

MISSISSIPPI REAL ESTATE COMMISSION

Property Condition Disclosure Statement (PCDS)

The following is a Property Condition Disclosure Statement (PCDS) required by §89-1-501 through §89-1-527 of the Mississippi Code, made by the SELLER(S) concerning the condition of the RESIDENTIAL PROPERTY (1 TO 4 UNITS) located at:

ADDRESS: 2129 CR 183 Greenwood, MS 38930
SELLER(S): Hays Fleming Year Built: 1993

Note to Buyer: If the structure was built before 1978, you are encouraged to investigate the possible presence of lead-based paint.

IS A PCDS NECESSARY? – NO OCCUPANCY AND NO KNOWLEDGE

Instructions to Seller(s): If no seller has occupied (lived in) the property, AND no seller has any knowledge of the property's condition, mark the two boxes below, sign in attestation of the truth of these representations, and leave the remainder of the PCDS blank.

[ ] No Seller has occupied the property, AND [ ] no Seller has any knowledge of the property's condition.

Signature(s) of Seller(s)

Date

IS A PCDS NECESSARY? – STATUTORY EXCLUSIONS

The Property Condition Disclosure statutes require the seller of residential real property to cause a PCDS or a copy thereof to be delivered to a buyer prior to the signing by the buyer of an offer to purchase or a binding contract of sale unless there is a specific statutory exclusion to the contrary for the seller.

Transfers pursuant to a court order, to include the following:

- [ ] Transfer by order of a probate court in the administration of an estate.
[ ] Transfer pursuant to a writ of execution.
[ ] Transfer by any foreclosure sale.
[ ] Transfer by a Trustee in Bankruptcy.
[ ] Transfer by an eminent domain proceeding.
[ ] Transfer from a decree for specific performance.
[ ] Transfer by a fiduciary in the administration of an estate, guardianship, conservatorship or trust.

Transfers by a Mortgagor who is in default to the Mortgagee, to include the following:

- [ ] Transfer to a beneficiary of a deed of trust.
[ ] Transfer by a foreclosure sale after default on a mortgage.
[ ] Transfer by a mortgagee or a beneficiary following a foreclosure.
[ ] Transfer by a deed in lieu of foreclosure.

Other Transfers to include the following:

- [ ] Transfer of real property on which no dwelling is located.
[ ] Transfer from one co-owner to one or more co-owners.
[ ] Transfer to a spouse (including due to divorce/separation), or to a person in the lineal line of consanguinity.
[ ] Transfer to or from any governmental entity.

Signature(s) of Seller(s)

Date

**GENERAL INSTRUCTIONS**

This document is a disclosure of the condition of residential property known by the **SELLER** on the date this statement was completed, and it is based on the seller's actual knowledge of the property. It is **NOT a warranty of any kind** by the seller or any Real Estate Licensee participating in any capacity in this transaction and this PCDS is not a substitute for any inspection(s) or test(s). The buyer is encouraged to obtain their own independent professional inspections and environmental tests and is encouraged to check public records pertaining to the property. However, the buyer may rely on the information contained herein when deciding to negotiate the terms for the purchase of this residential real estate. This statement may be made available to other parties and is to be **signed and dated by the SELLER(S)**.

**Instructions to Seller(s):**

- a. Complete this form yourself.
- b. Answer all questions based upon your actual (personal) knowledge of the residential property.
- c. Attach additional pages with your signature if additional space is required to describe the condition(s).
- d. If some items do not apply to your property, check "NA" (Not Applicable). If you do not know the answer to a question, you should check "UNK" (Unknown).

**Note to Seller(s):**

A knowingly false or incomplete statement by the seller on this form may subject the seller to claims by the buyer prior to or after the transfer of title. In the event a seller fails to perform the statutory duty to deliver a PCDS prior to the signing by the buyer of an offer to purchase or a binding contract of sale, the buyer will be allowed (upon the subsequent receipt of a PCDS or material amendment thereto) to terminate the contract (including a full return of earnest money) by delivery of a written notice of termination within three (3) days after in-person delivery of a PCDS (or material amendment thereto), or within five (5) days after delivery by deposit in the mail of a PCDS (or material amendment thereto).

