

Atlanta Fine  
Homes

SELLER’S PROPERTY DISCLOSURE STATEMENT  
EXHIBIT “ \_\_\_\_\_ ”



Sotheby’s  
INTERNATIONAL REALTY

2025 Printing

This Seller’s Property Disclosure Statement (“Statement”) is an exhibit to the Purchase and Sale Agreement with an Offer Date of \_\_\_\_\_ for the Property (known as or located at: 215 Lake Pines Point  
Alpharetta, Georgia, 30005). This Statement is intended to make it easier for Seller to fulfill Seller’s legal duty to disclose hidden defects in the Property of which Seller is aware. Seller is obligated to disclose such defects even when the Property is being sold “as-is.”

A. INSTRUCTIONS TO SELLER IN COMPLETING THIS STATEMENT.

- In completing this Statement, Seller agrees to:
- (1) answer all questions in reference to the Property and the improvements thereon;
  - (2) answer all questions fully, accurately and to the actual knowledge and belief of all Sellers (hereinafter, collectively “Knowledge”);
  - (3) provide additional explanations to all “yes” answers in the corresponding Explanation section below each group of questions (including providing to Buyer any additional documentation in Seller’s possession), unless the “yes” answer is self-evident;
  - (4) promptly revise the Statement if there are any material changes in the answers to any of the questions prior to Closing and provide a copy of the same to the Buyer and any Broker involved in the transaction.

B. HOW THIS STATEMENT SHOULD BE USED BY BUYER. Caveat emptor or “buyer beware” is the law in Georgia. Buyer should conduct a thorough inspection of the Property. If Seller has not occupied the Property or has not recently occupied the Property, Seller’s Knowledge of the Property’s condition may be limited. Buyer is expected to use reasonable care to inspect the Property and confirm that it is suitable for Buyer’s purposes. If an inspection of the Property reveals problems or areas of concern that would cause a reasonable Buyer to investigate further, Buyer should investigate further. A “yes” or “no” answer to a question means “yes” or “no” to the actual Knowledge and belief of all Sellers of the Property. In other words, if a Seller answers “no” to a question, it means Seller has no Knowledge whether such condition exists on the Property. As such, Seller’s answers should not be taken as a warranty or guaranty of the accuracy of such answers, nor a substitute for Buyer doing its own due diligence.

C. SELLER DISCLOSURES.

1. GENERAL:	YES	NO
(a) What year was the main residential dwelling constructed? <u>1988</u>		
(b) Is the Property vacant?		X
If yes, how long has it been since the Property has been occupied? _____		
(c) Is the Property or any portion thereof leased?		X
(d) Has the Property been designated as historic or in a historic district where permission must be received to make modifications and additions?		X
EXPLANATION:		

2. COVENANTS, FEES, and ASSESSMENTS:	YES	NO
(a) Is the Property subject to a recorded Declaration of Covenants, Conditions, and Restrictions (“CC&Rs”) or other similar restrictions?	X	
(b) Is the Property part of a condominium or community in which there is a community association? IF YES, SELLER TO COMPLETE AND PROVIDE BUYER WITH A “COMMUNITY ASSOCIATION DISCLOSURE EXHIBIT” GAR F322.	X	
EXPLANATION:		
Seller is a relocation company and has not lived in		
the property and makes no representation,		
guarantees or warranties regarding the property or		
its condition.		

3. LEAD-BASED PAINT:	YES	NO
(a) Was any part of the residential dwelling on the Property or any painted component, fixture, or material used therein constructed or manufacture prior to 1978? IF YES, THE “LEAD-BASED PAINT EXHIBIT” GAR F316 MUST BE EXECUTED BY THE PARTIES AND THE “LEAD-BASED PAINT PAMPHLET” GAR CB04 MUST BE PROVIDED TO THE BUYER.		X

4. STRUCTURAL ITEMS, ADDITIONS AND ALTERATIONS:	YES	NO
(a) Has there been any settling, movement, cracking or breakage of the foundations or structural supports of the improvements?		X
(b) Have any structural reinforcements or supports been added?		X
(c) Have there been any additions, structural changes, or any other major alterations to the original improvements or Property, including without limitation pools, carports or storage buildings?		X
(d) Has any work been done where a required building permit was not obtained?		X
(e) Are there violations of building codes, housing codes, or zoning regulations (not otherwise grandfathered)?		X
(f) Have any notices alleging such violations been received?		X
(g) Is any portion of the main dwelling a mobile, modular or manufactured home?		X
(h) Was any dwelling or portion thereof (excluding mobile, modular and manufactured dwelling) moved to the site from another location?		X

**EXPLANATION:**

5. SYSTEMS and COMPONENTS:	YES	NO
(a) Has any part of the HVAC system(s) been replaced during Seller's ownership?	X	
(b) Date of last HVAC system(s) service: Apr 21, 2025		
(c) Is any heated and cooled portion of the main dwelling not served by a central heating and cooling system?		X
(d) Is any portion of the heating and cooling system in need of repair or replacement?		X
(e) Does any dwelling or garage have aluminum wiring other than in the primary service line?		X
(f) Are any fireplaces decorative only or in need of repair?		X
(g) Have there been any reports of damaging moisture behind exterior walls constructed of synthetic stucco?		X
(h) Is there any Spray Polyurethane Foam (SPF) insulation in the Property?		X
(i) Are any systems/components subject to a lease or rental payment plan (i.e. HVAC, security system, appliances, alternate energy source systems, etc.)?		X
(j) Are there any remotely accessed thermostats, lighting systems, security camera, video doorbells, locks, appliances, etc. servicing the Property?		X

**EXPLANATION:** New AC unit installed 4/20/22. Second unit was installed in 2018.

HVAC systems serviced every 6 months under service contract with Snappy Services

6. SEWER/PLUMBING RELATED ITEMS:	YES	NO
(a) Approximate age of water heater(s): 5 years		
(b) What is the drinking water source: <input checked="" type="checkbox"/> public <input type="checkbox"/> private <input type="checkbox"/> well		
(c) If the drinking water is from a well, give the date of last service: _____		
(d) If the drinking water is from a well, has there ever been a test the results of which indicate that the water is not safe to drink? If yes, date of testing: _____		X
(e) What is the sewer system: <input checked="" type="checkbox"/> public <input type="checkbox"/> private <input type="checkbox"/> septic tank		
(f) If the Property is served by a septic system, how many bedrooms was the septic system approved for by local government authorities? _____		
(g) Is the main dwelling served by a sewage pump?		X
(h) Has any septic tank or cesspool on Property ever been professionally serviced?		X
If yes, give the date of last service: _____		
(i) Are there any leaks, backups, or other similar problems with any portion of the plumbing, water, or sewage systems or damage therefrom?		X
(j) Is there presently any polybutylene plumbing, other than the primary service line?		X
(k) Has there ever been any damage from a frozen water line, spigot, or fixture?		X

**EXPLANATION:** Seller is a relocation company and has not lived in the property and makes no representation, guarantees or warranties regarding the property or its condition.

7. ROOFS, GUTTERS, and DOWNSPOUTS:	YES	NO
(a) Approximate age of roof on main dwelling: <u>6</u> years.		
(b) Has any part of the roof been repaired during Seller's ownership?		X
(c) Are there any roof leaks or other problems with the roof, roof flashing, gutters, or downspouts?		X
<b>EXPLANATION:</b> Roof replacement in 2019		

8. FLOODING, DRAINING, MOISTURE, and SPRINGS:	YES	NO
(a) Is there now or has there been any water intrusion into the basement, crawl space or other interior parts of any dwelling or garage or damage therefrom from the exterior?		X
(b) Have any repairs been made to control water intrusion into the basement, crawl space, or other interior parts of any dwelling or garage from the exterior?		X
(c) Is any part of the Property or any improvements thereon presently located in a Special Flood Hazard Area?		X
(d) Has there ever been any flooding?		X
(e) Are there any streams that do not flow year round or underground springs?		X
(f) Are there any dams, retention ponds, storm water detention basins, or other similar facilities?		X
<b>EXPLANATION:</b>		

9. SOIL AND BOUNDARIES:	YES	NO
(a) Are there any landfills (other than foundation backfill), graves, burial pits, caves, mine shafts, trash dumps or wells (in use or abandoned)?		X
(b) Is there now or has there ever been any visible soil settlement or movement?		X
(c) Are there any shared improvements which benefit or burden the Property, including, but not limited to a shared dock, septic system, well, driveway, alleyway, or private road?		X
(d) Are there presently any encroachments, unrecorded easements, unrecorded agreements regarding shared improvements, or boundary line disputes with a neighboring property owner?		X
(e) Are there any underground pipelines crossing the Property that do not serve the Property?		X
<b>EXPLANATION:</b>		

10. TERMITES, DRY ROT, PESTS, and WOOD DESTROYING ORGANISMS:	YES	NO
(a) Are you aware of any wildlife accessing the attic or other interior portions of the residence?		X
(b) Is there any damage or hazardous condition resulting from such wildlife intrusion; from insects (such as termites, bees and ants); or by fungi or dry rot?		X
(c) Is there presently a bond, warranty or service contract for termites or other wood destroying organisms by a licensed pest control company?	X	
If yes, what is the cost to transfer? \$ _____ What is the annual cost? <u>299.00</u>		
If yes, company name/contact: <u>Massey</u>		
Coverage: <input type="checkbox"/> re-treatment and repair <input type="checkbox"/> re-treatment <input type="checkbox"/> periodic inspections only		
Expiration Date <u>May 1, 2026</u> Renewal Date <u>May 1, 2025</u>		
<b>EXPLANATION:</b> Seller is a relocation company and has not lived in the property and makes no representation, guarantees or warranties regarding the property or its condition.		

<b>11. ENVIRONMENTAL, HEALTH, and SAFETY CONCERNS:</b>	<b>YES</b>	<b>NO</b>
(a) Are there any underground tanks or toxic or hazardous substances such as asbestos?		<b>X</b>
(b) Has Methamphetamine ("Meth") ever been produced on the Property?		<b>X</b>
(c) Have there ever been adverse test results for radon, lead, mold or any other potentially toxic or environmentally hazardous substances?		<b>X</b>
<b>EXPLANATION:</b>		

<b>12. LITIGATION and INSURANCE:</b>	<b>YES</b>	<b>NO</b>
(a) Is there now or has there been any litigation therein alleging negligent construction or defective building products?		<b>X</b>
(b) Has there been any award or payment of money in lieu of repairs for defective building products or poor construction?		<b>X</b>
(c) Has any release been signed regarding defective products or poor construction that would limit a future owner from making any claims?		<b>X</b>
(d) During Seller's ownership have there been any insurance claims for more than 10% of the value of the Property?		<b>X</b>
(e) Is the Property subject to a threatened or pending condemnation action?		<b>X</b>
(f) How many insurance claims have been filed during Seller's ownership? _____		
<b>EXPLANATION:</b>		

<b>13. OTHER HIDDEN DEFECTS:</b>	<b>YES</b>	<b>NO</b>
(a) Are there any other hidden defects that have not otherwise been disclosed?		<b>X</b>
<b>EXPLANATION:</b>		

<b>14. AGRICULTURAL DISCLOSURE:</b>	<b>YES</b>	<b>NO</b>
(a) Is the Property within, partially within, or adjacent to any property zoned or identified on an approved county land use plan as agricultural or forestry use?		<b>X</b>
(b) Is the Property receiving preferential tax treatment as an agricultural property?		<b>X</b>
<p>It is the policy of this state and this community to conserve, protect, and encourage the development and improvement of farm and forest land for the production of food, fiber, and other products, and also for its natural and environmental value. This notice is to inform prospective property owners or other persons or entities leasing or acquiring an interest in real property that property in which they are about to acquire an interest lies within, partially within, or adjacent to an area zoned, used, or identified for farm and forest activities and that farm and forest activities occur in the area. Such farm and forest activities may include intensive operations that cause discomfort and inconveniences that involve, but are not limited to, noises, odors, fumes, dust, smoke, insects, operations of machinery during any 24-hour period, storage and disposal of manure, and the application by spraying or otherwise of chemical fertilizers, soil amendments, herbicides, and pesticides. One or more of these inconveniences may occur as the result of farm or forest activities which are in conformance with existing laws and regulations and accepted customs and standards.</p>		

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**1. Directions on How to Generally Fill Out Fixtures Checklist.** REGARDLESS OF WHETHER AN ITEM IS A FIXTURE OR NOT, SELLER SHALL HAVE THE RIGHT TO REMOVE ALL ITEMS ON THE FIXTURES CHECKLIST BELOW THAT ARE LEFT BLANK. THE ITEMS ON THE CHECKLIST BELOW THAT ARE CHECKED OR MARKED SHALL REMAIN WITH THE PROPERTY. Unless otherwise indicated, if an item is left blank, the Seller may remove all of that item from the Property. For example, if "Refrigerator" is left blank, Seller shall remove all Refrigerators on the Property, unless otherwise noted. Similarly, if "Refrigerator" is checked or marked in the Fixtures Checklist, then all refrigerators shall remain with the Property unless otherwise noted. This Fixtures Checklist is intended to supersede the common law of fixtures with regard to the items identified below. The common law of fixtures shall apply to all items not identified on this Fixtures Checklist.

