



PO Box 669 or 106 East Washington St
Lewisburg, WV 24901
Office: 304.645.7674
Fax: 304.645.7698

UTILITIES DATA COLLECTION FORM

(please write "N/A" for items not applicable)

Name: Vernon & Gayle Collins
Property Address: 11 Crestview Dr Greenville WV
24045

Electricity Company: Appalachian Power

Payment amount and frequency (monthly, quarterly, etc): Monthly

Account Number: 024-754-796-1-0 + 027-813-061-0-1

Mailing Address: 500 Lee St Charleston WV

Phone Number: 800 956-4237

Heat Oil Company: N/A

Payment amount and frequency (monthly, quarterly, etc): _____

Account Number: _____

Mailing Address: _____

Phone Number: _____

Internet Company: Frontier

Payment amount and frequency (monthly, quarterly, etc): Monthly

Account Number: 304-832-6496-020921-4

Mailing Address: _____

Phone Number: 800 921-8106

LP Gas Company: N/A

Payment amount and frequency (monthly, quarterly, etc): _____

Account Number: _____

Mailing Address: _____

Phone Number: _____

LP Tank (check one): Own: _____ ; Rented: _____ ; Supplied by company: _____

Natural Gas Company: N/A

Payment amount and frequency (monthly, quarterly, etc): _____

Account Number: _____

Mailing Address: _____

Phone Number: _____

Sewer Company: N/A

Payment amount and frequency (monthly, quarterly, etc): _____

Account Number: _____

Mailing Address: _____

Phone Number: _____

Septic Tank System, rather than public sewer system (check mark): _____

Type: (check one) concrete ☒ ; metal _____ ; other (describe below) _____

Size (gallons): _____

Year of most recent cleaning: 2020

Any additional information: _____

Telephone Company (land line): Frontier

Payment amount and frequency (monthly, quarterly, etc): Monthly

Account Number: 304 832-6496-020921-4

Mailing Address: _____

Phone Number: 800 921-8106

Television Company: Dish Network

Type (check one): cable _____; satellite (Dish/Direct TV) ☒; home antenna _____

Payment amount and frequency (monthly, quarterly, etc): Monthly

Account Number: 82559092 15838241

Mailing Address: _____

Phone Number: 877 399-0961

Trash Pickup Company: Southern Sanitation

Payment amount and frequency (monthly, quarterly, etc): monthly

Account Number: _____

Mailing Address: 13311 WV-20 Meadow Bridge WV

Phone Number: 304 466-5121

Frequency of pickup: Weekly - Friday's

Water Company: N/A

Payment amount and frequency (monthly, quarterly, etc): _____

Account Number: _____

Mailing Address: _____

Phone Number: _____

Water Cistern, rather than public water system (check mark): _____

Any addition information: _____

Water Well, rather than public water system (check mark): ☒ _____

Depth of well: _____

Date well drilled: _____

Gallons-per-minute (GPM) follow rate if known: _____

Who drilled the well: _____

Any additional information: _____



SELLER'S DISCLOSURE

Name: <u>Vernon C Collins</u>	Date: <u>7-11-23</u>
Marital Status: <u>Married</u>	
Name: <u>Gayle B Collins</u>	Date: <u>7-11-23</u>
Marital Status: <u>Married</u>	
Property Address: <u>11 Crestview Drive</u> <u>Greenville WV 24945</u>	MLS : _____
District and County where property is located: <u>Springfield</u> District, <u>Monroe</u> County.	
Tax Map <u>14</u> Parcel <u>19</u> Deed Book and Page <u>303 740</u>	
NOTICE TO SELLER(S): Each seller is obligated to disclose to a buyer all known facts that materially and adversely affect the value of the property being sold and that are not readily observable. This Seller Disclosure statement is designed to assist Sellers in complying with disclosure requirements and to assist Buyers in evaluating the property being considered. Grist, Inc., and/or Foxfire Realty , its brokers or salespersons, as well as the selling real estate broker and their respective agents, will also rely upon this information when they evaluate, market and present seller's property to prospective buyers. Although this Seller Disclosure does not constitute a warranty or guaranty of any kind, it is a legally binding document for disclosure purposes and each seller is encouraged to provide truthful and accurate information and to seek legal counsel in the event the seller does not understand the questions contained herein.	
NOTICE TO BUYER(S): This is a disclosure of seller's knowledge of the condition of the property as of the date signed by seller and is not a substitute for any inspection or warranties that buyer may wish to obtain. It is not a warranty of any kind by Seller or representation by Grist, Inc., and/or Foxfire Realty, or any Broker or salespersons thereof, or any selling broker.	
1. COMPETENCY: The undersigned are over the age of 18, citizens of the United States and in every respect competent to convey and encumber the property.	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
2. NAME VERIFICATON: The undersigned do not use any name variations, previous married or maiden names, false names or aliases on official documents except: _____ _____	

