located within a WETLANDS area and is subject to specific restrictive uses? Yes [ ] No [checked]. If "YES", please explain in detail

9. Are you aware if the Property has ever had standing water in the front, rear or side yards for more than forty-eight (48) hours following a heavy rain? Yes [ ] No [checked]. If "YES", please describe, to your knowledge, any unusual circumstances causing the problem

10. Are you aware, FOR ANY REASON, in the past or present of water penetration problems in the walls, windows, doors, crawl space, basement or attic? Yes [ ] No [checked]. If "YES", please describe, to your knowledge, the nature of the problem and what steps were taken to remedy the problem

11. FOR ANY REASON, past or present, has any portion of the interior of the Property ever suffered water damage or moisture related damage which was caused by flooding, lot drainage, moisture seepage, condensation, sewer overflow, sewer backup, leaking or broken water pipes (during or after construction)



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please describe, to your knowledge, the nature of the problems and what steps were taken to remedy the problems \_\_\_\_\_.

12. Are you aware, **FOR ANY REASON**, of any leaks, back-ups, or other problems relating to any of the plumbing, water, sewage, or related items during your ownership? Yes \_\_\_\_ No . If "YES", please describe, to your best knowledge, the problem you experienced and how it was mitigated \_\_\_\_\_.

**G. APPLIANCES/MECHANICAL EQUIPMENT:**

Following is a list of appliances and mechanical systems which may or may not be present in the residence. Please complete the information to the best of your knowledge. You may use the "Item Blanks" at the bottom of the page for additional items.

**APPLIANCES/ITEMS/SYSTEMS REMAINING WITH THE PROPERTY:**

ITEMS	YES/ #ITEMS	NO N/A	GAS/ ELECTRIC	REPAIRS COMPLETED IN LAST TWO YEARS	AGE
BUILT-IN COOKTOP		<input checked="" type="checkbox"/>			
BUILT-IN OVEN(S)		<input checked="" type="checkbox"/>			
BUILT-IN DISHWASHER		<input checked="" type="checkbox"/>			
GARBAGE DISPOSAL		<input checked="" type="checkbox"/>			
ICE-MAKER (STAND ALONE)		<input checked="" type="checkbox"/>			
MICROWAVE OVEN	<input checked="" type="checkbox"/>				2020
TRASH COMPACTOR		<input checked="" type="checkbox"/>			
KITCHEN VENT FAN(S)					
CENTRAL AIR SYSTEM(S)		<input checked="" type="checkbox"/>			
CENTRAL HEATING SYSTEM(S)		<input checked="" type="checkbox"/>			
HUMIDIFIERS OR EVAPORATORS		<input checked="" type="checkbox"/>			
AIR PURIFIERS		<input checked="" type="checkbox"/>			
WATER HEATER(S)	1				
TANKLESS WATER HEATER(S)		<input checked="" type="checkbox"/>			
CEILING FAN(S)	<input checked="" type="checkbox"/>				
ATTIC FANS		<input checked="" type="checkbox"/>			



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BATHROOM VENT FAN(S)					
GARAGE DOOR OPENER(S)		✓			
SMOKE/MONOXIDE DETECTORS		✓			
SECURITY SYSTEM		✓			
INTERCOM/SOUND SYSTEM		✓			
REFRIGERATOR		✓			
FREE STANDING STOVE	✓		gas		unk

**H. OTHER:**

1. Are you aware of any past or present hazardous conditions, substances or materials on the Property such as asbestos or asbestos components, lead-based paint, urea-formaldehyde insulation, the presence of Chinese dry-wall, methane gas, radon gas, underground storage tanks and lines or any past industrial uses occurring on the premises? Yes \_\_\_ No  If "YES", please describe, to your best knowledge, the nature of any such hazardous conditions and any attempts to mitigate any such hazardous condition(s) \_\_\_\_\_.

2. Are you aware of any past or present contaminations which have resulted from the storing or the manufacturing of methamphetamines? Yes \_\_\_ No . If "YES", please describe \_\_\_\_\_.

3. Are you aware if there are currently, or have previously been, any inspections by qualified experts or orders issued on the property by any governmental authority requiring the remediation of MOLD or any other public health nuisance on the Property? Yes \_\_\_ No . If "YES", please describe, to your best knowledge, any attempts to mitigate such condition(s) \_\_\_\_\_.

4. Are you aware of any problems or conditions that affect the desirability or functionality of the Heating, Cooling, Electrical, Plumbing, or Mechanical Systems? Yes \_\_\_ No . If "YES", please described, to your best knowledge, all known problems in complete detail \_\_\_\_\_.

5. The water supply is: Public  Private \_\_\_ On-site Well \_\_\_ Neighbor's Well \_\_\_ Community \_\_\_

6. If your drinking water is from a well, when was the water quality last checked for safety, what were the results of the test and who was the qualified entity who conducted the test? \_\_\_\_\_.

