



STATE OF SOUTH CAROLINA
RESIDENTIAL PROPERTY CONDITION
DISCLOSURE STATEMENT



The South Carolina Code of Laws (Title 27, Chapter 50, Article 1) requires that an owner of residential real property (single family dwelling unit or a single transaction involving transfer of four dwelling units or less) shall provide to a purchaser this completed and signed disclosure statement prior to forming a real estate contract.

Owners should answer the questions fully, honestly, and appropriately by attaching documents, checking a box for each check box question, and writing in the blanks on this disclosure statement.

If a question is answered "Yes" or asks for a description, then owner must explain or describe the issue or attach a descriptive report from an engineer, contractor, pest control operator, expert, or public agency. If owner attaches a report, owner shall not be liable for inaccurate or incomplete information in the report unless owner was grossly negligent in obtaining or transmitting the information.

By answering "No Representation" on this disclosure statement, the owner is acknowledging that they do not have the current knowledge necessary to answer the questions with either a "Yes" or "No" response. Owner still has a duty to disclose information that is known at the time of the disclosure statement.

If a question is answered and subsequently new information is obtained or something changes to render the owner's answer incorrect, inaccurate, or misleading (example: roof begins to leak), owner must promptly correct the disclosure. In some situations, the owner may notify the purchaser of the correction. In some situations, the owner may correct or repair the issue.

The owner shall deliver to the purchaser this disclosure before a real estate contract is signed by the purchaser and owner, or as otherwise agreed in the real estate contract. The real estate licensee must disclose material adverse facts about the property if actually known by the licensee about the issue, regardless of owner responses on this disclosure.

Owner must provide the completed disclosure statement to the purchaser prior to the time the owner and purchaser sign a real estate contract unless the real estate contract states otherwise. Owner should provide a signed copy to the purchaser and keep a copy signed by the purchaser.

A real estate contract, not this disclosure, controls what property transfers from owner to purchaser.

Owner: [Signature] Purchaser () () acknowledge receipt of a copy of this page which is Page 1 of 6.
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Property Address (including unit # or identifier) 213 Evergreen Drive, Greenwood, SC 29649

Apply this question below and the three answer choices to the numbered issues (1-14) on this disclosure.

As owner, do you have any actual knowledge of any problem(s)* concerning?


*Problem(s) include present defects, malfunctions, damages, conditions, or characteristics.

| <u>I. WATER SUPPLY AND SANITARY SEWAGE DISPOSAL SYSTEM</u> | Yes | No | No Representation |
|-------------------------------------------------------------------|--------------------------|-------------------------------------|--------------------------|
| 1. Water supply | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Water quality | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Water pressure | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Sanitary sewage disposal system for any waste water | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

| | | | | |
|-----------------------------|-------------------------------------------|----------------------------------------------|-----------------------------------------------|---------------------------------------|
| A. Describe water supply: | <input type="checkbox"/> County | <input type="checkbox"/> Private | <input type="checkbox"/> Community | <input type="checkbox"/> Other: _____ |
| | <input checked="" type="checkbox"/> City | <input type="checkbox"/> Corporate | <input type="checkbox"/> Well | CPW |
| B. Describe water disposal: | <input type="checkbox"/> Septic | <input type="checkbox"/> Private | <input type="checkbox"/> Other: _____ | |
| | <input checked="" type="checkbox"/> Sewer | <input type="checkbox"/> Corporate | <input type="checkbox"/> Government | |
| C. Describe water pipes: | <input type="checkbox"/> PEX | <input checked="" type="checkbox"/> PVC/CPVC | <input type="checkbox"/> Other/Unknown: _____ | |
| | <input type="checkbox"/> Copper | <input type="checkbox"/> Polybutylene | <input type="checkbox"/> Steel | |

| <u>II. ROOF, CHIMNEYS, FLOORS, FOUNDATION, BASEMENT, AND OTHER STRUCTURAL COMPONENTS AND MODIFICATIONS OF THESE STRUCTURAL COMPONENTS</u> | Yes | No | No Representation |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|-------------------------------------|
| 5. Roof systems A. Approximate year that current roof system was installed: _____ B. During your ownership, describe any known roof system leaks, repairs and/or modifications with dates(s): _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Gutter systems Leave filter installed 2023 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Foundation, slab, fireplaces, chimneys, wood stoves, floors, basement, windows, driveway, storm windows/screens, doors, ceilings, interior walls, exterior walls, sheds, attached garage, carport, patio, deck, walkways, fencing, or other structural components including modifications A. Approximate year structure was built: 1963 B. During your ownership, describe any structural repairs and/or modifications to the items identified in Question 7 with dates(s): _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