**Note to Buyer(s):**

If the seller does not give you a completed PCDS before you make a written offer to purchase the property (or sign a contract to purchase), you may terminate any resulting contract without penalty to you as the buyer (your earnest money will be fully returned). To terminate the contract, you must deliver to the seller or the seller's agent a written notice of termination within three (3) days of your in-person receipt of a PCDS (or material amendment thereto) from the seller (or within five (5) days of the seller's depositing a PCDS (or material amendment thereto) in the mail to you).

**SELLER'S STATEMENT OF PROPERTY'S CONDITION**

The seller makes the representations on this PCDS based upon the seller's actual (personal) knowledge of the property for delivery to a prospective buyer of the residence. The following are representations made by the seller and are not the representations of any real estate licensee involved in the transaction.

**I. GENERAL INFORMATION**

- 1. Does the seller currently have ownership of the residence?
- 2. Does the seller currently occupy the residence?
- \* 3. Are there certificates of occupancy related to the property?
- 4. Is the residence a condominium?
- 5. Is the residence a modular/mobile home on a permanent foundation?
- \* 6. Was the residence built in conformity to approved building codes?
- 7. What dates have the seller occupied the residence?
- \* 8. What is the approximate square footage of the heated/cooled living area?
- \* 9. How or by whom was the heated/cooled square footage area determined?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unk	<input type="checkbox"/>	NA
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unk	<input type="checkbox"/>	NA
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unk	<input type="checkbox"/>	NA
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Unk	<input type="checkbox"/>	NA
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Unk	<input type="checkbox"/>	NA
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Unk	<input type="checkbox"/>	NA

Since November 2019

2067

tax card

**II. ROOF**

1. Are you aware whether all or any portion of the roof has been repaired or replaced?  Yes  No  Unk  NA

If Yes, please explain here (attach additional pages if necessary).

2. To your knowledge, are there any written warranties presently in place for the roof? If Yes, please provide a copy.  Yes  No  Unk  NA

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  Unk  NA

If Yes, please explain here (attach additional pages if necessary).

4. The roof is \_\_\_\_\_ years old. UNK

**III. UTILITIES, INTERNET, AND TELEVISION SERVICES**

Utilities	Service Provider (state NA if Not Applicable)	Average Monthly Bill
Electricity	Delta Electric	\$200
Natural Gas	N/A	
Water	Pelucia Creek Rural Association	\$40-\$45
Garbage Collection	Carroll County Sanitation - Pickup Wed	\$20
Propane	N/A	
Solar Panels	N/A	
(other)		

If applicable, Propane Tank is:  Owned,  Leased. If leased, the fee is \$ \_\_\_\_\_ per: Month , Year .

1. Is your drinking water from a private well?  Yes  No  Unk  NA  
 a) If YES, has the water quality been tested for safety?  Yes  No  Unk  NA  
 If YES, please attach the Water Safety Report (if available).

2. The sewage system is:  Public  Private  Septic  Cesspool  Treatment  Lift  Other

If an individual system, provide:

Manufacturer Name: \_\_\_\_\_

Location on Property: Backyard on left

Is a sewage pump installed?  Yes  No  Unk  NA

If an individual system, has it been inspected by the proper state/county/Health Department officials?  Yes  No  Unk  NA

If an individual system, what is the date of the last servicing? UNK

How many bedrooms are allowed by the individual wastewater permit? UNK

3. Is cable Television available at the site?  Yes  No  Unk  NA

What type of internet service is available at the site?  DSL  Cable  Fiber Optic  Satellite  Unk  NA

If internet service is currently available, who is the provider? Delta Electric

**IV. 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  Unk  NA
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  Unk  NA
3. Are you aware of any tests to determine the composition/compaction of soil or the presence of any "expandable soils" being present on the Property?  Yes  No  Unk  NA
4. Are you aware of any foundation repairs made in the past?
- a) If YES, is there a written report?  Yes  No  Unk  NA
- b) If YES, is there a warranty which can be transferred to the buyer?  Yes  No  Unk  NA
5. To your knowledge, are any foundation repairs currently needed?  Yes  No  Unk  NA
6. Except for "Cosmetic Upgrades" (carpet, paint, wallpaper) have you remodeled, made any additions, structural modifications, or other alterations or improvements to the property?
- a) If YES, please attach a detailed description of all work completed, the name of the building contractor who completed the work and the completion date of the work.  Yes  No  Unk  NA
7. Were all necessary work PERMITS and approvals secured in compliance with local, city and county building codes?  Yes  No  Unk  NA

If Yes, please explain here (attach additional pages if necessary).