7. Is the water supply equipped with a water softener? Yes \_\_\_ No \_\_\_ Unknown

8. The Sewage System is: Public \_\_\_ Private \_\_\_ Septic  Cesspool \_\_\_ Treatment Plant \_\_\_ Other \_\_\_

9. If the sewer service is by an individual system, has it been inspected by the proper state/county Health Department officials? Yes  No \_\_\_ . If "YES", please give complete details All Septic Systems - replaced cover clean out

10. How many bedrooms are allowed by the Individual Waste Water Permit? 3

11. Is there a sewage pump installed? Yes \_\_\_ No \_\_\_ Date of the last Septic Inspection 7/2022



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**I. MISCELLANEOUS:**

1. Is the residence situated on Leasehold or Sixteenth Section land? Yes \_\_\_\_\_ No  Unknown \_\_\_\_\_.  
If "YES", please indicate the terms of the lease including payments and expiration date \_\_\_\_\_.
2. Are you aware of any hidden defects or needed repairs about which the purchaser should be informed **PRIOR** to their purchase? Yes \_\_\_\_\_ No . If "YES", please describe, to your best knowledge, the problem(s) which need to be disclosed \_\_\_\_\_.
3. What is the **APPROXIMATE SQUARE FOOTAGE** of the Heated and Cooled Living Area?  
1120
4. How was the approximation of the Gross Living Area (square footage) determined? public records
5. Are there any finished hardwood floors beneath the floor coverings? Yes  No \_\_\_\_\_ Unknown \_\_\_\_\_.  
If "YES", please indicate, to your best knowledge, the condition and the location of the hardwood floors  
everywhere except kitchen and bathrooms
6. Are there Homeowner's Association Fees associated with ownership? Yes \_\_\_\_\_ No  Amount \_\_\_\_\_ (Yr/Mth/Quarter)
7. Does the HOA levy dues or assessments for maintenance of common areas and/or other common expenses? \_\_\_\_\_.
8. Are you aware of any HOA, Public (municipal) special improvement district (PID) or other assessments that are presently owing or that have been approved but not yet levied against the Property? Yes \_\_\_\_\_ No . If "YES", please indicate the tax (assessing) entity and the amount of the taxes/assessments \_\_\_\_\_.
9. Please indicate the contact information for the HOA \_\_\_\_\_.
10. What is the **YEARLY** Real Estate Tax Bill? County Taxes \$1094 City Taxes \_\_\_\_\_ Special District Taxes \_\_\_\_\_.
11. Has Homestead Exemption been filed for the **current** year? Yes \_\_\_\_\_ No  Unknown \_\_\_\_\_.  
12. Are you aware of any additional tax exemptions which accrue to the Property? Yes \_\_\_\_\_ No  Unknown \_\_\_\_\_. If "YES", please describe the exemptions and the amount of the tax \_\_\_\_\_.
13. What is the average **YEARLY** Electric Bill? \$ 960. What is the average **YEARLY** Gas Bill? \$ 100.
14. Is the residence serviced by Propane (LP) Gas? If "YES", what is the average **YEARLY** Propane Bill? \$ 100.
15. The Propane Tank is: Owned \_\_\_\_\_ Leased  If Leased, how much is the lease payment? \$ 100/year.
16. Is Cable Television Service available at the site? Yes \_\_\_\_\_ No \_\_\_\_\_ Service Provider UNK.
17. Is Fiber Optic Cable (Internet) available at the site? Yes \_\_\_\_\_ No \_\_\_\_\_ Service Provider UNK.
18. List any item remaining with the Property which is financed separately from the mortgages  
none



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**MECHANICAL EQUIPMENT WHICH IS CONSIDERED PERSONAL PROPERTY AND IS NOT CONVEYED BY DEED AS PART OF THE REAL PROPERTY SHOULD BE NEGOTIATED IN THE CONTRACT OF SALE OR OTHER SUCH INSTRUMENT IF THE ITEMS ARE TO REMAIN WITH THE RESIDENCE.**

To the extent of the Seller's knowledge as a property owner, the Seller(s) acknowledges that the information contained above is true and accurate for those areas of the property listed. The owner(s) agree to save and hold the Broker harmless from all claims, Page 6 disputes, litigation and/or judgments arising from any incorrect information supplied by the owner(s) or from any material fact known by the owner(s) whose owner(s) fail to disclose except the Broker is not held harmless to the owner(s) in claims, disputes, litigation, or judgments arising from conditions of which the Broker had actual knowledge.

James A. Adams      8/14/2024  
SELLER (UPON LISTING)      DATE

8/16/2024  
SELLER (UPON LISTING)      DATE

\_\_\_\_\_  
SELLER (AT CLOSING)      DATE

\_\_\_\_\_  
SELLER (AT CLOSING)      DATE

PROSPECTIVE PURCHASER'S SIGNATURE \_\_\_\_\_  
PURCHASER(S) ACKNOWLEDGE RECEIPT OF REPORT      DATE