| <u>III. PLUMBING, ELECTRICAL, HEATING, COOLING, AND OTHER MECHANICAL SYSTEMS</u> | Yes | No | No Representation |
|---------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|--------------------------|
| 8. Plumbing system (pipes, fixtures, water heater, disposal, softener, plumbing components) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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| | | | | | | | | |
|------------------------------------------------------------------------------------------------------|--|---------------------------------------------|-----------------------------------|----------------------------------------------|----------------------------------|-----------------------------------------------------|-------------------------------------|--------------------------|
| 9. Electrical system (wiring, panel, fixtures, A/V wiring, outlets, switches, electrical components) | | | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Appliances (range, stove, ovens, dishwasher, refrigerator, washer, dryer, other appliances) | | | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Built-in systems and fixtures (fans, irrigation, pool, security, lighting, A/V, other) | | | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Mechanical systems (pumps, garage door opener, filtration, energy equipment, safety, other) | | | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Heating system(s) (HVAC components) | | | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Cooling system(s) (HVAC components) | | | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| A. Describe Cooling System: | | <input checked="" type="checkbox"/> Central | <input type="checkbox"/> Ductless | <input type="checkbox"/> Heat Pump | <input type="checkbox"/> Window | <input type="checkbox"/> Other: _____ | | |
| B. Describe Heating System: | | <input type="checkbox"/> Central | <input type="checkbox"/> Ductless | <input type="checkbox"/> Heat Pump | <input type="checkbox"/> Furnace | <input checked="" type="checkbox"/> Other: Gas Heat | | |
| C. Describe HVAC Power: | | <input type="checkbox"/> Oil | <input type="checkbox"/> Gas | <input checked="" type="checkbox"/> Electric | <input type="checkbox"/> Solar | <input type="checkbox"/> Other: _____ | | |
| D. Describe HVAC system approximate age and any other HVAC system(s): HVAC installed 2001 | | | | | | | | |

IV. PRESENT OR PAST INFESTATION OF WOOD DESTROYING INSECTS OR ORGANISMS OR DRY ROT OR FUNGUS, THE DAMAGE FROM WHICH HAS NOT BEEN REPAIRED, OR OTHER PEST INFESTATIONS

A. Describe any known present wood problems caused by termites, insects, wood destroying organisms, dry rot or fungus:

B. Describe any termite/pest treatment, coverage to property, name of provider, and termite bond (if any):


C. Describe any known present pest infestations:

V. THE ZONING LAWS, RESTRICTIVE COVENANTS, BUILDING CODES, AND OTHER LAND USE RESTRICTIONS AFFECTING THE REAL PROPERTY, ANY ENCROACHMENTS OF THE REAL PROPERTY FROM OR TO ADJACENT REAL PROPERTY, AND NOTICE FROM A GOVERNMENTAL AGENCY AFFECTING THIS REAL PROPERTY

Apply this question below and the three answer choices to the numbered issues (15-28) on this disclosure.

As owner, do you have any actual knowledge or notice concerning the following:

| | Yes | No | No Representation |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|--------------------------|
| 15. Violations or variances of the following: zoning laws, restrictive covenants, building codes, permits or other land use restrictions affecting the real property. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 16. Designation as a historic building, landmark, site or location within a local historic or other restrictive district, which may limit changes, improvements of demolition of the property. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 17. Easements (access, conservation, utility, other), party walls, shared private driveway, private roads, released mineral rights, or encroachments from or to adjacent real property. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|--------------------------|
| 18. Legal actions, claims, foreclosures, bankruptcies, tenancies, judgments, tax liens, other liens, first rights of refusal, insurance issues, or governmental actions that could affect title to the property. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 19. Room additions or structural changes to the property during your ownership. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 20. Problems caused by fire, smoke, or water (including whether any structure on the property has flooded from rising water, water intrusion, or otherwise) to the property during your ownership. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 21. Drainage, soil stability, atmosphere, or underground problems affecting the property. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 22. Erosion, erosion control, or erosion control structure, such as a bulkhead, rock revetment, seawall, or buried sandbags, affecting the property. If "Yes" to Question 22, provide a general description including material, location on the property, approximate size, etc. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 23. Flood hazards, wetlands, flood hazard designations, flood zones, or flood risk affecting the property. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 24. Whether the property is currently insured through public (e.g., National Flood Insurance Program) or private flood insurance. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Private or public flood insurance (e.g., Federal Emergency Management Agency (FEMA)) claims filed on the property during your ownership. If "Yes" to Question 25, list the approximate date(s), general description of event(s), nature of any repair(s), and amounts of all claim(s). | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 26. Repairs made to the property as a result of flood events that were <u>NOT</u> filed with private or public insurance during your ownership. If "Yes" to Question 26, list the approximate date(s), general description of event(s), nature of any repair(s), and amounts of all flood-related repairs. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 27. Has federal flood disaster assistance (e.g., from FEMA, Small Business Administration, HUD) been previously received during your ownership? If "Yes" to Question 27, what was the amount received and the purpose of the assistance (elevation, mitigation, restoration, etc.)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 28. Whether the property has been assessed for a beach nourishment project during your ownership. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