**2. Items Not Remaining with the Property.** Items identified as not remaining with the Property that are physically attached to the Property shall be carefully removed from the Property in a manner designed to do minimal damage, but such items do not need to be replaced with a similar item. Seller shall make reasonable efforts to repair areas damaged by the removal of an item. Reasonable efforts to repair damage shall not extend to painting newly exposed areas that do not match the surrounding paint color. (Seller is encouraged, but shall not be required, to remove fixtures not remaining with the Property prior to marketing the Property for sale). Seller shall remove all items left blank below prior to Closing or the transfer of possession, whichever is later. Seller shall lose the right to remove those items not timely removed but shall be liable to Buyer for the reasonable cost of disposing such items provided that Buyer disposes of them within 30 days after Closing or the transfer of possession, which is later.

3. **Items Remaining with Property.** Items identified as remaining with the Property shall mean those specific items, including any solely necessary or required controller, as they existed in the Property as of the Offer Date. No such item shall be removed from the Property unless it is broken or destroyed. In the event such item is removed, it shall be replaced with a substantially identical item, if reasonably available. If not reasonably available, it shall be replaced with a substantially similar item of equal quality and value, or better. The same or newer model of the item being replaced in the same color and size and with the same functions or

better shall be considered substantially identical. Once the Seller's Property is under contract, the items that may be removed and taken by the Seller, as reflected in this Seller's Property Disclosure Statement, may only be amended with the written consent of the Buyer of the Property.

**Appliances**

- ☒ Clothes Dryer
- ☒ Clothes Washing Machine
- ☒ Dishwasher
- ☒ Garage Door Opener
- ☒ Garbage Disposal
- ☐ Ice Maker
- ☒ Microwave Oven
- ☒ Oven
- ☒ Range
- ☐ Refrigerator w/o Freezer
- ☒ Refrigerator/Freezer
- ☐ Free Standing Freezer
- ☐ Surface Cook Top
- ☐ Trash Compactor
- ☒ Vacuum System
- ☒ Vent Hood
- ☐ Warming Drawer
- ☐ Wine Cooler

**Home Media**

- ☐ Amplifier
- ☒ Cable Jacks
- ☐ Cable Receiver
- ☐ Cable Remotes
- ☐ Intercom System
- ☐ Internet HUB
- ☒ Internet Wiring
- ☐ Satellite Dish
- ☐ Satellite Receiver
- ☒ Speakers
- ☒ Speaker Wiring
- ☒ Switch Plate Covers

- ☐ Television (TV)
- ☐ TV Antenna
- ☒ TV Mounts/Brackets
- ☒ TV Wiring

**Interior Fixtures**

- ☒ Ceiling Fan
- ☒ Chandelier
- ☒ Closet System
- ☒ Fireplace (FP)
- ☐ FP Gas Logs
- ☒ FP Screen/Door
- ☒ FP Wood Burning Insert
- ☒ Light Bulbs
- ☒ Light Fixtures
- ☒ Mirrors
  - ☐ Wall Mirrors
  - ☒ Vanity (hanging) Mirrors
- ☒ Shelving Unit & System
- ☒ Shower Head/Sprayer
- ☒ Storage Unit/System
- ☒ Window Blinds (and Hardware)
- ☒ Window Shutters (and Hardware)
- ☐ Window Draperies (and Hardware)
- ☒ Unused Paint

**Landscaping / Yard**

- ☐ Arbor
- ☐ Awning
- ☐ Basketball Post and Goal

- ☐ Birdhouses
- ☐ Boat Dock
- ☐ Fence - Invisible
- ☐ Dog House
- ☐ Flag Pole
- ☐ Gazebo
- ☒ Irrigation System
- ☐ Landscaping Lights
- ☒ Mailbox
- ☐ Out/Storage Building
- ☒ Porch Swing
- ☐ Statuary
- ☐ Stepping Stones
- ☐ Swing Set
- ☐ Tree House
- ☐ Trellis
- ☐ Weather Vane

**Recreation**

- ☐ Aboveground Pool
- ☐ Gas Grill
- ☐ Hot Tub
- ☐ Outdoor Furniture
- ☐ Outdoor Playhouse
- ☐ Pool Equipment
- ☐ Pool Chemicals
- ☐ Sauna

**Safety**

- ☒ Alarm System (Burglar)
- ☐ Alarm System (Smoke/Fire)
- ☐ Security Camera
- ☐ Carbon Monoxide Detector
- ☒ Doorbell
- ☐ Door & Window Hardware

- ☐ Fire Sprinkler System
- ☐ Gate
- ☐ Safe (Built-In)
- ☒ Smoke Detector
- ☒ Window Screens

**Systems**

- ☐ A/C Window Unit
- ☐ Air Purifier
- ☐ Whole House Fan
- ☒ Attic Ventilator Fan
- ☐ Ventilator Fan
- ☐ Car Charging Station
- ☐ Dehumidifier
- ☐ Generator
- ☐ Humidifier
- ☐ Propane Tank
- ☐ Propane Fuel in Tank
- ☐ Fuel Oil Tank
- ☐ Fuel Oil in Tank
- ☐ Sewage Pump
- ☐ Solar Panel
- ☒ Sump Pump
- ☒ Thermostat
- ☐ Water Purification System
- ☐ Water Softener System
- ☐ Well Pump

**Other**

- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

**Clarification Regarding Multiple Items.** Items identified above as remaining with Property where Seller is actually taking one or more of such items shall be identified below. For example, if "Refrigerator" is marked as staying with the Property, but Seller is taking the extra refrigerator in the basement, the extra refrigerator and its location shall be described below. This section shall control over any conflicting or inconsistent provisions contained elsewhere herein.

**Items Needing Repair.** The following items remaining with Property are in need of repair or replacement:  
Seller is a relocation company and has not lived in the property and makes no representation, guarantees or warranties regarding the property or its condition.

**RECEIPT AND ACKNOWLEDGEMENT BY BUYER**

Buyer acknowledges receipt of this Seller's Property Disclosure Statement.

**SELLER'S REPRESENTATION REGARDING THIS STATEMENT**

Seller represents that the questions in this Statement have been answered to the actual knowledge and belief of all Sellers of the Property

Lexicon Relocation, LLC d/b/a Sterling Lexicon  
By: Michele Roper *Michele Roper*

1 Buyer's Signature

Print or Type Name

7/24/2025

Date

2 Buyer's Signature

Print or Type Name

Date

☐ Additional Signature Page (F267) is attached.

*Jessica Britko*  
1 Seller's Signature

Jessica Britko

Print or Type Name

July 21, 2025

Date

*Chad Britko*  
2 Seller's Signature

Chad Britko

Print or Type Name

July 22, 2025

Date

☐ Additional Signature Page (F267) is attached.

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the property and makes no representation,  
guarantees or warranties regarding the property or  
its condition.



Atlanta Fine  
HomesSotheby's  
INTERNATIONAL REALTY**COMMUNITY ASSOCIATION DISCLOSURE**  
**EXHIBIT “ \_\_\_\_\_ ”****2025 Printing**

This Exhibit is part of the Agreement with an Offer Date of \_\_\_\_\_ for the purchase and sale of that certain  
Property known as: 215 Lake Pines Point, Alpharetta, Georgia 30005 (“Property”).

**Directions for Filling Out This Community Association Disclosure (“Disclosure”).** Seller must fill out this Disclosure accurately and completely. If new information is learned by Seller which materially changes the answers herein, Seller must immediately update and provide Buyer with a revised copy of this Disclosure up until Closing. Notwithstanding Seller’s duty to update this Disclosure, Seller’s payment obligations pursuant to this Disclosure shall be based on Seller’s initial disclosure (excluding payment obligations related to special assessments).

**Buyer’s Use of Disclosure.** While this Disclosure is intended to give the Buyer basic information about the community in which Buyer is purchasing, Buyer should read the covenants and other legal documents for the community (“Covenants”) to better understand Buyer’s rights and obligations therein. The Buyer is advised to review “What to Consider When Buying Property in a Community Association” (CB16) and/or “What to Consider When Buying Property in a Condominium” (CB19).

**A. KEY TERMS AND CONDITIONS**

**1. TYPE OF ASSOCIATION IN WHICH BUYER WILL OR MAY BECOME A MEMBER** (Select all that apply. The boxes not selected shall not be a part of this Exhibit)

- ☒ Mandatory Membership Community Association (Condominium/Non-Condominium)  
☐ Mandatory Membership Community Association (Property Owners’)  
☐ Mandatory Membership Age Restricted Community  
     ☐ All units are occupied by a person 62 or older.  
     ☐ At least 80% of the occupied units are occupied by at least one person who is 55 years of age or older  
☐ Mandatory Membership Master Association  
☐ Optional Voluntary Association  
☐ Voluntary Transitioning to Mandatory (Buyer shall be a ☐ voluntary or ☐ mandatory member)

**2. CONTACT INFORMATION FOR ASSOCIATION(S)**

a. Name of Association: Windward Community Services Association

Contact Person / Title: \_\_\_\_\_

Association Management Company: Access Mgmt Group

Telephone Number: 770-802-8360

Email Address: windward@accessmgt.com

Mailing Address: 1100 Northmeadow Pkwy 114

Website: windwardhomesga.com

Roswell, GA 30076

b. Name of Master Association: \_\_\_\_\_

Contact Person / Title: \_\_\_\_\_

Association Management Company: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Website: \_\_\_\_\_

**3. ANNUAL ASSESSMENTS**

a. The Association Dues are paid in the following installment(s): (select the boxes that reflect how dues are paid):

- ☒ \$ 870 per year, fiscal year beginning on \_\_\_\_\_.  
☐ \$ \_\_\_\_\_ per month;  
☐ \$ \_\_\_\_\_ per quarter;  
☐ \$ \_\_\_\_\_ semi-annually;  
☐ other: \$ \_\_\_\_\_ per year \_\_\_\_\_.

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- b. If applicable, the Master Association Dues are paid in the following installment(s): (select the boxes that reflect how dues are paid):
- ☐ \$ \_\_\_\_\_ per year, fiscal year beginning on \_\_\_\_\_.
- ☐ \$ \_\_\_\_\_ per month;
- ☐ \$ \_\_\_\_\_ per quarter;
- ☐ \$ \_\_\_\_\_ semi-annually;
- ☐ other: \$ \_\_\_\_\_ per year \_\_\_\_\_.