3. OWNERSHIP:	
<p>A. Are the persons or entities named above all of the persons or entities who own an interest in the property which is the subject of this Seller Disclosure?</p> <p>If "No," list the names or any persons or entities who have an ownership interest in the subject property. _____</p> <p>_____</p>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>B. Are the persons named above in full possession of the subject property?</p>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>C. Is the subject property owned by heirs or beneficiaries of an estate of a deceased person or the estate of an incompetent person?</p> <p>If "Yes," list the names of said heirs or incompetent persons:</p> <p>_____</p> <p>_____</p> <p>_____</p>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
4. LAND CONDITIONS (soils, drainage, etc.):	
<p>A. Is there any fill or expansive soil on the property?</p>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/>
<p>B. Has there been any sliding, settling, earth movement, upheaval or earth stability problems that have occurred on the property or in the immediate neighborhood?</p>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/>
<p>C. Is the property located in an earthquake zone?</p>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/>
<p>D. Is the property located in a flood zone or wetlands area?</p>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/>
<p>E. Do you know of any past or present drainage or flood problems affecting the property or adjacent properties?</p>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/>
<p>F. Are any trees or shrubs diseased or dead, or otherwise fallen as a result of any acts of nature?</p>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/>
<p>G. Are there any environmental hazards (substances, materials, or products) including asbestos, formaldehyde, radon gas, methane gas, lead-based paint, radioactive material, underground storage tank, or other hazardous or toxic material (whether buried or covered), contaminated soil or water, or other environmental contamination?</p>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/>

<p>If you answered "YES," to G. above, please explain in detail:</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>H. Are you aware of any conditions or proposed change in your neighborhood that could adversely affect the value or desirability of the property, such as noise or other nuisance, threat of condemnation or street changes?</p>	<p>YES ___ NO <input checked="" type="checkbox"/></p>
<p>I. Is there anything else that you feel you should disclose to a prospective buyer because it may materially and adversely affect the value or desirability of the property, e.g., zoning, violation, non-conforming units, setback violations, zoning changes, road changes, etc.?</p> <p>If "Yes", explain: _____</p> <p>_____</p>	<p>YES ___ NO <input checked="" type="checkbox"/></p>
<p>5. BOUNDARIES, ACCESS, ENCROACHMENTS, and RESTRICTIONS:</p>	
<p>A. Are the boundaries for the property the same as those boundaries set forth in the description in the deed?</p>	<p>YES <input checked="" type="checkbox"/> NO ___ UNKNOWN ___</p>
<p>B. Have you made any outconveyances from the boundaries which are set forth in the description in the deed?</p>	<p>YES ___ NO <input checked="" type="checkbox"/></p>
<p>C. Is anyone other than the undersigned claiming all or any part of this property, or has any adjoining landowners claimed any part of the property?</p>	<p>YES ___ NO <input checked="" type="checkbox"/></p>
<p>D. Is the property located upon, or has access to a public road?</p>	<p>YES <input checked="" type="checkbox"/> NO ___</p>
<p>E. Is there a deeded right of way to this property?</p>	<p>YES ___ NO <input checked="" type="checkbox"/></p>
<p>F. Has anyone challenged the right of the undersigned to access to the property?</p>	<p>YES ___ NO <input checked="" type="checkbox"/></p>
<p>G. Is this property subject to a road maintenance agreement?</p>	<p>YES ___ NO <input checked="" type="checkbox"/></p>
<p>H. Are there buildings, improvements or fences on adjoining property which encroach upon any part of this property, (including water lines or sewer lines)?</p> <p>If "Yes", state the nature of said encroachment. _____</p> <p>_____</p>	<p>YES ___ NO <input checked="" type="checkbox"/> UNKNOWN ___</p>