A. Describe any green energy, recycling, sustainability or disability features for the property:

B. Describe any Department of Motor Vehicles titled manufactured housing on the property:

VI. BURIED, UNBURIED, OR COVERED PRESENCE OF THE FOLLOWING: LEAD BASED PAINT, LEAD HAZARDS, ASBESTOS, RADON GAS, METHANE GAS, STORAGE TANKS, HAZARDOUS MATERIALS, TOXIC MATERIALS, OR ENVIRONMENTAL CONTAMINATION

A. Describe any known property environmental contamination problems from construction, repair, cleaning, furnishing, intrusion, operating, toxic mold, methamphetamine production, lead based paint, lead hazards, asbestos, radon gas, methane gas, formaldehyde, corrosion-causing sheetrock, storage tanks, hazardous materials, toxic materials, environmental contamination, or other:

Owner:  Purchaser () () acknowledge receipt of a copy of this page which is Page 4 of 6.
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VII. EXISTENCE OF A RENTAL, RENTAL MANAGEMENT, VACATION RENTAL, OR OTHER LEASE CONTRACT ANTICIPATED TO BE IN PLACE ON THE PROPERTY AT THE TIME OF CLOSING

A. Describe the rental/lease terms, to include any vacation rental periods that reasonably may begin no later than ninety days after the date the purchaser's interest is recorded in the office of the register of deeds, and any rental/leasing problems, if any: _____

B. State the name and contact information for any property management company involved (if any): _____

C. Describe known outstanding charges owed by tenant for gas, electric, water, sewer, and garbage: _____

VIII. EXISTENCE OF A METER CONSERVATION CHARGE, AS PERMITTED BY SECTION 58-37-50 THAT APPLIES TO ELECTRICITY OR NATURAL GAS SERVICE TO THE PROPERTY


A. Describe any utility company financed or leased property on the real property: _____

B. Describe known delinquent charges for real property's gas, electric, water, sewer, and garbage: _____

IX. WHETHER THE PROPERTY IS SUBJECT TO GOVERNANCE OF A HOMEOWNERS ASSOCIATION WHICH CARRIES CERTAIN RIGHTS AND OBLIGATIONS THAT MAY LIMIT THE USE OF THIS PROPERTY AND INVOLVE FINANCIAL OBLIGATIONS

| | Yes* | No | No Representation |
|----------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|--------------------------|
| If Yes, owner must complete the attached Residential Property Disclosure Statement Addendum. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

X. PLEASE USE THE SPACE BELOW FOR "YES" ANSWER EXPLANATIONS AND ATTACH ANY ADDITIONAL SHEETS OR RELEVANT DOCUMENTS AS NEEDED

Owner:  Purchaser () () acknowledge receipt of a copy of this page which is Page 5 of 6.
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This disclosure does not limit the obligation of the purchaser to inspect the property and improvements which are the subject of the real estate contract. Purchaser is solely responsible for conducting their own offsite condition inspections and psychologically affected property inspections prior to entering into a real estate contract. The real estate licensees (acting as listing or selling agents, or other) have no duty to inspect the onsite or offsite conditions of the property and improvements. Purchaser should review all applicable documents (covenants, conditions, restrictions, bylaws, deeds, and similar documents) prior to entering into any legal agreements including any contract. The South Carolina Code of Laws describes the Residential Property Condition Disclosure Statement requirements and exemptions at § 27-50-10 (and following) which can be read online (www.scstatehouse.gov or other websites).

Current status of property or factors which may affect the closing:

- Owner occupied Short sale Bankruptcy Vacant (How long vacant?): _____
- Leased Foreclosure Estate Other: _____
- Subject to Vacation/Short Term Rental

A Residential Property Condition Disclosure Statement Addendum is is not completed and attached. This addendum should be attached if the property is subject to covenants, conditions, restrictions, bylaws, rules, or is a condominium.

Owner acknowledges having read, completed, and received a copy of this Residential Property Condition Disclosure Statement before signing and that all information is true and correct as of the date signed.