**4. SPECIAL ASSESSMENTS**

- a. Buyer's total portion of all special assessments Under Consideration is \$ \_\_\_\_\_.
- b. Buyer's total portion of all approved special assessments is \$ \_\_\_\_\_.
- c. Approved Special Assessments shall be paid as follows: (Select all that apply. The boxes not selected shall not be a part of this Agreement) ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually ☐ Other: \_\_\_\_\_
- d. Notwithstanding the above, if the Buyer's portion of any and all special assessment(s) that are passed or Under Consideration after the Binding Agreement Date is \$ \_\_\_\_\_ or more, Buyer shall have the right, but not the obligation to terminate the Agreement upon notice to Seller, provided that Buyer terminates the Agreement within five (5) days from being notified of the above, after which Buyer's right to terminate shall be deemed waived.

**5. TRANSFER, INITIATION, AND ADMINISTRATIVE FEES**

Buyer will pay \$ \_\_\_\_\_ 2610 \_\_\_\_\_ for all Transfer, Initiation, and Administrative fees. Seller will pay any Transfer, Initiation, and Administrative Fees above this amount.

**6. OTHER ASSOCIATION EXPENSES (IF APPLICABLE)**

- ☐ a. A fee for \_\_\_\_\_ is currently \$ \_\_\_\_\_ per Year and is paid in \_\_\_\_\_ installments. This fee does not include Association Dues or any Transfer, Initiation, and Administrative Fees.
- ☐ b. **Utility Expenses.** Buyer is required to pay for utilities which are billed separately by the Association and are in addition to any other Association assessments. The Association bills separately for: ☐ Electric ☐ Water/Sewer ☐ Natural Gas ☐ Cable TV ☐ Internet ☐ Other: \_\_\_\_\_

**7. ASSESSMENTS PAY FOR FOLLOWING SERVICES, AMENITIES, AND COSTS.** The following services, amenities, and costs are included in the Association annual assessment. (Select all which apply. Items not selected in Section 7.a. and/or Section 7.b. shall not be part of this Agreement).

a. **For Property costs include the following:**

- |   |   |  |                                       |
|---|---|--|---------------------------------------|
| <input type="checkbox"/> Cable TV         | <input type="checkbox"/> Natural Gas      | <input type="checkbox"/> Pest Control      | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Electricity      | <input type="checkbox"/> Water            | <input type="checkbox"/> Termite Control   | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Heating          | <input type="checkbox"/> Hazard Insurance | <input type="checkbox"/> Dwelling Exterior | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Internet Service | <input type="checkbox"/> Flood Insurance  | <input type="checkbox"/> Yard Maintenance  | <input type="checkbox"/> Other: _____ |

b. **Common Area / Element Maintenance costs include the following:**

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Concierge                              | <input type="checkbox"/> Pool                  | <input checked="" type="checkbox"/> Hazard Insurance | <input type="checkbox"/> Road Maintenance                           |
| <input type="checkbox"/> Gate Attendant                         | <input type="checkbox"/> Tennis Court          | <input type="checkbox"/> Flood Insurance             | <input checked="" type="checkbox"/> Other: Lake and pocket parks    |
| <input checked="" type="checkbox"/> All Common Area Utilities   | <input type="checkbox"/> Golf Course           | <input type="checkbox"/> Pest Control                | <input checked="" type="checkbox"/> Other: Dog park                 |
| <input checked="" type="checkbox"/> All Common Area Maintenance | <input checked="" type="checkbox"/> Playground | <input type="checkbox"/> Termite Control             | <input checked="" type="checkbox"/> Other: Community garden         |
| <input type="checkbox"/> Internet Service                       | <input type="checkbox"/> Exercise Facility     | <input type="checkbox"/> Dwelling Exterior           | <input checked="" type="checkbox"/> Other: Sports park              |
|   | <input type="checkbox"/> Equestrian Facility   | <input type="checkbox"/> Grounds Maintenance         | <input checked="" type="checkbox"/> Other: Special community events |
|   | <input type="checkbox"/> Marina/Boat Storage   | <input type="checkbox"/> Trash Pick-Up               | <input type="checkbox"/> Other: _____                               |

**8. LITIGATION.** There ☐ IS or ☒ IS NOT any threatened or existing litigation relating to alleged construction defects in the Association in which the Association is involved. If there is such threatened or existing litigation, please summarize the same below:

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- ☐ Check if additional pages are attached.

Seller is a relocation company and has not lived in the property and makes no representation, guarantees or warranties regarding the property or its condition.

- 9. VIOLATIONS.** Seller ☐ **HAS** or ☒ **HAS NOT** received any notice or lawsuit from the Association(s) referenced herein alleging that Seller is in violation of any rule, regulation, or Covenant of the Association. If Seller has received such a notice of violation or lawsuit, summarize the same below and the steps Seller has taken to cure the violation.

☐ Check if additional pages are attached.

**B. FURTHER EXPLANATIONS TO CORRESPONDING PARAGRAPHS IN SECTION A**

**1. TYPE OF ASSOCIATION IN WHICH BUYER WILL OR MAY BECOME A MEMBER**

- a. Some large or complex communities have one or more layers of associations, master associations, and sub-associations responsible for the administration of different portions of a community. While owners normally pay assessments to one association, that association may be responsible for making assessment payments to other associations. In other cases, an owner may be responsible for paying assessments directly to multiple associations.
- b. Defined: The primary purpose of a Community Association is to operate and administer the community, pay for common expenses, and enforce the Covenants.

**2. CONTACT INFORMATION FOR ASSOCIATION(S)**

- a. **Consent of Buyer to Reveal Information to Association(s).** Buyer hereby authorizes closing attorney to provide the Association with any contact information for the Buyer in its possession. The closing attorney may rely on this authorization.

**3. ANNUAL ASSESSMENTS**

- a. **Disclosure Regarding Fees.** Owners of property in communities where there is a Mandatory Membership Community Association are obligated to pay certain recurring fees, charges, and assessments (collectively "Fee") to the Association. Fees can and do increase over time and, on occasion, there may be the need for a special assessment. The risk of paying increased Fees is assumed by the Buyer.
- b. **Buyer shall pay** a) any pre-paid regular assessment (excluding Special Assessments) due at Closing for a period of time after Closing; and b) move-in fees, including fees and security deposits to reserve an elevator as these fees are not considered Transfer, Initiation, and Administrative Fees.
- c. **Seller shall pay** a) all Fees owing on the Property which come due before the Closing so that the Property is sold free and clear of liens and monies owed to the Association; b) any Seller move-out Fees, foreclosure Fees or other fees specifically intended by the Association to be paid by Seller; and c) any Fee in excess of the sum disclosed in Section A(3) above for the remainder of the Association(s) fiscal year (which may or may not be based on a calendar year) for the fiscal year in which this Agreement closes.
- d. **Account Statement or Clearance Letter.** Seller shall pay the cost of any Association account statement or clearance letter ("Closing Letter") including all amounts required by the Association or management company to be pre-paid in order to obtain such Closing Letter. Seller shall not be reimbursed at Closing for any amounts prepaid in order to obtain the Closing Letter. Within two (2) days of notice from the closing attorney, Seller shall pay for the Closing Letter as instructed by the closing attorney. Seller's failure to follow the instructions of the closing attorney may cause a delay in Closing and/or result in additional fees being charged to Seller. Closing Letter fees are not transfer, Initiation, and Administrative Fees and shall be paid by the Seller regardless of the amount disclosed by the Seller in Section A5 above.

**4. SPECIAL ASSESSMENTS**

- a. **Under Consideration:** For all purposes herein, the term "Under Consideration" with reference to a special assessment shall mean that a notice of a meeting at which a special assessment will be voted upon, has been sent to the members of the Association. If a special assessment(s) has been voted upon and rejected by the members of the Association, it shall not be deemed to be Under Consideration by the Association. Seller warrants that Seller has accurately and fully disclosed all special assessment(s) passed or Under Consideration to Buyer. This warranty shall survive the Closing. ALL PARTIES AGREE THAT NEITHER SELLER NOR BROKER SHALL HAVE ANY OBLIGATION TO DISCLOSE ANY POSSIBLE SPECIAL ASSESSMENT IF IT IS NOT YET UNDER CONSIDERATION, AS THAT TERM IS DEFINED HEREIN.
- b. **Payment of Undisclosed Special Assessments:** With respect to special assessment(s) Under Consideration or approved before Binding Agreement Date that are either not disclosed or are not disclosed accurately by Seller to Buyer, Seller shall be liable for and shall reimburse Buyer for that portion of the special assessment(s) that was either not disclosed or was not disclosed accurately.
- c. **Payment of Disclosed Special Assessments:** With respect to special assessments, Under Consideration or approved and accurately disclosed above, if an unpaid special assessment is due but may be paid in installments, it shall be deemed to be due in installments for purposes of determining whether it is to be paid by Buyer or Seller. Installment payments due prior to or on Closing shall be paid by the Seller; and installment payments due subsequent to Closing shall be paid by the Buyer. Otherwise, the special assessment shall be paid by the party owning the Property at the time the special assessment is first due.
- d. **Special Assessments Arising after Binding Agreement Date:** With respect to special assessments that are only Under Consideration after the Binding Agreement Date and are promptly disclosed by Seller to Buyer:
  - i. If the special assessment(s) is adopted and due, in whole or in part, prior to or on Closing, that portion due prior to or on Closing shall be paid by the Seller; and
  - ii. If the special assessment(s) is adopted and due in whole or part subsequent to Closing, that portion due subsequent to Closing shall be paid by Buyer.

Seller is a relocation company and has not lived in the property and makes no representation, guarantees or warranties regarding the property or its condition.

**5. TRANSFER, INITIATION, AND ADMINISTRATIVE FEES**

- a. **Buyer Pays:** Buyer shall pay any initiation fee, capital contribution, new member fee, transfer fee, new account set-up fee, fees similar to the above but which are referenced by a different name, one-time fees associated with closing of the transaction and fees to transfer keys, gate openers, fobs and other similar equipment (collective, "Transfer, Initiation, and Administrative Fees) to the extent the total amount due is accurately disclosed above. Advance assessments due at Closing for a period of time after Closing, shall not be Transfer, Initiation, and Administrative Fees and shall be paid by Buyer.
- b. **Seller Pays:** Seller shall pay any Transfer, Initiation, and Administrative Fees in excess of the amount disclosed herein. In the event Seller fills in the above blank with "N/A", or anything other than a dollar amount, or is left empty, it shall be the same as Seller filling in the above blank with \$0.00.
- c. **Fees Defined:** All Transfer, Initiation, and Administrative Fees paid by Seller pursuant to this section are considered actual Seller fees and are not a Seller concession or contribution to the Buyer's cost to close.

Lexicon Relocation, LLC d/b/a Sterling Lexicon  
By: Michele Roper

**1 Buyer's Signature**

Print or Type Name

7/24/2025

Date

**2 Buyer's Signature**

Print or Type Name

Date

☐ Additional Signature Page (F267) is attached.

Jessica Britko

**1 Seller's Signature**

Jessica Britko

Print or Type Name

July 21, 2025

Date

Chad Britko

**2 Seller's Signature**

Chad Britko

Print or Type Name

July 22, 2025

Date

☐ Additional Signature Page (F267) is attached.

Seller is a relocation company and has not lived in the property and makes no representation, guarantees or warranties regarding the property or its condition.