<p>I. Are there buildings or improvements on this property which encroach upon adjoining property (including water lines or sewer lines)?</p> <p>If "Yes", state the nature of said encroachment. _____</p> <p>_____</p>	<p>YES ___ NO <input checked="" type="checkbox"/> UNKNOWN ___</p>
<p>J. Are there utilities, including gas lines, electric lines, telephone lines, crossing this property?</p>	<p>YES <input checked="" type="checkbox"/> NO ___</p>
<p>K. Is this property located within a subdivision and subject to the covenants and restrictions or such subdivision?</p>	<p>YES ___ NO <input checked="" type="checkbox"/></p>
<p>L. Is this property subject to deed restrictions?</p>	<p>YES ___ NO <input checked="" type="checkbox"/></p>
<p>M. If this property is located within a subdivision, is there a homeowners' association established?</p>	<p>YES ___ NO <input checked="" type="checkbox"/></p>
<p>N. Has there been any violation of said covenants or restrictions affecting the property?</p>	<p>YES ___ NO <input checked="" type="checkbox"/></p>
<p>O. Is this property subject to county or city zoning ordinances or regulations?</p>	<p>YES ___ NO ___ UNKNOWN ___</p>
<p>P. If this property is subject to county or city zoning ordinances or regulations, is it in full compliance with the same?</p>	<p>YES ___ NO ___ UNKNOWN ___</p>
<p>6. CONSTRUCTION</p>	
<p>A. When was the home constructed?</p>	<p>YEAR _____ UNKNOWN _____</p>
<p>7. ROOF</p>	
<p>A. What is the age of the roof?</p>	<p>YEAR INSTALLED _____ UNKNOWN _____</p>
<p>B. Has the roof ever leaked during your ownership?</p>	<p>YES ___ NO <input checked="" type="checkbox"/></p>
<p>C. Has the roof been replaced or repaired during your ownership?</p>	<p>YES ___ NO <input checked="" type="checkbox"/></p>
<p>D. Do you know of any problems with the roof or rain gutters?</p>	<p>YES ___ NO <input checked="" type="checkbox"/></p>
<p>E. Is the roof under warranty?</p> <p>If "YES", is the warranty transferable? Yes _____ No _____</p>	<p>YES ___ NO ___</p>

<p>F. If you answered "Yes" to any of the questions in this section, explain in detail: _____</p> <p>_____</p> <p>_____</p>	
<p>8. TERMITES, DRY ROT, PESTS.</p>	
<p>A. Do you have any knowledge of termites, wood destroying insects or organisms, dry rot, or pest on or affecting the property?</p>	<p>YES ___ NO <input checked="" type="checkbox"/></p>
<p>B. Do you have any knowledge of any damage to the property caused by termites, wood destroying insects or organisms, dry rot, or other pests?</p>	<p>YES ___ NO <input checked="" type="checkbox"/></p>
<p>C. Is your property currently under warranty or other coverage by a licensed pest control company?</p>	<p>YES ___ NO <input checked="" type="checkbox"/></p>
<p>D. Do you know of any termite/pest control reports or treatments for the property in the last five years?</p>	<p>YES ___ NO <input checked="" type="checkbox"/></p>
<p>9. MOLD.</p>	
<p>A. Are you aware of any past or present mold growth on the property?</p>	<p>YES ___ NO <input checked="" type="checkbox"/></p>
<p>B. Are you aware of any conditions conducive to mold growth, such as dampness, moisture, flooding, water damage or water leaks of any kind?</p>	<p>YES ___ NO <input checked="" type="checkbox"/></p>
<p>C. If you answered "Yes" to any of the questions in this section, explain in detail: _____</p> <p>_____</p> <p>_____</p>	
<p>10. EXTRAORDINARY OCCURENCES.</p>	
<p>A. Has there been any clandestine drug and/or Methamphetamine lab or production at the property?</p>	<p>YES ___ NO <input checked="" type="checkbox"/></p>
<p>B. Are you aware of any unnatural death occurrences?</p>	<p>YES ___ NO <input checked="" type="checkbox"/></p>
<p>11. STRUCTURAL ITEMS.</p>	
<p>A. Are you aware of any past or present moving, shifting, deteriorating, or other problems with walls or foundations?</p>	<p>YES ___ NO <input checked="" type="checkbox"/></p>