8. Are you aware if there has ever been damage to any portion of the (residence) structure because of the following:
- |           |                              |  |                              |                             |                |                              |  |                              |                             |
|-----------|------------------------------|--|------------------------------|-----------------------------|----------------|------------------------------|--|------------------------------|-----------------------------|
| Fire      | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Unk | <input type="checkbox"/> NA | Windstorm      | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Unk | <input type="checkbox"/> NA |
| Hail      | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Unk | <input type="checkbox"/> NA | Tornadoes      | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Unk | <input type="checkbox"/> NA |
| Hurricane | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Unk | <input type="checkbox"/> NA | Other Disaster | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Unk | <input type="checkbox"/> NA |

If Yes, please explain here (attach additional pages if necessary).

9. Are you aware of the presence of, or damage (repaired or unrepaired) caused by, termites or wood-destroying insects?  Yes  No  Unk  NA

If Yes, please explain here (attach additional pages if necessary).

10. Are you aware of the presence of animals or animal infestations on the property and/or in the residence?  Yes  No  Unk  NA

If Yes, please explain here (attach additional pages if necessary).

11. Other than routine maintenance and upkeep during your ownership, are you aware of any problems, malfunctions, or defects with any of the following?

Interior Walls	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Fireplace	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Windows	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Doors/Door Trim	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Ceiling	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Flooring	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Sinks/Wet Bar	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Shower	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Sauna	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	<input checked="" type="checkbox"/> NA
Jetted Bathtubs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	<input checked="" type="checkbox"/> NA
Lighting	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Ceiling Fans	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Electrical Outlets	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Locks	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA

Exterior Walls	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Chimney	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Skylights	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	<input checked="" type="checkbox"/> NA
Rain Gutters	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Driveway	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Irrigation Sys	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	<input checked="" type="checkbox"/> NA
French Drain	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Patio	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Outdoor Fireplace	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	<input checked="" type="checkbox"/> NA
Outdoor Kitchen	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	<input checked="" type="checkbox"/> NA
Soffit(s)/Fascia(s)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Stucco/Dryvit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	<input checked="" type="checkbox"/> NA
Garage Door	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA

If Yes, please explain here (attach additional pages if necessary).

**V. LAND AND SITE DATA**

1. Is there an engineer's survey of the Property available?  Yes  No  Unk  NA

If Yes, please attach a copy of the survey and indicate by whom the survey was completed and the date of the survey (attach additional pages if necessary).

2. Are you aware of the existence of any of the following? Add additional distinct issues below, use a separate page if needed:

Property tax:  Yes  No  Unk If Yes: \$ \_\_\_\_\_ /year. Homestead exemption:  Yes  No

Encroachments	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Unk	<input type="checkbox"/> NA	Boundary Dispute	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Easements	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA	Soil Erosion	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Soil Problems	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA	Standing Water	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Land Fill	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA	Drainage Problems	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Foreclosure	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA	Zoning Noncompliance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	<input checked="" type="checkbox"/> NA
Pending Litigation	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA	Judgments/Liens	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Restrictive Covenants	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA	Special Assessments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Mechanics Lien(s)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA	Eminent Domain	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Materials Lien(s)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA	HOA/COA Dues	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Rights of Way	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA	Historic Registry	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
CRP	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Unk	<input type="checkbox"/> NA	Pearl River Valley Land	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
16th Section land	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA	PID: \$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Leasehold	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA	(Other) _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA

If Yes, please explain here (attach additional pages if necessary).

3. Are you aware if any portion of the Property (including a part of the site) is currently located in a FEMA Designated Flood Hazard Zone?  Yes  No  Unk  NA  
 a) If Yes, what is the flood zone classification of the Flood Hazard Zone? \_\_\_\_\_

4. Has the residence ever been flooded by rising water from the outside?  Yes  No  Unk  NA

5. Is flood insurance currently required?  Yes  No  Unk  NA  
 a) If Yes, please indicate the premium currently being paid and the date that the premium was last adjusted. Date Paid \_\_\_\_\_ Date Last Adjusted \_\_\_\_\_

6. 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  Unk  NA

7. Are you aware of any occurrence of water penetration or damage (at any time, for any reason) to:

Walls	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA	Windows	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Doors	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA	Crawl Space	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	<input checked="" type="checkbox"/> NA
Attic	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA	Basement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	<input checked="" type="checkbox"/> NA

If Yes, please explain here (attach additional pages if necessary).