**You have advised Sterling Lexicon your home was built ON or AFTER January 1, 1978  
Complete this form and return to Sterling Lexicon**

**RECORD TITLE HOLDER'S  
STATEMENT REGARDING CONSTRUCTION**

I/We, Jessica Britko Chad Britko am/are the record title holder(s) for the property located at 215 Lake Pines Pointe, Alpharetta, US-GA, 30005 USA, and confirm that this property was constructed on or after January 1, 1978.

7/24/2025

Signature

Date

7/28/2025

Signature

Date



## PROPERTY CONDITION DISCLOSURE STATEMENT

Seller(s) **Jessica Britko, Chad Britko**

Address **215 Lake Pines Pointe, Alpharetta, US-GA, 30005 USA**

**A. Describe your home/property:**

Age: 37 Type of Construction: ☒ Wood frame ☐ Brick ☐ Pre-fabricated ☐ Other: \_\_\_\_\_

☒ Crawl Space ☒ Basement ☒ Slab or Grade ☐ Other \_\_\_\_\_

**B. Does the locality require a Certificate of Occupancy (CO)?** ☐ Yes ☒ No - *If yes, please provide a copy.*

**C. Check "Yes" or "No" to the items listed below, indicating whether you have the item in or on your property. Also indicate whether the item is performing as intended, has previously been repaired and whether there are any current defects, malfunctions or problems.**

Do you have in or on your property?			Performing as intended?	Previously repaired?	In need of repair?
Central Heating System	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input checked="" type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Propane <input type="checkbox"/> Solar <input type="checkbox"/> Coal <input type="checkbox"/> Other: _____					
<input checked="" type="checkbox"/> Forced Air <input type="checkbox"/> Radiant <input type="checkbox"/> Radiators <input type="checkbox"/> Base Board <input type="checkbox"/> Heat Pump <input type="checkbox"/> Other: _____					
Fireplace(s)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input checked="" type="checkbox"/> Wood-burning # _____ <input type="checkbox"/> Gas # _____ <input type="checkbox"/> Decorative # _____					
Chimney(s)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Wood-Burning Stove	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Insulation	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Air Conditioning	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input checked="" type="checkbox"/> Central <input type="checkbox"/> Window/Wall <input type="checkbox"/> Heat Pump <input type="checkbox"/> Other: _____					
Security System	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Owned <input type="checkbox"/> Rented					
Water Softener	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Owned <input type="checkbox"/> Rented					
Above-Ground Oil or Gas Tank	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Owned <input type="checkbox"/> Rented					
Private Utility	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Smoke Detectors	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Fire Suppression System (indoor fire sprinklers)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Sump Pump	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Humidifier	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Garage Door Openers with remote control units - # of remote units <u>2</u>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

Do you have in or on your property?			Performing as intended?	Previously repaired?	In need of repair?
Intercom	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Built-In Microwave	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Dishwasher	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Trash Compactor	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Garbage Disposal	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Built-In Stove and/or Oven	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Driveways	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Sidewalks	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Exterior Walls/Fences	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Electrical Systems	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Crawl Space	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Basement	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Sewer System (Public)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Septic Tank; Age .....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Cesspool <input type="checkbox"/> Leach Field    Last Service Date .....    Last Pump Date .....					
Certified adequate for current number of bedrooms by appropriate authority? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Swimming Pool or Related Equipment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Spa/Jacuzzi or Hot Tub	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Sauna	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Lawn Sprinkler System	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Public Water Supply	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Well Water Supply	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Suitable for drinking?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Have you tested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Shared well?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
<b>D. Are you aware of current defects, malfunctions, problems or previous repairs to any of the following?</b>					
	<b>Performing as intended?</b>		<b>Previously repaired?</b>		<b>In need of repair?</b>
Interior Walls	<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> Yes		<input type="checkbox"/> Yes
Ceilings	<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> Yes		<input type="checkbox"/> Yes
Floors	<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> Yes		<input type="checkbox"/> Yes
Exterior Walls	<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> Yes		<input type="checkbox"/> Yes
Windows	<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> Yes		<input type="checkbox"/> Yes
Doors	<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> Yes		<input type="checkbox"/> Yes
Foundation	<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> Yes		<input type="checkbox"/> Yes
Basement	<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> Yes		<input type="checkbox"/> Yes
Roof	<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> Yes		<input type="checkbox"/> Yes

Age: 6 ☐ Wood Shingle ☐ Composition ☐ Slate ☐ Other

**E.** If any of the items in C or D have been repaired or are in need of repair, use the space below to explain the defects, malfunctions, problems and/or repairs. Include copies of written repair estimates, receipts, warranties, and any other documentation concerning correction of the defect/malfunction/problem (attach additional sheets, if necessary).  
 The age of the roof is based on prior owners disclosure that said roof was replaced in 2019.

**F.** To the best of your knowledge, do you have or have you ever had any of the following?

- |     |   |   |  |
|-----|---|---|--|
| 1.  | Any insurance claim for water damage or mold?   | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| 2.  | Any encroachments, subdivision restrictions or easements (recorded or unrecorded) that may affect your interest in the property?  | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| 3.  | Any additions, structural modifications, repairs or other alterations to the property? If yes, provide copies of all permits, certificates of completion and/or occupancy.  | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| 4.  | Any cracks, tilting, or settling of any walls, ceilings or floors?  | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| 5.  | Any history of flooding, leakage, dampness or water damage?   | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| 6.  | Common walls, fences, driveways or private roads where use or maintenance is shared?  | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| 7.  | Any common areas (e.g. pools, tennis courts, walkways or other jointly-owned areas?)  | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| 8.  | Is there radon gas in excess of the recommended EPA-acceptable limits?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown                                      |   |  |
| 9.  | Any slippage, sliding or settling of the structure?   | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| 10. | Any soil conditions which could result in slippage, sliding or settling of the structure?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown                   |   |  |
| 11. | Is the property located in a fault rupture or hazard zone?  | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| 12. | Is the property located in a flood zone designated by the Federal Emergency Management Agency? If yes, is flood insurance required?   | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| 13. | Any damage to the property or any of the structures from fire, earthquake, hurricanes, tornadoes, floods, landslides, etc.?   | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| 14. | Have you received notice or are you aware of any violations against the property, including but not limited to zoning violations, non-conforming units, violation of setback requirements, boundary disputes, etc.? | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| 15. | Neighborhood noise problems (e.g. airplanes, traffic, schools) or other nuisances (e.g. crime or drug problems, commercial establishments, etc.)?   | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| 16. | Homeowner or condominium association obligations or restrictions (e.g. dues, lawsuits, increase in assessments, etc.) whether actual or planned?  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| 17. | Any tax increase or assessments by any governmental authority (assessed or anticipated), or other deed restrictions or obligations?   | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| 18. | Any past or present mold contamination?   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| 19. | Are any of the items left with the property leased?   | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| 20. | Any drainage, grading problems or standing water in or about the property?  | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| 21. | Is the property a mobile or manufactured home?  | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |



22.	Any underground or above ground storage tanks on the property? If "yes", describe in detail the age, size, and use of the tank(s); if abandoned, provide documentation that the tank was abandoned properly in accordance with local law.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
23.	Is the property located in a Municipal Utility District (MUD) or a California Mello-Roos District?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
24.	Is the property located near any high voltage power lines or centers?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
25.	Any plumbing pipes made of polybutylene piping? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		
26.	Any materials containing lead-based paint or lead contaminants in the property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
27.	Do you have any knowledge or evidence that the property has been treated for, or repaired due to, termite structural pest (e.g. wood-destroying organism) or rodent infestation?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
28.	Was chlordane used to treat the property? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		
29.	Was the home constructed, renovated or remodeled using L-P Inner Seal Siding, EIFS synthetic stucco, Manufactured Stone Veneer (MSV) or any other building product or practice that could affect use, value or marketability? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
30.	Any material containing asbestos present in the property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
31.	Do you have any reason to believe that your property cannot be insured at standard homeowner's insurance rates?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
32.	Have you ever been a party or are you aware of demands, lawsuits, settlements, judgments, bankruptcy, claim for damages, or any other action or proceeding (pending, threatened or anticipated) against you or that you are entitled to participate in that could affect your interest?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
33.	Was the home constructed, renovated or remodeled between 2000 and 2008?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
34.	If "yes" to question 33, was the home constructed, renovated or remodeled using Chinese Drywall? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
35.	Is the property located near any toxic/hazardous waste sites, land fill or junkyard?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
36.	Are there or were there any mineral, air, light or water rights associated with the property?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
37.	If "yes" to question 36, have any of the rights, title or interest in such mineral, air, light, or water rights ever been transferred, deeded, encumbered, leased, sold, conveyed, licensed, reserved, bequeathed or otherwise separated from the remaining right, title or interest in the property? If "yes", please indicate the cost of this requirement to a buyer in line G below	<input type="checkbox"/> Yes	<input type="checkbox"/> No
38.	Do the covenants and/or bylaws of your HOA or COA require that each owner of a house, lot, or condo purchase a membership in, and/or pay initiation fees and dues to, a country club, golf course, beach club, marina, lodge, or similar type of facility? If "yes", please indicate the cost of this requirement to a buyer in line G below	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
39.	If "yes" to question 38, is the membership transferrable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
40.	If "yes" to question 39, is there a cost associated with such transfer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
41.	Any other conditions that could affect the title, use, value or marketability of the property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

G. If you answered yes to any questions in F, please explain below and provide copies of any tests, inspections, written repair estimates, receipts, warranties, building permits, certificates of occupancy, newspaper articles, demands, legal documents or any other documentation relating to the item (attach extra sheets, if necessary).



HOA - The home is part of a HOA and dues are paid annually. Already paid for 2025.

Mold - when we moved into our home in 2020, mold was noted in the initial inspection. We completed a full remediation in June 2020.

**State Disclosures** – Some state/municipal/local jurisdictions require sellers to complete a specific seller’s disclosure form or have additional local requirements that are your responsibility to complete. If your state/municipal/local jurisdiction requires a specific seller’s disclosure or other requirement, you must provide a complete copy of such disclosure to Lexicon Government Services, LLC (“Lexicon”). If you have previously completed a seller’s disclosure for your real estate broker that complies with state/municipal/local requirements, you **must** provide a legible copy of the seller’s disclosure to Lexicon. The seller’s disclosure prepared for your real estate broker (if compliant with state/municipal/local requirements and completed within the last 90 days) may be submitted in lieu of completing a new state/municipal/local seller’s disclosure. **NOTE:** Even if your state has an “opt-out” procedure, Lexicon requires that you **must** still complete the state/municipal/local seller’s disclosure form and comply with other additional municipal/local requirements and submit it/them to Lexicon.

**Owner Signatures** – The undersigned (“Owner”) acknowledges this Property Condition Disclosure Statement is incorporated by reference in the Employee Home Purchase Agreement with Lexicon. Owner further acknowledges having read the instructions for completing this Property Condition Disclosure Statement, understands that Lexicon may rely on the statements made herein and certifies that the information contained herein is true and correct to the best of his/her knowledge as of the date indicated below. Owner understands and authorizes Lexicon and any agents or subagents appointed by them to disclose the above information and to provide a copy of this Property Condition Disclosure Statement to prospective buyers.

Owner further understands that failure to disclose a defective condition may permit the ultimate buyer to cancel an offer to purchase or attempt to rescind the sale, subjecting Lexicon to legal liability. In that event, Lexicon may look to Owner for damages incurred due to the failure to disclose a defect, malfunction and/or material condition of the property.

Owner  Date 7/24/2025 Co-Owner  Date 7/28/2025

TO BE SIGNED AT A LATER DATE, IF REQUESTED	
Owner, and Co-Owner, if applicable, reviewed the information in this Property Condition Disclosure Statement and, if necessary, noted any changes in condition from the date this Property Condition Disclosure Statement was originally completed.	
Owner	Date
Co-Owner	Date

# Worldwide ERC® Relocation Property Assessment

## IMPORTANT INFORMATION: Please Read Carefully

This document is a Property Assessment. It is not a buyer's home inspection.