B. Are you aware of any past or present cracks or flaws in the walls or foundation?	YES ___ NO <input checked="" type="checkbox"/>
C. Are you aware of any past or present water leakage in the house?	YES ___ NO <input checked="" type="checkbox"/>
D. Are you aware of any past or present problems with driveways, walkways, patios, or retaining walls?	YES ___ NO <input checked="" type="checkbox"/>
E. Have there ever been any repairs or other attempts to control the cause or effect of any problems described above?	YES ___ NO <input checked="" type="checkbox"/>
F. If any of your answers to this section are YES, explain in detail. When describing repairs or control efforts, describe the location, extent, date, and name of the person who did the repair or control effort: _____ _____ _____	
12. BASEMENT AND CRAWL SPACES. (Complete only if applicable.)	
A. Does the property have a basement?	YES ___ NO <input checked="" type="checkbox"/>
B. Does the property have a sump pump?	YES ___ NO <input checked="" type="checkbox"/>
C. Are you aware of any water leakage, accumulation, or dampness within the basement or crawlspaces? If "Yes," describe: _____ _____	YES ___ NO <input checked="" type="checkbox"/>
D. Have there ever been any repairs or other attempts to control the cause or effect of any problem described above? If "Yes," describe the location, extent, date, and name of the person who did the repair or control effort: _____ _____	YES ___ NO <input checked="" type="checkbox"/>

13. ADDITIONS/REMODELS.	
<p>A. Have you made any additions, structural changes, or other alterations to the property?</p> <p>If YES, did you obtain all necessary permits and approvals, and was all the work in compliance with building codes?</p> <p>_____</p> <p>_____</p>	<p>YES ___ NO <input checked="" type="checkbox"/></p>
<p>B. If you answered YES to A, please describe the addition/remodel and state the date the work was completed.</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>C. Did any former owners of the property make any additions, structural changes, or other alterations to the property?</p> <p>If "YES," was all the work done with all necessary permits and approvals in compliance with building codes?</p> <p>_____</p> <p>_____</p>	<p>YES ___ NO <input checked="" type="checkbox"/> UNKNOWN ___</p>
<p>D. If you answered YES to C, please describe the addition/remodel and state the date the work was completed.</p> <p>_____</p> <p>_____</p> <p>_____</p>	
14. PLUMBING-RELATED ITEMS.	
<p>A. What is your drinking water source?</p> <p>If "Other", explain: _____</p> <p>_____</p>	<p>City ___ Well <input checked="" type="checkbox"/> Other ___</p>
<p>B. If drinking water is from a well, when was your water last checked for safety and what was the test result?</p> <p>_____</p> <p>_____</p>	<p>2019</p>

<p>C. If water source is from a well, are there any problems with low water level in the well, low water pressure, mechanical issues with pump or tank?</p> <p>If "YES," explain in detail the problems: _____</p> <p>_____</p>	<p>YES ____ NO <input checked="" type="checkbox"/> UNKNOWN ____</p>
<p>D. Do you have a water softener?</p> <p>If "YES", is the water softener leased or owned? _____</p>	<p>YES ____ NO <input checked="" type="checkbox"/></p>
<p>E. What is the type of sewage system?</p> <p>If "Other," what type of system is it? _____</p> <p>_____</p>	<p>Sewer ____ Septic <input checked="" type="checkbox"/> Other ____</p>
<p>F. Is there a sewage pump?</p>	<p>YES ____ NO ____</p>
<p>G. If septic, when was the septic tank last serviced?</p> <p>_____</p>	
<p>H. Do you know of any leaks, backups, or other problems relating to any of the plumbing, water, and sewage-related items?</p> <p>If "YES," explain in detail the problems: _____</p> <p>_____</p> <p>_____</p>	<p>YES ____ NO <input checked="" type="checkbox"/></p>
<p>15. HEATING AND AIR CONDITIONING.</p>	
<p>A. Is there air conditioning? If so, what type of Air conditioning?</p> <p>Central electric <input checked="" type="checkbox"/> Central Gas ____ Window ____</p> <p>If Window units, state number of units included in sale and size of each unit: _____</p> <p>_____</p> <p>_____</p>	<p>YES <input checked="" type="checkbox"/> NO ____</p>
<p>B. What type of Heating equipment?</p> <p>Forced air <input checked="" type="checkbox"/> Central <input checked="" type="checkbox"/> Fireplace ____</p> <p>Fireplace insert ____ Woodstove <input checked="" type="checkbox"/> Other ____</p>	