8. Are you aware of water penetration or damage FOR ANY REASON, because of:

Flooding	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA	Lot Drainage	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Pipe Fittings	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA	Condensation	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Sewer Overflow	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA	Moisture Seep	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Sewer Backup	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA	Leaking Pipes	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Plumbing Fixtures	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA	Broken Pipes	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Leaking Appliances	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA	Other Causes	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA

If Yes, please explain here (attach additional pages if necessary).

**VI. BUILT-IN APPLIANCES, SYSTEMS AND MECHANICAL EQUIPMENT REMAINING WITH RESIDENCE**

**Instructions to Seller(s):**

- a) If an item listed below does not exist or will be uninstalled and removed from the residence before closing, CROSS THROUGH the name of the item using a line or "X," so that the list below will reflect the items remaining with the residence.
- b) If other distinct built-in appliances, systems, or mechanical equipment exist and will remain, add them in the blanks provided below or use a separate page.
- c) Indicate whether the item is powered by gas or electricity, and the age in years of the item (if age not known, indicate "Unknown").
- d) Where a "(#)" appears in the entries below, indicate, in the blank space provided immediately thereafter, how many of the item will remain with the property.



e) Indicate in the box provided after the list below if seller knows of a problem with one or more items appearing in the list

ITEM	GAS/ELECTRIC	AGE
Built-In Cooktop	N/A	
Built-In Oven(s)	N/A	
Built-In Dishwasher	ELECTRIC	UNK
Built-In Microwave	N/A	
Built-In Ice Maker	N/A	
Built-in Trash Compactor	N/A	
Built-in Range	ELECTRIC	UNK
Built-in Refrigerator		3 yrs

ITEM	GAS/ELECTRIC	AGE
Garbage Disposal	ELECTRIC	1 yr
Garage Door Opener(s) (#) <u>2</u>		
Central Air (#) _____	ELECTRIC	4 yrs
Central Heat (#) _____	ELECTRIC	4 yrs
Water Heaters (#) <u>2</u>	ELECTRIC	1-3 yr old / UNK
Tankless Heater (#) _____	N/A	
Ductless HVAC		

If seller knows of a problem with one or more items listed above, explain the problem here (attach additional pages if necessary).  
 If no explanation(s) appear in this box or on an attached page, seller thereby indicates being unaware of any problems.

**VII. CERTIFICATION**

**SELLER** certifies that the information in this Property Condition Disclosure Statement is true and complete to the seller's actual (personal) knowledge as of the date signed by the seller. If a seller of residential real property acquires knowledge which renders materially inaccurate a Property Condition Disclosure Statement provided previously, the seller shall deliver a revised Property Condition Disclosure Statement to the buyer as soon as practicable. In no event, however, shall a seller be required to provide a revised Property Condition Disclosure Statement after the transfer of title from the seller to the buyer or occupancy by the buyer, whichever is earlier.

*Seller's Signature(s)*

X Hays Fleming \_\_\_\_\_

Date 12/02/2024 \_\_\_\_\_

X \_\_\_\_\_

Date \_\_\_\_\_

**BUYER** acknowledges receipt of a copy of this statement and buyer understands that this information is a statement of certain conditions and information concerning the property known to the seller. It is not a warranty of any kind by the seller and is not a substitute for any home, pest, hazardous waste, or other inspections or testing of the property or inspection(s) of the public records.

*Buyer's Signature(s)*

X \_\_\_\_\_

Date \_\_\_\_\_

X \_\_\_\_\_

Date \_\_\_\_\_

**SELLER'S CLOSING CERTIFICATION:** Seller certifies at closing that the information in this PCDS, including any amendments, remains true and complete to the seller's actual (personal) knowledge as of the date of the transaction's closing.

*Seller's Signature(s) at closing*

X \_\_\_\_\_

Date of closing \_\_\_\_\_

X \_\_\_\_\_

Date of closing \_\_\_\_\_