This document should not be used in place of nor be mistaken for a general home inspection or specialty type inspection performed by a licensed or trades professional (e.g., professional home inspector, engineer, pest control operator, electrician, plumber, roofer or HVAC specialist, pool/spa specialist, etc.). This Property Assessment was prepared exclusively and for the sole use of the Client identified below (the "Client") under an established business-to-business relationship for the specific purposes of assisting with the relocation of an employee. It is not intended for use, nor is it to be relied upon, by any party other than the Client, including, but not limited to, buyers, sellers, lenders, real estate brokers/agents, and/or appraisers.

The Client may be required to provide this Property Assessment to other parties in order to comply with disclosure obligations under applicable federal, state and/or local law(s); however, no disclosure of this Property Assessment to other parties, including prospective buyers, shall be deemed to create or give rise to a duty of care or performance on the part of the Property Assessment Provider identified below or the Client toward such other parties. Accordingly, no party other than the Client may rely upon or be influenced by this Property Assessment when considering the property. The Property Assessment Provider prepared this Property Assessment in accordance with Client directives and based it on findings gathered at the property address identified below and other property information sources.

## 1. GENERAL INFORMATION

File # 1118329 Client: Lexicon Relocation LLC  
Contact: Phone: Fax:  
E-mail address:  
Client Address: 815 S Main Street 4th Floor  
City/State/Postal Code: Jacksonville, FL 32207  
Transferee(s): Jessica Britko  
Transferee Property Address: 215 Lake Pines Pointe  
City/State/Postal Code: Alpharetta, GA 30005  
Property Assessment Provider: Fidelity Inspection & Consulting Services Job/File #: 3060065  
Provider Address: 2003 South Easton Road, Suite 208  
City/State/Postal Code: Doylestown, PA 18901  
Contact: Phone: Fax:  
E-mail address:  
Date: 06/24/2025 Time: 12:00 PM Weather: Clear Temp: 89 Estimated Age of Main Dwelling (yrs.): 37  
Parties Present at Time of Assessment: Homeowner Occupied: ☒ Yes ☐ No



RELOCATION PROPERTY ASSESSMENT

THIS DOCUMENT IS NOT INTENDED FOR USE NOR IS IT TO BE RELIED UPON BY ANY PARTY OTHER THAN THE CLIENT

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## 2. PURPOSE AND SCOPE OF THE RELOCATION PROPERTY ASSESSMENT

To provide a professional opinion of a relocating employee's main dwelling and its immediate surrounding area in its "as is" condition, as of the date of assessment, limited to the definitions and guidelines as established by the Client and within this Property Assessment document.

## 3. OBJECTIVE OF THE RELOCATION PROPERTY ASSESSMENT

To provide the Client with data about a relocating employee's main dwelling and its immediate surrounding area based on a visual assessment of items identified by category in this Property Assessment document.

## 4. DEFINITION OF THE RELOCATION PROPERTY ASSESSMENT

A visual, non-invasive evaluation and status of the items identified by category on the ensuing pages. The reporting of apparent defects (not cosmetic deficiencies) that call for corrective action is limited to three categories: 1) structure; 2) unsafe or hazardous conditions; and 3) inoperative systems or appliances.

**1. Structure:** A load-bearing member of a building (including, but not limited to, footings, foundation walls, posts, beams, floor joists, bearing walls, or roof framings) is to be reported as defective if it has one or more of these characteristics:

- Abnormal cracking or splitting;
- Unusual settlement;
- Deterioration such as rot or pest infestation damage;
- Improper alignment or structural integrity compromised by modification or abuse; or
- Other characteristics that affect the building's structural integrity.

**2. Unsafe or Hazardous Conditions:** Any item that is identified as a safety defect or a hazard, the presence or absence of which would be dangerous. Unless directed by the Client, the reporting of the possible presence of lead based paint, asbestos, urea- formaldehyde foam insulation, radon, electromagnetic radiation, toxic wastes, molds or fungus, and other environmental or indoor air pollutants are outside the scope of this Property Assessment.

**3. Inoperative Systems and Appliances:** Any installed systems or built-in appliances that do not operate properly or perform their intended function in response to normal use.

Unless directed by the Client, the following areas are outside the scope of this assessment: (i) cosmetic deficiencies; (ii) deferred maintenance items; (iii) the condition of on-site waste and water systems; (iv) the condition of underground fuel storage tanks; (v) the quality of the water supply; (vi) geological hazards such as floods, erosion, earthquakes, landslides, mudslides and volcanoes; and (vii) governmental or lender requirements. Furthermore, this Property Assessment is not a representation of compliance or noncompliance with federal, state, or local government regulations and codes (e.g., building codes, zoning ordinances, energy efficiency ratings, addition or remodeling permits, etc.).

Estimated costs to correct items identified in this Property Assessment as defective and/or items that may require attention are not bids and do not give rise to performance obligations on the part of the Property Assessment Provider. The Property Assessment Provider is not engaged in the business of providing repair, renovation or improvement services; as such, the Property Assessment Provider has not and cannot determine the actual cost of any repairs, renovations or improvements that may be advised or desired. The cost estimates reflect national, state and/or local cost averages as derived from the review

of cost estimator manuals and other information sources by the Property Assessment Provider; all cost estimates should be followed by firm quotes or bids from qualified, reputable contractors.

## 5. STATUS DEFINITIONS

For each category, when applicable, rate the status of each item by checking the box as follows:

Acceptable: The item is performing its intended function as of the date of the assessment.

Not Present: The item does not exist in the structure being assessed.

Not Assessed: The item was not assessed because of inaccessibility or seasonal impediments.

Defective: The item is either: structurally unsound; unsafe or hazardous; or inoperative, as defined in Section 4 above.

**Please include comments in the corresponding “Remarks”  
column for those items rated as Defective or Not Assessed.**

	Acceptable	Not Present	Not Assessed	Defective	Item	Remarks
<b>LOTS &amp; GROUNDS (LG)</b>						
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Walks:	
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stoops/Steps:	
3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Patio:	
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Deck/Balcony:	
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Porch:	
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Retaining Walls:	
7	<b>SURFACE WATER CONTROL</b>					
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grading:	
9	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Swales:	
10	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Basement Stairwell Drain:	
11	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Window Wells:	
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exterior Surface Drain:	
<b>ROOF (R)</b>						
1	METHOD OF ASSESSMENT: From Ground-Limited evaluation of the roof due to design/height/pitch (35% visible).					
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#1: Asphalt Shingle Approx. Age: 10	Design Life: 20
3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#2: Approx. Age:	Design Life:
4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#3: Approx. Age:	Design Life:
5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#4: Approx. Age:	Design Life:
6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#5: Approx. Age:	
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flashing:	
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skylights:	
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chimney:	
10	<b>ROOF WATER CONTROL:</b>					
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gutters:	
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Downspouts & Extension:	
<b>EXTERIOR SURFACES (ES)</b>						
1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	#1: Stucco: The exterior cladding appears to be Hardcoat Stucco.	

**Client: Lexicon Relocation LLC**

**Client File #: 1118329**

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	Acceptable	Not Present	Not Assessed	Defective	Item	Remarks
2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#2:	
3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#3:	
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Trim: The trim at the rear porch soffit area and at the porch entry door is damaged/deteriorated.	
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fascia:	
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Soffits: The soffit at the rear porch area is damaged/deteriorated.	
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windows:	



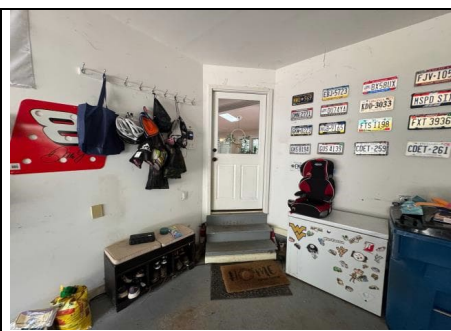
Damaged/Deteriorated Trim & Soffit



Damaged/Deteriorated Trim

### GARAGE/CARPORTS (G/C)

1	<input checked="" type="checkbox"/> Garage <input type="checkbox"/> Carport: <input checked="" type="checkbox"/> Attached <input type="checkbox"/> Detached				
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Door Operation:
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Automatic Door Opener:
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Condition: Limited evaluation of the garage due to finishings/storage/vehicle (75% visible).
					The garage service door is not fire-rated.



Non Fire-Rated Garage Service Door

### STRUCTURES (S)

1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foundation: Limited evaluation of the structure due to furniture/finishings/storage (50% visible).
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	Acceptable	Not Present	Not Assessed	Defective	Item	Remarks
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Beams:	
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bearing Walls:	
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Joists/Trusses:	
5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Piers/Posts:	
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor/Slab:	
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hand Rails:	

### ATTIC (A)

1	METHOD OF ASSESSMENT: Entered-Limited evaluation of the attic due to ductwork/finishings/framing/height/insulation/limited walkboards (35% visible).					
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roof Framing:	
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sheathing:	
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ventilation:	
5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attic Fan:	
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Whole House Fan:	
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Evidence of water penetration? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:	

### BASEMENT (B)

1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sump Pump:	
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor:	
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heat:	
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Evidence of water penetration? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:	

### CRAWL SPACE (CS)

1	METHOD OF ASSESSMENT: Entered-Limited evaluation of the crawl space due to height (50% visible).					
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Moisture:	
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Access:	
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Evidence of water penetration? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:	

### ELECTRICAL (E)

1	Amps:200      Volts: 120/240					
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Service Cable:	

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	Acceptable	Not Present	Not Assessed	Defective	Item	Remarks
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Panel:	
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Branch Circuits:	An inoperable light fixture was observed in the master bathroom.
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ground:	
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wire Conductor:	
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GFI:	
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smoke Detector:	
9	Is the size of the incoming electrical service adequate to meet the needs of the dwelling? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					



Inoperable Light Fixture

### HEATING SYSTEMS (HS)

1					Primary: Forced Air	Approx. Age: 8	Design Life: 20
2					Additional: Forced Air	Approx. Age: 16	Design Life: 20
3					Fuel(s): Natural Gas		
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Primary Operation:		
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Additional Operation:		
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Draft Control:		
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exhaust System:		
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Distribution:		
9	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fuel Tank/Lines:		
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermostat:		
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blower:		
12	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Humidifier:		
13	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Heat Exchanger: This part of the unit could not be evaluated. Only visually accessible areas of the heating unit were evaluated (without disassembly of the unit).		
14	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pressure Relief Valve(s):		
15	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Circulator Pump:		

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Acceptable

Not Present

Not Assessed

Defective

Item

Remarks

**AIR CONDITIONING SYSTEM (AC)**

1	Type: Central (2 units)				Fuel: Electric
2	Approx. Age: 3				Design Life: 15
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	System:

**PLUMBING (P)**

1	Water Source:	<input checked="" type="checkbox"/>	Public	<input type="checkbox"/>	Private	<input type="checkbox"/>	Undetermined	How Verified?	Homeowner
2	Sewage Service:	<input checked="" type="checkbox"/>	Public	<input type="checkbox"/>	Private	<input type="checkbox"/>	Undetermined	How Verified?	Homeowner
3	Water Service On?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No				
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Pipes:				
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drain Pipes:				
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vent Pipes:				
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Laundry Tub:				
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Pressure:				
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet:				
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tub/Shower: The diverter in the upper level guest bathroom did not function properly.				
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Exhaust Fan: The master bathroom exhaust fan was noisy when operated (indicative of failure).				
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sink: A slow drain was observed at the sink in the upper level guest bathroom.				
13	WATER HEATER : Approx Age (yrs): 5   Approx Design Life (yrs): 10								
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Heater:				
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exhaust System:				
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Temperature/Pressure Relief Valve:				