<p>C. What type of Heating fuel?</p> <p>Electric <input checked="" type="checkbox"/> Fuel Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/></p> <p>Propane <input type="checkbox"/> Wood <input type="checkbox"/> Other: <u>Pellets</u></p>	
<p>D. Is there a chimney?</p> <p>If "YES", is this chimney lined? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If "YES", when was the last time the chimney was inspected? _____</p> <p>If "YES", when was the last time the chimney was cleaned? _____</p>	<p>YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p>E. What type of water heater?</p> <p>Electric <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Solar <input type="checkbox"/></p>	
<p>F. Are you aware of any problems, needed repairs, or needed replacement regarding these items?</p> <p>If "YES", explain in detail: _____</p> <p>_____</p> <p>_____</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p>G. If Propane, is the tank owned or leased? _____</p> <p>If Propane, will the tank convey? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>16. ELECTRICAL SYSTEM.</p>	
<p>A. Are you aware of any problems or conditions that affect the value or desirability of the electrical system?</p> <p>If YES, explain in detail: _____</p> <p>_____</p> <p>_____</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p>B. Are all of the switches and outlets working properly?</p>	<p>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>
<p>C. Are all of the circuit breakers/fuses working properly?</p>	<p>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>

17. HOUSEHOLD APPLIANCES TO BE CONVEYED.

A. PLEASE SELECT ITEMS WHICH WILL CONVEY WITH SALE, AND WHETHER THOSE ITEMS ARE WORKING PROPERLY

Attic Fan	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Working <input type="checkbox"/> Not Working <input type="checkbox"/> Unknown <input type="checkbox"/>
Built in vacuum system	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Working <input type="checkbox"/> Not Working <input type="checkbox"/> Unknown <input type="checkbox"/>
Clothes dryer	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Working <input checked="" type="checkbox"/> Not Working <input type="checkbox"/> Unknown <input type="checkbox"/>
Clothes washer	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Working <input checked="" type="checkbox"/> Not Working <input type="checkbox"/> Unknown <input type="checkbox"/>
Dishwasher	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Working <input checked="" type="checkbox"/> Not Working <input type="checkbox"/> Unknown <input type="checkbox"/>
Disposal	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Working <input type="checkbox"/> Not Working <input type="checkbox"/> Unknown <input type="checkbox"/>
Freezer	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Working <input type="checkbox"/> Not Working <input type="checkbox"/> Unknown <input type="checkbox"/>
Gas Grill	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Working <input type="checkbox"/> Not Working <input type="checkbox"/> Unknown <input type="checkbox"/>
Range Hood	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Working <input type="checkbox"/> Not Working <input type="checkbox"/> Unknown <input type="checkbox"/>
Microwave oven	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Working <input checked="" type="checkbox"/> Not Working <input type="checkbox"/> Unknown <input type="checkbox"/>
Built-in Oven	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Working <input type="checkbox"/> Not Working <input type="checkbox"/> Unknown <input type="checkbox"/>
Countertop range	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Working <input type="checkbox"/> Not Working <input type="checkbox"/> Unknown <input type="checkbox"/>
Standalone Range/oven	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Working <input checked="" type="checkbox"/> Not Working <input type="checkbox"/> Unknown <input type="checkbox"/>
Refrigerator	Yes <input type="checkbox"/> No <input type="checkbox"/>	Working <input type="checkbox"/> Not Working <input type="checkbox"/> Unknown <input type="checkbox"/>
TV antenna/satellite dish	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Working <input checked="" type="checkbox"/> Not Working <input type="checkbox"/> Unknown <input type="checkbox"/>
Trash compactor	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Working <input type="checkbox"/> Not Working <input type="checkbox"/> Unknown <input type="checkbox"/>
Air purifier	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Working <input type="checkbox"/> Not Working <input type="checkbox"/> Unknown <input type="checkbox"/>
Intercom	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Working <input type="checkbox"/> Not Working <input type="checkbox"/> Unknown <input type="checkbox"/>
Light fixtures	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Working <input checked="" type="checkbox"/> Not Working <input type="checkbox"/> Unknown <input type="checkbox"/>
Jacuzzi Tub	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Working <input type="checkbox"/> Not Working <input type="checkbox"/> Unknown <input type="checkbox"/>
Humidifier	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Working <input type="checkbox"/> Not Working <input type="checkbox"/> Unknown <input type="checkbox"/>
Ceiling Fans	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Working <input checked="" type="checkbox"/> Not Working <input type="checkbox"/> Unknown <input type="checkbox"/>
Other _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Working <input type="checkbox"/> Not Working <input type="checkbox"/> Unknown <input type="checkbox"/>