Owner Signature: Robert L Mosher dotloop verified
09/11/24 3:17 PM EDT
5J26-1755-V26K-5ULL Date: _____ Time: _____

Owner Printed Name: Robert L Mosher

Owner Signature: _____ Date: _____ Time: _____

Owner Printed Name: _____

Purchaser acknowledges prior to signing this disclosure:

- Receipt of a copy of this disclosure
- Purchaser has examined disclosure
- Purchaser had time and opportunity for legal counsel
- This disclosure is not a warranty by the real estate licensees
- This disclosure is not a substitute for obtaining inspections of onsite and offsite conditions
- This disclosure is not a warranty by the owner
- Representations are made by the owner and not by the owner's agents or subagents
- Purchaser has sole responsibility for obtaining inspection reports from licensed home inspectors, surveyors, engineers, or other qualified professionals
- Purchaser has sole responsibility for investigating offsite conditions of the property including, but not limited to, adjacent properties being used for agricultural purposes

Purchaser Signature: _____ Date: _____ Time: _____

Purchaser Printed Name: _____

Purchaser Signature: _____ Date: _____ Time: _____

Purchaser Printed Name: _____

Owner: RLM
09/11/24
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SCHEDULE A and UTILITES INFO

ADDRESS 213 Evergreen Drive, Greenwood, SC 29649

Checklist of Appliances and/or personal property to be included with the sale of:

- | | | | |
|--------------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Electric Range/Oven | <input type="checkbox"/> Washing Machine/Dryer | <input type="checkbox"/> Area Rugs | <input type="checkbox"/> Security System* |
| <input checked="" type="checkbox"/> Gas Range/Oven | <input checked="" type="checkbox"/> Mirrors/Vanities | <input type="checkbox"/> Fireplace Screen | <input type="checkbox"/> Porch Swing/Bench |
| <input checked="" type="checkbox"/> Gas Cooktop | <input type="checkbox"/> Garage Door Remotes | <input type="checkbox"/> Fireplace Tools | <input checked="" type="checkbox"/> Shrubbery |
| <input type="checkbox"/> Wall Oven | <input type="checkbox"/> Mini Blinds | <input type="checkbox"/> Wood Stove | <input type="checkbox"/> Clothesline & Poles |
| <input checked="" type="checkbox"/> Refrigerator | <input type="checkbox"/> Plantation Blinds | <input type="checkbox"/> Oil/LP Tank <input type="checkbox"/> Fuel In Tank | <input type="checkbox"/> Utility Bldg ___/# |
| <input checked="" type="checkbox"/> Ice maker | <input type="checkbox"/> Window Shades | <input type="checkbox"/> Window AC Unit* ___ # | <input type="checkbox"/> Dock |
| <input type="checkbox"/> Freezer | <input type="checkbox"/> Wooden Shutters | <input checked="" type="checkbox"/> Lighting Fixtures | <input type="checkbox"/> Pier |
| <input type="checkbox"/> Bar or 2 nd Refrigerator | <input type="checkbox"/> Storm Windows | <input checked="" type="checkbox"/> Light Bulbs | <input type="checkbox"/> Boat Lift |
| <input checked="" type="checkbox"/> Dishwasher | <input type="checkbox"/> Window Screens | <input type="checkbox"/> Satellite System * | <input checked="" type="checkbox"/> Mailbox |
| <input checked="" type="checkbox"/> Microwave | <input checked="" type="checkbox"/> Curtains | <input type="checkbox"/> TV Antenna | <input checked="" type="checkbox"/> Shelving |
| <input type="checkbox"/> Trash Compactor | <input checked="" type="checkbox"/> Draperies | <input checked="" type="checkbox"/> Pool | <input type="checkbox"/> Where? _____ |
| <input checked="" type="checkbox"/> Disposal | <input checked="" type="checkbox"/> Ceiling Fans * | <input checked="" type="checkbox"/> Pool Equipment | <input type="checkbox"/> Workbench* Where: _____ |

* If any items are not included, please be specific (i.e. antique mirror in half bath will be replaced)

Do you have a WELL or SEPTIC Tank on Property?

Electric Co. Duke Power Where is it located? _____ Last Pumped? _____
 Water Co. CPW Avg Bill pymt _____
 Gas Co. CPW Avg Bill pymt _____
 Phone Co. _____ Tank _____ Owned _____ Leased _____
 Cable Co. _____ Septic Tank - When last pumped: _____

High Speed Internet Available: Yes No

Taxes for Previous Year: City \$ _____ County \$ _____

Heating and Cooling Info: Type of heat on main level: gas or electric age of system: _____
 upgrades to system: _____ Type of heat on upper/basement level: gas or electric age of system: _____

All info listed here is true as per the Seller/s. This shall be used as part of the Seller's Disclosure Statement.

Seller Name Rob Mosher Signature Robert L Mosher
 Seller Name _____ Signature _____
 Date: _____ Signature _____

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09/11/24 3:17 PM EDT
XJM2-1HND-K9RW-9WCA

This Schedule is part of a Contract of Sale. All parties shall sign and date in agreement.

Buyer Name _____ Signature _____
 Buyer Name _____ Signature _____
 Date: _____ Signature _____

Buyer acknowledges that all inspections are to be completed within 10 business, the contract will reflect same;
 and that the home appraisal, if required, will be ordered by the Lender within 5 days of contract execution.
 Buyer #1: _____ Buyer #2: _____