Noisy Exhaust Fan



Diverter Did Not Function Properly



Slow Drain at Sink

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Acceptable

Not Present

Not Assessed

Defective

Item

Remarks



Diverter Did Not Function Properly

**ON-SITE SEWAGE DISPOSAL (SD)**

1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	System Operation:
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**WELL (W)**

1	<input type="checkbox"/> Private <input type="checkbox"/> Community <input checked="" type="checkbox"/> Not Present			
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2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pump:
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3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shower Pressure (Top Floor):
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4	Water sample sent to the lab? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Sent:				
---	---	--	--	--	--

5	Is there minimum flow of 3 gallons per minute (gpm) after 30 minutes? <input type="checkbox"/> Yes <input type="checkbox"/> No				
---	--	--	--	--	--

6	If no, state the number of gallons per minute after 30 minutes: (gpm)				
---	---	--	--	--	--

**POOL AND HOT TUB (P/T)**

1	Pool Type : Not Present				Hot Tub Type: Not Present	
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2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pool:
---	--------------------------	-------------------------------------	--------------------------	--------------------------	-------

3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Deck/Apron:
---	--------------------------	-------------------------------------	--------------------------	--------------------------	-------------

4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heater:
---	--------------------------	-------------------------------------	--------------------------	--------------------------	---------

5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pump:
---	--------------------------	-------------------------------------	--------------------------	--------------------------	-------

6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Filter:
---	--------------------------	-------------------------------------	--------------------------	--------------------------	---------

7	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fence:
---	--------------------------	-------------------------------------	--------------------------	--------------------------	--------

8	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot Tub:
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**FIREPLACE (F)**

1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fireplace:
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2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Free-standing Stove:
---	--------------------------	-------------------------------------	--------------------------	--------------------------	----------------------

3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fireplace Insert:
---	-------------------------------------	--------------------------	--------------------------	--------------------------	-------------------

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	Acceptable	Not Present	Not Assessed	Defective	Item	Remarks
4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Flue: Not evaluated - Not visible due to design. Readily accessible areas of the chimney / fireplace system were evaluated only.	
<b>KITCHEN (K)</b>						
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cooking Appliances:	
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disposal:	
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dishwasher:	
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ventilator:	
5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Built-ins:	
<b>FINAL COMMENTS (FC)</b>						
<p>Were any other unsafe or hazardous conditions observed during the assessment that are not specifically designated on this property Assessment document? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes please explain:</p> <p>The Property Assessment Provider identified below hereby certifies adherence to the terms of the assignment as set forth in the Definitions.</p>						

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## SUPPLEMENTAL DISCLOSURE

1. A representative sample of property components such as windows, doors, outlets, light and wall switches are evaluated on a “best efforts” basis to ascertain if the property components have failed. Often, such conditions cannot be determined during the assessment due to limited and/or restricted access as well as varying weather conditions and humidity. Therefore, no representations are made as to the condition of every property component. **No responsibility is assumed for items not observed or accessed during the property assessment.**
2. The assessment is a recording of conditions on the given date and time of the assessment. Future condition changes are outside the scope of the assessment.
3. **The photos sent with this report may NOT reflect all defects and/or location of needed repairs noted within the body or summary of the report. Please review the report in its entirety.**
4. Product and manufacturer recalls are beyond the scope of this assessment.
5. If this home was built prior to 1978, this could indicate the potential for the presence of lead-based paint.
6. Determination of the presence or absence of Chinese or other defective drywall materials and related conditions or risks is outside the scope of this assessment. See <http://www.cpsc.gov/info/drywall/index.html> for more information.

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## RELOCATION PROPERTY ASSESSMENT SUMMARY

Record on this summary page the corrective action(s) required for all items determined to be defective and explain any items reported as "Not Assessed."

### DEFECTIVE

The findings noted below are in need of repair. It is recommended that all repairs are completed by the appropriate certified/licensed repair contractors. Detailed itemized receipts for repairs are recommended.

#### Report Category / Items / Remarks

### EXTERIOR SURFACES (ES)

(ES) 4 Trim: The trim at the rear porch soffit area and at the porch entry door is damaged/deteriorated.

Corrective Action: Contractor to replace the damaged/deteriorated trim at the rear porch soffit area and at the porch entry door.

(ES) 6 Soffits: The soffit at the rear porch area is damaged/deteriorated.

Corrective Action: Contractor to repair the damaged/deteriorated soffit at the rear porch area.

### GARAGE/CARPORT (G/C)

(G/C) 4 Condition: The garage service door is not fire-rated.

Corrective Action: Contractor to install a fire-rated garage service door.

### ELECTRICAL (E)

(E) 4 Branch Circuits: An inoperable light fixture was observed in the master bathroom.

Corrective Action: Electrician to repair the inoperable light fixture in the master bathroom.

### PLUMBING (P)

(P) 10 Tub/Shower: The diverter in the upper level guest bathroom did not function properly.

Corrective Action: Plumber to repair the diverter in the upper level guest bathroom which did not function properly.

(P) 11 Exhaust Fan: The master bathroom exhaust fan was noisy when operated (indicative of failure).

Corrective Action: Contractor to repair/replace the master bathroom exhaust fan.

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(P) 12 Sink: A slow drain was observed at the sink in the upper level guest bathroom.

Corrective Action: Plumber to eliminate the slow drain at the sink in the upper level guest bathroom.

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**Property Address: 215 Lake Pines Pointe Alpharetta GA 30005**

LIMITED ACCESSIBILITY/NOT ASSESSED
Variables such as construction type, conditions at the time of the assessment, safety, potential damage/liability and/or inspector discretion have limited the evaluation of this item at the time of this assessment. If applicable, further assessment should be considered.
Report Category / Items / Remarks
ROOF (R)
(R) 1 Method of Assessment: From Ground-Limited evaluation of the roof due to design/height/pitch (35% visible).
EXTERIOR SURFACES (ES)
(ES) 1 #1: Stucco: The exterior cladding appears to be Hardcoat Stucco.
GARAGE/CARPORTS (G/C)
(G/C) 4 Condition: Limited evaluation of the garage due to finishings/storage/vehicle (75% visible).
STRUCTURES (S)
(S) 1 Foundation: Limited evaluation of the structure due to furniture/finishings/storage (50% visible).
ATTIC (A)
(A) 1 Method of Assessment: Entered-Limited evaluation of the attic due to ductwork/finishings/framing/height/insulation/limited walkboards (35% visible).
CRAWL SPACE (CS)
(CS) 1 Method of Assessment: Entered-Limited evaluation of the crawl space due to height (50% visible).
HEATING SYSTEMS (HS)
(HS) 13 Heat Exchanger: This part of the unit could not be evaluated. Only visually accessible areas of the heating unit were evaluated (without disassembly of the unit).
FIREPLACE (F)
(F) 4 Flue: Not evaluated - Not visible due to design. Readily accessible areas of the chimney / fireplace system were evaluated only.

**Client: Lexicon Relocation LLC**

**Client File #: 1118329**

**Property Address: 215 Lake Pines Pointe Alpharetta GA 30005**

## ERC Relocation Property Assessment Images



Roof



Roof



Roof



Roof



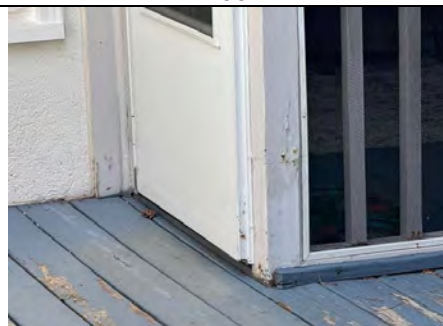
Roof



Chimney



Damaged/Deteriorated Trim & Soffit



Damaged/Deteriorated Trim



Exterior



Exterior



Exterior



Exterior

**Client: Lexicon Relocation LLC**

**Client File #: 1118329**

**Property Address: 215 Lake Pines Pointe Alpharetta GA 30005**





Exterior



Exterior



Exterior



Exterior



Non Fire-Rated Garage Service Door



Garage



Garage



Attic



Attic



Attic



Attic



Attic

**Client: Lexicon Relocation LLC**

**Client File #: 1118329**

**Property Address: 215 Lake Pines Pointe Alpharetta GA 30005**





Attic



Attic



Basement



Basement



Basement



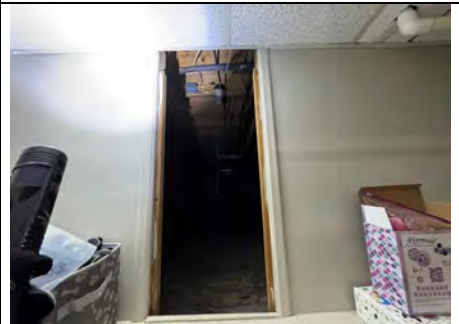
Basement



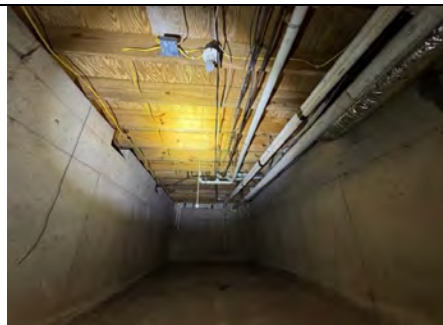
Basement



Basement



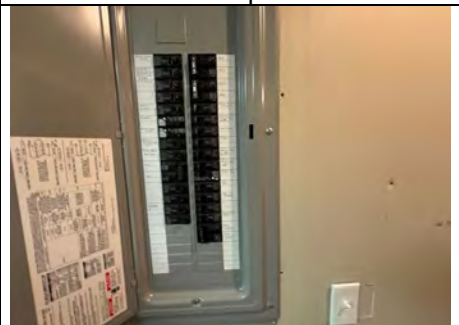
Crawl Space



Crawl Space



Inoperable Light Fixture



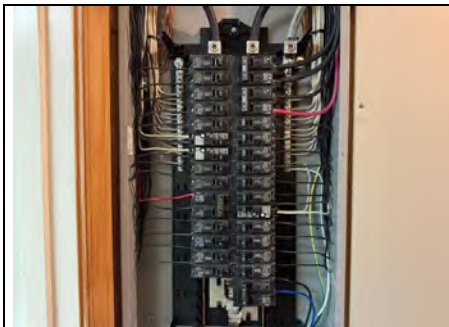
Electric Panel

**Client: Lexicon Relocation LLC**

**Client File #: 1118329**

**Property Address: 215 Lake Pines Pointe Alpharetta GA 30005**





Electric Panel



AC Units



Heating Unit



Heating Unit



Heating Unit



Heating Unit



Fireplace



Fireplace



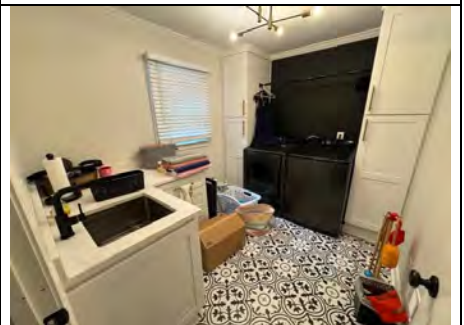
Interior



Interior



Interior



Interior

**Client: Lexicon Relocation LLC**

**Client File #: 1118329**

**Property Address: 215 Lake Pines Pointe Alpharetta GA 30005**





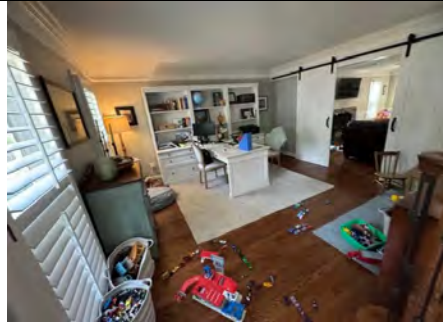
Interior



Interior



Interior



Interior



Interior



Interior



Interior



Interior



Interior



Interior



Interior



Interior

**Client: Lexicon Relocation LLC**

**Client File #: 1118329**

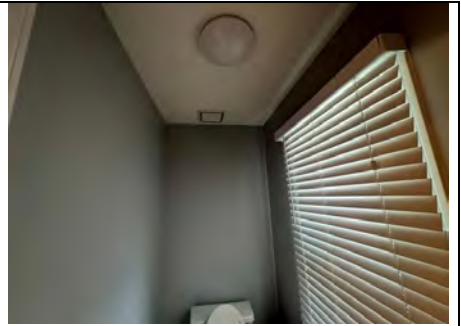
**Property Address: 215 Lake Pines Pointe Alpharetta GA 30005**