B. Are you aware of any needed repairs or needed replacement with regard to the appliances you have indicated will be conveyed?	YES ____ NO <input checked="" type="checkbox"/>
18. OTHER EQUIPMENT TO BE CONVEYED.	
A. Is there a garage door opener? If "YES", state number of <u>operational</u> transmitters being conveyed: ____	YES <input checked="" type="checkbox"/> NO ____
B. Is there a Security Alarm system? If "YES", is it owned or leased? <u>Owned</u>	YES <input checked="" type="checkbox"/> NO ____
C. Number of smoke detectors: _____	
D. Is there a lawn sprinkler system? If "YES", is there an automatic timer? _____	YES ____ NO <input checked="" type="checkbox"/>
E. Is there a swimming pool? If "YES", state the following: In-ground ____ Above ____; Heated ____; Pool equipment to be conveyed: _____ _____	YES ____ NO <input checked="" type="checkbox"/>
F. Is there a spa or hot tub (separate from spa or Jacuzzi in master bath)? Equipment to be conveyed: _____ _____	YES ____ NO <input checked="" type="checkbox"/>
G. Is there in-house telephone wiring?	YES <input checked="" type="checkbox"/> NO ____
H. Are you aware of any problems, needed repairs, or needed replacement regarding these items listed? If "YES", explain in detail: _____ _____ _____	YES ____ NO <input checked="" type="checkbox"/>

19. LIENS AND ENCUMBRANCES.	
<p>A. Has there been any work on the property within the last 100 days, including, but not limited to, construction, improvements, repairs, maintenance, demolition, removal, alterations, and interior decorating, all contractors, laborers, and businesses supplying materials or labor have been paid in full?</p> <p>By indicating "No", the undersigned seller specifically warrants that no one has the right to file a mechanic's lien or a materialman's lien against the property.</p>	YES ___ NO <input checked="" type="checkbox"/>
B. Is there a loan for which the property is pledged as collateral (deed of trust, home equity loan, credit line)?	YES ___ NO <input checked="" type="checkbox"/>
<p>C. Are there any other unrecorded liens against the seller specifically or against the property specifically?</p> <p>If yes, provide information concerning those liens:</p> <p>_____</p> <p>_____</p>	YES ___ NO <input checked="" type="checkbox"/>
D. Are there any judgments, orders, decrees or tax liens issuing from the IRS, Federal Courts or Agencies affecting the seller or the property?	YES ___ NO <input checked="" type="checkbox"/>
E. Are there any judgments, orders, decrees or tax liens issuing from the West Virginia State Tax Department or other state Agencies affecting the seller or the property?	YES ___ NO <input checked="" type="checkbox"/>
F. Has any person or estate having ownership interest in the property received or is now receiving Medicaid assistance or other assistance which would have the effect of creating a lien against the property?	YES ___ NO <input checked="" type="checkbox"/>
G. Are there any actions pending in any court or agency which might have the effect of creating a lien against the property?	YES ___ NO <input checked="" type="checkbox"/>
H. Has anyone made any claim to the property adverse to the seller?	YES ___ NO <input checked="" type="checkbox"/>
I. Have the sellers filed a petition for bankruptcy or are they now contemplating bankruptcy?	YES ___ NO <input checked="" type="checkbox"/>
J. If this property is located within a subdivision, are all homeowners' association assessments or road maintenance assessment current?	YES ___ NO <input checked="" type="checkbox"/>

