

PROPERTY CONDITION DISCLOSURE STATEMENT (PCDS)

THIS FORM MAY BE DUPLICATED BUT IT MAY NOT BE ALTERED OR PERSONALIZED BY THE SELLER(S), ANY BROKERAGE FIRM OR LICENSEE.

The following is a Property Condition Disclosure Statement (PCDS) required by §89-1-507 through §89-1-527 of the Mississippi Real Estate Brokers Act of 1954, as Amended, and made by the SELLER(S) concerning the condition of the RESIDENTIAL PROPERTY (1 TO 4 UNITS) located at: 3249 Lower Centreville Road, Liberty, MS 39645. SELLER(S): Herman Russell Wall & Paula Elizabeth Lall Approximate Age of the Residence Styrs.					
SELLER(S): Herman Russell Wall & Paula Elizabeth Wall Approximate Age of the Residence 54 yrs.					
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 <u>NOT a warranty of any kind</u> 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 <u>is</u> to <u>be attached to the Listing Agreement and signed by the SELLER(S).</u> This statement is <u>NOT</u> 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 No If "YES", when did the current Seller receive the title to the property? 2. Does the Transferor/Seller currently occupy the residence? Yes No If "NO", has the current seller ever occupied the residence? Yes No 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 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 If "YES", was a PERMIT secured from the City/County Building Authority? Yes No If "YES", is the report available for review by a prospective purchaser? Yes No 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?					
YesNoUnknown 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
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
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
work and the dates of the work
C. ROOF:
1. Has all or any portion of the roof 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. Roof replaced less than 2 yrs age. 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 2 years old.
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 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 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 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 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 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 . 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 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 . If "YES", please describe, to your knowledge, the nature of the problems. (for example, there is moisture damage behind the stucco)
F. LAND AND SITE DATA:
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1. Is there an engineer's survey or a recorded plat of the Property available? Yes No If "YES", please attach a copy of the survey (if available). If "YES", please indicate by whom the survey was completed and the Date the survey was completed
2. Are you aware of the existence of any of the following, to wit:
Encroachments: Yes No Unknown Boundary Dispute: Yes No Unknown Easements: Yes No Unknown Soil/Erosion: Yes No Unknown Soil Problems: Yes No Unknown Standing Water: Yes No Unknown Land Fill: Yes No Unknown Drainage Problems: Yes No 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 If "YES", please explain 4. Other than the utility easements, are you aware of any easement which impacts the residence? Yes No 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 If "YES", please explain 6. Are you aware if any portion of the Property (including a part of the site) is <u>currently</u> located in or near a FEMA Designated
Flood Hazard Zone? Yes NoUnknown 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 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
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 If "YES", please describe, to your knowledge, any unusual circumstances causing the problem
10. Are you aware, <u>FOR ANY REASON</u> , in the past or present of water penetration problems in the walls, windows, doors, crawl space, basement or attic? Yes No 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) pipe fittings, plumbing fixtures, leaking appliances, fixtures or equipment? Yes No If "YES", please describe, to your knowledge, the nature of the problems and what steps were taken to remedy the problems
12. Are you aware, <u>FOR ANY REASON</u> , 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.

${\bf APPLIANCES/ITEMS/SYSTEMS} \ \underline{{\bf REMAINING}} \ {\bf WITH\ THE\ PROPERTY:}$

ITEMS	YES/ #ITEMS	NO N/A	GAS/ ELECTRIC	REPAIRS COMPLETED IN LAST TWO YEARS	AGE
BUILT-IN COOKTOP		/			
BUILT-IN OVEN(S)		V			
BUILT-IN DISHWASHER	./		Elec.	n/a	227 prs.
GARBAGE DISPOSAL				n ja	
	V		Elec.	na	unk.
ICE-MAKER (STAND		\checkmark			
ALONE) MICROWAVE OVEN		V			
MICKOWAVEOVEN					
TRASH COMPACTOR					
KITCHEN VENT	/	-	m:	•	,
FAN(S)	V		Glec.	n a	unk.
CENTRAL AIR				. 1	~ 7
SYSTEM(S)			Elec.	n a	25 yrs,
CENTRAL HEATING			Elec		× =
SYSTEM(S)	V		E Cu	1/9	~5ycs.
HUMIDIFIERS OR	趣	./			
EVAPORATORS AIR PURIFIERS	4	-	المستويد المستويد		
AIRTORIUERS					
WATER HEATER(S)	V		Elec.	nla	unk.
TANKLESS WATER					E
HEATER(S)		V			
CEILING FAN(S)			Elec.	nla	unk.
ATTIC FANS			Elec.	٨٩	
BATHROOM VENT		İ		Ì	
FAN(S)			Elec	n a	
GARAGE DOOR	}				
OPENER(S)		<i>V</i>			-
SMOKE/MONOXIDE DETECTORS		ŀ	battery	nla	
SECURITY SYSTEM	V	./	ZU-TICE Y	11/4	
INTERCOM/SOUND		V /			
SYSTEM					
REFRIGERATOR					
FREE STANDING		•			
STOVE	V		Elec.	n/a	≈3yrs.
					'
	<u>l.</u>	J			

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 1. 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
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
10. How many bedrooms are allowed by the Individual Waste Water Permit? 11. Is there a sewage pump installed? Yes No Date of the last Septic Inspection
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? 2242 4. How was the approximation of the Gross Living Area (square footage) determined? measured
4. How was the approximation of the Gross Living Area (square footage) determined? weasured 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
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 Second 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 15. Types, please describe the exemptions and the amount of the tax
13, What is the average YEARLY Electric Bill? \$ What is the average YEARLY Gas Bill? \$ 14. Is the residence serviced by Propane (LP) Gas? If "YES", what is the average YEARLY Propane Bill? \$ 15. The Propane Tank is: Owned Leased If Leased, how much is the lease payment? \$ 16. Is Cable Television Service available at the site? Yes No Service Provider 17. Is Fiber Optic Cable (Internet) available at the site? Yes No Service Provider
18. List any item remaining with the Property which is financed separately from the mortgages

MECHANICAL EQUIPMENT WHICH IS CONSIDERED <u>PERSONAL PROPERTY</u> 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,

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) which 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.

Ruste Wall (SELLER (UPON LISTING)	6 -23-2 DATE	SELLER (UPON LISTING)	13-1 DATE
SELLER (AT CLOSING)	DATE	SELLER (AT CLOSING)	DATE
PROSPECTIVE PURCHASER'S S	SIGNATURE	PURCHASER(S) ACKNOWLEDGE RECEIPT OF REPORT	DATE
FORM #0100		EFFECTIVE DATE: April 1, 2017	