Interior



Interior



Noisy Exhaust Fan



Water Heater



Slow Drain at Sink



Diverter Did Not Function Properly



Diverter Did Not Function Properly

**Client: Lexicon Relocation LLC**

**Client File #: 1118329**

**Property Address: 215 Lake Pines Pointe Alpharetta GA 30005**

RELOCATION PROPERTY ASSESSMENT

THIS DOCUMENT IS NOT INTENDED FOR USE NOR IS IT TO BE RELIED UPON BY ANY PARTY OTHER THAN THE CLIENT

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## Wood Destroying Insect Inspection

Lexicon Relocation LLC  
815 S Main Street 4th Floor  
Jacksonville, FL 32207

06/26/2025  
Client File # 1118329  
FICS File # 3060065

### Inspection Address

Jessica Britko  
215 Lake Pines Pointe  
Alpharetta, GA 30005

In accordance with your request a Wood Destroying Insect Inspection was conducted on **06/25/2025** at the above captioned property. The following is a summary of the inspector's findings.

EXISTING CONDITIONS	
<b>Evidence of Wood Destroying insects</b>	Evidence of previous Subterranean Termites which appear inactive was observed at the time of inspection.
<b>Additional Comments</b>	At the time of inspection conditions conducive to wood destroying insects were reported (See attached report).

If you should have any questions, please do not hesitate to contact me.

Sincerely,

Stephanie Depew  
Director, Account Management

**OFFICIAL GEORGIA WOOD INFESTATION INSPECTION REPORT**

Company Name **120 PEST** License No. **100474**  
 Address **8014 Cumming Hwy, Ste 403-291, Canton, Georgia 30115**  
 Telephone No. (404) 247-8091 Date of Issuance 06/25/2025  
 Seller **Fidelity Inspection Payable** Inspector **Gene Payne**  
 File No. \_\_\_\_\_ Purchaser(s) \_\_\_\_\_

**SCOPE OF INSPECTION**

An inspection of the below listed structures(s) was performed by a qualified inspector employed by this firm to determine the presence or previous presence of an infestation of the listed organisms and is not intended to be a structural report. Neither is this a warranty as to absence of wood destroying organisms. **This report is subject to all conditions enumerated on the reverse side and is issued without warranty or guarantee except as provided in Rule 620-6-.03 of the Rules of the Georgia Structural Pest Control Act or subject to any treatment guarantee specified below.**

Main Structure Residential

Other Structure(s) \_\_\_\_\_

Address of Structure(s) **215 Lake Pines Pointe , Alpharetta, GA, 30005****FINDINGS**

Inspection Reveals Visible Evidence of:

	Active Infestation		Previous Infestation	
	YES	NO	YES	NO
Subterranean Termites	_____	<u>X</u>	<u>X</u>	_____
Powder Post Beetles	_____	<u>X</u>	_____	<u>X</u>
Wood Boring Beetle	_____	<u>X</u>	_____	<u>X</u>
Dry Wood Termites	_____	<u>X</u>	_____	<u>X</u>
Wood Decaying Fungus (Not Molds and Mildews)	_____	<u>X</u>	_____	<u>X</u>
Were any areas of the structure obstructed or inaccessible?	_____ YES	<u>X</u> NO		
If yes, list these areas (see Item 3 on reverse side of form)				

The following conditions conducive to infestation for wood destroying organisms were found at the time of inspection. The location of these conditions conducive to infestation are indicated on the attached diagram:

Earth would contact on the side of the porch. Earth to wood contact the retaining wall on the side of the house

Remarks/Additional Findings:

Found evidence of previous termite activity in the garage

**NOTE:** If visible evidence of active or previous infestation is reported it should be assumed that some degree of damage is present and a diagram identifying the structure(s) inspected and showing the location of such evidence must be attached to this form. Evaluation of damage and any corrective action should be performed by a qualified inspector in the building trade approved by the purchaser and lending agency.

**TREATMENT****The above described structure(s) was treated by this company as follows:**

Organism	Treatment Date	Contract Expiration	Type Treatment (Chemical, Barrier, Bait, Wood Treatment)
Subterranean Termites	_____	_____	_____
Powder Post Beetles	_____	_____	_____
Wood Boring Beetles	_____	_____	_____
Dry Wood Termites	_____	_____	_____
Wood Decaying Fungus	_____	_____	_____

**The present treatment warranty(ies) is:**

\_\_\_\_\_ Transferable to any subsequent owner of the property upon payment of a fee on or before expiration date.

\_\_\_\_\_ Not transferable to any subsequent owner of the property.

X The above structure(s) are not covered by a treatment contract with this company.

This structure has a current Official Waiver Form issued by this Company \_\_\_\_\_ YES X NO

If Yes, a copy must be attached as part of this report.

**CERTIFICATION**

**This is to certify that neither I, nor the company has had or contemplates having any interest in the property involved, nor is acting in any association with any party to the transaction.**

Signature of Designated Certified Operator

Signature of Purchaser or Legal Representative Acknowledging Receipt of Report

Copies to:

\_\_\_\_\_ Purchaser

\_\_\_\_\_ Mortgagee

\_\_\_\_\_ Realtor

\_\_\_\_\_ Seller

## CONDITIONS GOVERNING THIS REPORT

1. This report is limited to the five organisms listed.
2. This report covers only those structures listed on the front.
3. Inspection, including sounding and/or probing, was performed in only those areas which were readily accessible. Inaccessible areas not inspected include, but are not limited to areas obstructed by, floor coverings, siding, fixed ceilings, insulation, furniture, appliances or other personal items. The inspection also included a check of company records to determine if the structure has been treated and/or under renewal contract with the company within the past two years for any of the covered organisms. A copy of any current Official Waiver form for this structure must be included as part of this report.
4. Reporting of Wood Destroying Fungi on this report is intended to cover only white rot, brown rot or water conducting fungi infestations which occur below the first floor level. This report does not cover the reporting of molds and mildews. Structural Pest Control companies are not responsible for inspecting for molds.
5. The term Wood Boring Beetles as used on the reverse side means only those beetles which are known to establish and maintain a continuing infestation in structures, such as, but not limited to the Old House Borer.
6. Regardless of whether any visible evidence of infestation by any of the listed Wood Destroying Organisms is found during inspection, if an infestation of one or more of these organisms from which apparent freedom was certified is found within 90 days of issuance of this report the property shall receive, free of charge, a minimum adequate treatment for control of the infestation consistent with Rules 620-6-.03 (1) (a), (b), (c) and (d), of the Georgia Structural Pest Control Act.
7. This is not a structural report. A wood destroying organism inspector is not ordinarily a construction or building trade expert and is therefore not expected to assess structural soundness. Evaluation and correction of damage which may have resulted from an active or previous infestation should be performed by a qualified inspector in the building trade, who is approved by the purchaser and the lending agency.
8. This report implies no responsibility on the part of the Georgia Department of Agriculture or the Georgia Structural Pest Control Commission to enforce or require any thing other than treatment or retreatment to the minimum adequate treatment requirements specified in Rule 620-6-.04.
9. Conditions conducive to Infestation means conditions that exist in a structure that favor the development of wood destroying organisms. These are limited to: cellulosic material underneath a building and wood in contact with the soil which has not been treated with preservatives to a minimum preservative retention designed for ground contact and ventilation of the under-floor space between the bottom of the floor joists and the earth that does not meet the requirements of the International Residential Building Code for one and two family dwellings, the latest edition as adopted and amended by the Georgia Department of Community Affairs. Any Condition conducive to infestation as defined above, that is known to have existed at the time of inspection and was not reported and is found within 90 days of the issuance date of this report shall be corrected free of charge by the licensee.

*Electronic Communication Acknowledgement Statement. In accordance with state regulations, pest control companies have a responsibility to provide you with a record every time a pesticide product and/or pest systems is applied. This record is required to be provided to the property owner, resident or custodian of the property. This record may include post-application precautionary information. Licensed and regulated by the Georgia Department of Agriculture, 19 Martin Luther King, Jr. Drive, Atlanta, Georgia 30334 (404) 656-3641.*

*I understand and request that my pesticide use records be provided or made available to me electronically.*

06/25/2025

*Signature of owner, resident or custodian of the property & Date*

404-247-8091

Inspected By: *Gene Payne* Inspection Date: *6-25-25*  
 Address: *215 Lake Pines Pt*  
 City: *Alph* State: *GA* Zip: *30005*  
 Sq.Ft: \_\_\_\_\_ Lin Ft: *194*  
 Inspection Graph *th* Treatment Graph *||*

**Key Symbols**

P Evidence of Previous Infestation  
 ST Subterranean Termites  
 PPB Powder Post Beetles  
 WB Wood Borers  
 EW Earth to Wood Contact  
 PHD Possible Hidden Damage  
 WDF Wood Destroying Fungi  
 M Excessive Moisture  
 CD Cellulose Debris  
 IA Inaccessible Area  
 V Inadequate Ventilation  
 O Bait Station

Construction Type: ☒ Crawl ☐ Slab ☐ Pier ☒ Basement ☐ Other \_\_\_\_\_

Foundation Walls: ☐ Hollow Block ☒ Poured Concrete ☐ Open Foundation (piers only)

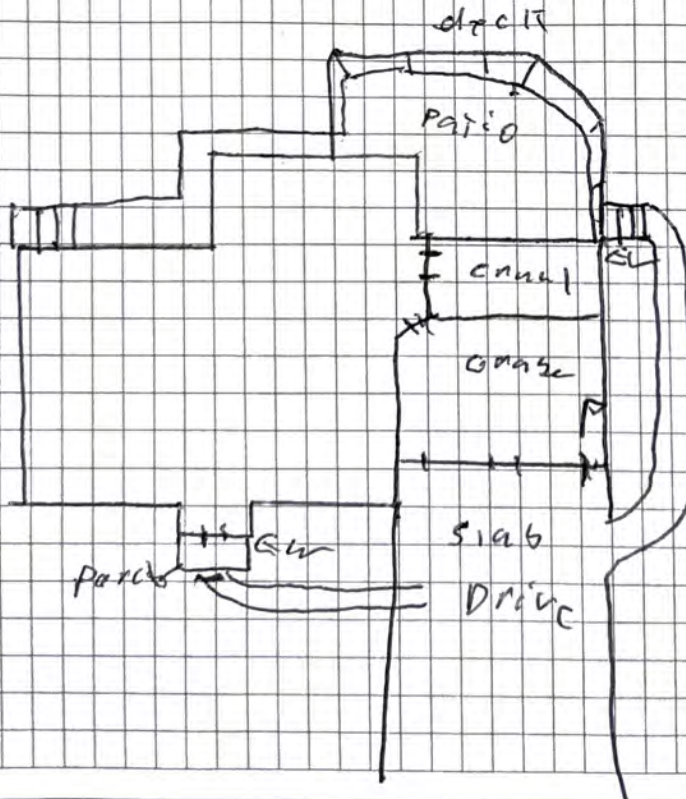
Siding: *stucco*

Fresh drinking well or lake within 25ft of structure? ☐ Yes ☐ No

Adequate room in crawl space to inspect? ☐ Yes ☐ No

**ADDITIONAL COMMENTS / FINDINGS:**

THIS IS A VISUAL INSPECTION AND DOES NOT REFLECT CONDITIONS INSIDE WALLS AND AREAS THAT ARE CONCEALED, HIDDEN, OBSTRUCTED OR INACCESSIBLE TO THE INSPECTOR. GRAPH IS NOT TO SCALE.