K. Do you know of any violations of local, state, or federal laws or regulations relating to this property?	YES ___ NO <input checked="" type="checkbox"/>
L. Have you received any notices by any Governmental agency affecting the property? If "Yes", what is the nature of said notice? _____ _____	YES ___ NO <input checked="" type="checkbox"/>
20. PROPERTY TAXES and ASSESSMENTS.	
A. Are the property taxes paid and current through the date of this Disclosure?	YES <input checked="" type="checkbox"/> NO ___
B. Has the property ever been sold for unpaid delinquent taxes?	YES ___ NO <input checked="" type="checkbox"/> UNKNOWN ___
C. Are there any unpaid or delinquent water bills, sewer bills, homeowner assessments or paving assessments?	YES ___ NO <input checked="" type="checkbox"/>
21. MINERAL AND OTHER RIGHTS.	
A. Were the timber rights permanently reserved, severed, or leased prior to seller's purchase?	YES ___ NO <input checked="" type="checkbox"/> UNKNOWN ___
B. Have the timber rights been permanently reserved, severed, or leased during the period of seller's ownership?	YES ___ NO <input checked="" type="checkbox"/>
C. Were the mineral rights (oil, gas, or coal) permanently reserved, severed, or leased prior to seller's purchase?	YES ___ NO <input checked="" type="checkbox"/> UNKNOWN ___
D. Have the mineral rights (oil, gas, or coal) been permanently reserved, severed, or leased during the period of seller's ownership?	YES ___ NO <input checked="" type="checkbox"/>
E. Has there ever been any mining or drilling on or under the property?	YES ___ NO <input checked="" type="checkbox"/> UNKNOWN ___
F. Is there any mining or drilling now taking place on or under the property?	YES ___ NO <input checked="" type="checkbox"/>
G. Were the water rights permanently reserved, severed, or leased prior to seller's purchase?	YES ___ NO <input checked="" type="checkbox"/> UNKNOWN ___
H. Have the water rights been permanently reserved, severed, or leased during the period of seller's ownership?	YES ___ NO <input checked="" type="checkbox"/>
I. Is the property subject to an oil and gas lease, hunting lease, water lease, or any other type of lease, either written or oral?	YES ___ NO <input checked="" type="checkbox"/>

22. CONTRACT TO SELL.	
A. Have the Sellers agreed to sell or entered into a contract to sell the subject property prior to the execution of this Seller Disclosure?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
B. Is the sale of the property being made for the purpose of hindering, delaying or defrauding any creditor, spouse or any party claiming an interest in the property?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

SELLERS' CERTIFICATION

1. The information contained in this disclosure has been furnished by Sellers, who certify that the information set forth herein is true, accurate and complete based on the Sellers' CURRENT ACTUAL KNOWLEDGE.
2. The Sellers do not intend this disclosure statement to be a warranty or guaranty of any kind. Seller hereby authorizes Grist, Inc., and/or Foxfire Realty to provide this information to prospective buyers of the property and to real estate brokers and sales people. The Sellers understand and agree that they will notify Grist, Inc., and/or Foxfire Realty in writing immediately if any information set forth in this disclosure becomes inaccurate or incorrect in any way through the passage of time.

Kenna C Collins
Seller

7-11-2023
Date

Gabe B Collins
Seller

7-11-2023
Date

RECEIPT AND ACKNOWLEDGEMENT OF BUYERS

1. The Buyers acknowledge receipt of this form, and that they have examined it before signing; that they understand that this is not a warranty by Sellers or by Grist, Inc., and/or Foxfire Realty, or any Broker or salesperson thereof; that it is not a substitute for any inspections they may wish to obtain' and that the representations are made by the Sellers and not by Grist, Inc., and/or Foxfire Realty, or by any Broker or Salesperson thereof. They Buyers acknowledge that they are encouraged to obtain their own inspection(s), appraisal(s), or survey(s) from individuals professionally licensed or certified to provide such services.
2. The Buyers understand that Grist, Inc., and/or Foxfire Realty, its brokers and salespersons, in no way warrant or guarantee the information concerning this property or the condition of this property, and that that neither any broker or salesperson involved in this transaction is an expert at detecting or repairing physical defect in the property.
3. The Buyers understand that unless stated otherwise in the contract with Sellers, the property is being sold in its present condition only, without warranties or guaranties of any kind by Sellers or Grist, Inc., and/or Foxfire Realty, its brokers and salespersons. The Buyers state that no representations concerning the condition of the property are being ruled upon by them except as disclosed above or stated within the sales contract.

Buyer

Date

Buyer

Date