## Radon Test

Lexicon Relocation LLC  
815 S Main Street 4th Floor  
Jacksonville, FL 32207

06/24/2025  
Client File # 1118329  
FICS File # 3060065

### Inspection Address

Jessica Britko  
215 Lake Pines Pointe  
Alpharetta, GA 30005

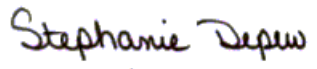
In accordance with your request a Radon Test was conducted on **06/22/2025** at the above captioned property. The following is a summary of the inspector's findings.

RADON INFORMATION	
Placement Date	06/22/2025
Pick-up Date	06/24/2025
By Whom (full name of technician)	Rakesh Parmar
Licensing/Certification	108484
Weather Conditions at Placement	Clear
Were closed house conditions maintained?	Yes
Was the test period extended?	No
Are testing devices currently calibrated?	Yes
Device 1 (Type)	300001707
Area placed for Device 1	Basement
Is a basement present?	Yes
TESTING RESULTS	
Device Result 1	300001707 0.5 pCi/L

Final / Average Result	<p>0.5 pCi/L</p> <p>The U.S. Environmental Protection Agency (EPA) and the Surgeon General strongly recommend taking further action when the home's radon test results are 4.0 pCi/L or greater.</p>
------------------------	--

If you should have any questions, please do not hesitate to contact me.

Sincerely,

  
Stephanie Depew  
Director, Account Management



## Radon Inspection Report

**Test Location:**

Jessica Britko  
215 Lake Pines Pointe  
Alpharetta, GA 30005

**Test For:****Inspected By:**

Rakesh Parmar



### Test Result: Pass

**Overall Average:**

**0.5 pCi/l**

**EPA Average:**

**0.5 pCi/l**

**Test Device Details:**

Serial Number: 300001707  
Model Number: 1028XP  
Last Calibration: 09/11/2024  
Next Calibration: 09/11/2025  
Cal-Factors: 2.86  
Motion Error: Yes

**Test Site Condition:****Test Summary:**

<u>CRM Location:</u>	<u>Start:</u>	<u>Stop:</u>	<u>Interval:</u>	<u>Duration:</u>
	06/22/2025 01:59 PM	06/24/2025 01:59 PM	1 hr	48 hr
*First 4 hrs of data excluded	<u>Min:</u>	<u>Max:</u>	<u>Average:</u>	<u>Measurement Units:</u>
Radon Concentration:	0.0	2.8	0.5	pCi/l

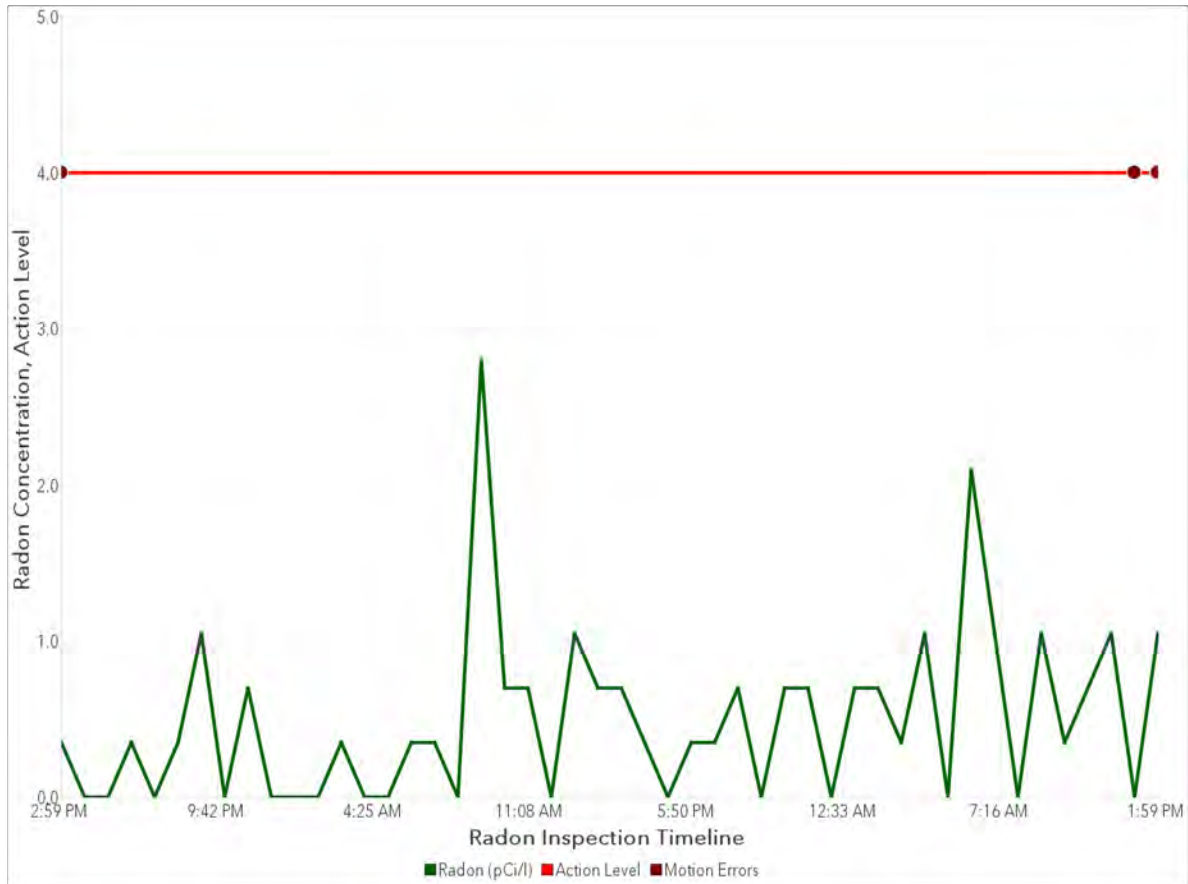
**Comments:**

Lic/Cert Signature

Test device manufactured by SunRADON, LLC

Inspection Report Date: 06/24/2025

## Radon Inspection Chart



**Test Result: Pass**

**Test Location:** 215 Lake Pines Pointe Alpharetta , GA 30005

**Inspection Report Date:** 06/24/2025

Test device manufactured by SunRADON, LLC





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## Test Table

\* Data from first 4 hours excluded from EPA calculations

---

<u>Date/Time</u>	<u>Radon(pCi/l)</u>	<u>Flags</u>
06/22/25 02:59 PM	0.3	M
06/22/25 03:59 PM	0.0	-
06/22/25 04:59 PM	0.0	-
06/22/25 05:59 PM	0.3	-
06/22/25 06:59 PM	0.0	-
06/22/25 07:59 PM	0.3	-
06/22/25 08:59 PM	1.0	-
06/22/25 09:59 PM	0.0	-
06/22/25 10:59 PM	0.7	-
06/22/25 11:59 PM	0.0	-
06/23/25 12:59 AM	0.0	-
06/23/25 01:59 AM	0.0	-
06/23/25 02:59 AM	0.3	-
06/23/25 03:59 AM	0.0	-
06/23/25 04:59 AM	0.0	-
06/23/25 05:59 AM	0.3	-
06/23/25 06:59 AM	0.3	-
06/23/25 07:59 AM	0.0	-
06/23/25 08:59 AM	2.8	-
06/23/25 09:59 AM	0.7	-
06/23/25 10:59 AM	0.7	-
06/23/25 11:59 AM	0.0	-
06/23/25 12:59 PM	1.0	-
06/23/25 01:59 PM	0.7	-
06/23/25 02:59 PM	0.7	-
06/23/25 03:59 PM	0.3	-
06/23/25 04:59 PM	0.0	-
06/23/25 05:59 PM	0.3	-
06/23/25 06:59 PM	0.3	-
06/23/25 07:59 PM	0.7	-
06/23/25 08:59 PM	0.0	-
06/23/25 09:59 PM	0.7	-
06/23/25 10:59 PM	0.7	-
06/23/25 11:59 PM	0.0	-
06/24/25 12:59 AM	0.7	-
06/24/25 01:59 AM	0.7	-
06/24/25 02:59 AM	0.3	-
06/24/25 03:59 AM	1.0	-
06/24/25 04:59 AM	0.0	-
06/24/25 05:59 AM	2.1	-
06/24/25 06:59 AM	1.0	-
06/24/25 07:59 AM	0.0	-
06/24/25 08:59 AM	1.0	-
06/24/25 09:59 AM	0.3	-

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### Test Result: Pass

**Test Location:** 215 Lake Pines Pointe Alpharetta , GA 30005

**Inspection Report Date:** 06/24/2025

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Test device manufactured by SunRADON, LLC



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## Test Table

\* Data from first 4 hours excluded from EPA calculations

---

<u>Date/Time</u>	<u>Radon(pCi/l)</u>	<u>Flags</u>
06/24/25 10:59 AM	0.7	-
06/24/25 11:59 AM	1.0	-
06/24/25 12:59 PM	0.0	M
06/24/25 01:59 PM	1.0	M

---

**Test Result: Pass**

**Test Location:** 215 Lake Pines Pointe Alpharetta , GA 30005

**Inspection Report Date:** 06/24/2025

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Test device manufactured by SunRADON, LLC



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## Radon Test Information

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### Radon Risk Information

Radon causes lung cancer by means of the decay of its daughter products after breathing in air contaminated with higher levels of Radon. The World Health Organization (WHO) estimates that 15% of lung cancers worldwide are caused by exposure to elevated indoor levels of Radon. Overall, radon is the second leading cause of lung cancer responsible for about 21,000 lung cancer deaths every year in the US alone. Radon gas is the number one cause of lung cancer among non-smokers. The U.S. Environmental Protection Agency (EPA), the U.S. Surgeon General, and the Center for Disease Control and Prevention (CDC) strongly recommend that ALL homebuyers have an indoor radon test performed prior to purchase or taking occupancy and recommend having the radon levels professionally mitigated if elevated radon concentrations are found.

### Understanding Radon Test Results

Recommended Action Levels vary by country and typically range from 3 pCi/l (100 Bq/m<sup>3</sup>) to 8 pCi/l (300 Bq/m<sup>3</sup>). Recommendations below are based on test results by a Continuous Radon Monitor (CRM) Test of at least 48h duration and are based on recommendations by the EPA.

Measured Average Radon Level:

- At or above 4.0 pCi/l (148 Bq/m<sup>3</sup>): Corrective measures to reduce exposure to radon gas is strongly recommended (ANSI MAH2014)
- Between 2-4 pCi/l (74-148 Bq/m<sup>3</sup>): Consider mitigation or periodic retest as indoor Radon levels vary by season and weather conditions
- Below 2 pCi/l (74 Bq/m<sup>3</sup>): Consider bi-annual retest or whenever significant changes to the home structure or mechanical systems occurred

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**Test Result: Pass**

**Test Location:** 215 Lake Pines Pointe Alpharetta , GA 30005

**Inspection Report Date:** 06/24/2025

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Test device manufactured by SunRADON, LLC