



Property Address: 1112 WOODLAND LN, ALPHARETTA, GA 30009

File #: 206195

## SELLER'S DISCLOSURE STATEMENT

**THIS SELLER'S DISCLOSURE STATEMENT IS COMPLETED BY THE OWNER OF THE PROPERTY PREVIOUS TO CAPITAL RELOCATION SERVICES, LLC. CAPITAL RELOCATION SERVICES, LLC HAS NOT COMPLETED THIS FORM AND MAKES NO REPRESENTATIONS OR WARRANTIES CONCERNING THE CONTENT OR ACCURACY OF ANY INFORMATION ON THIS FORM. THE INFORMATION ON THIS SELLER'S DISCLOSURE STATEMENT IS INFORMATIONAL PURPOSES ONLY AND REPRESENTS ONLY THE INFORMATION FROM THE INDIVIDUALS WHO PREPARED OR COMPLETED THIS FORM. CAPITAL RELOCATION SERVICES, LLC MAKES NO REPRESENTATION OR RECOMMENDATION CONCERNING THIS SELLER'S DISCLOSURE STATEMENT.**

Record Owner/Seller(s) agree(s) to indemnify and hold Capital Relocation Services, LLC and its representatives and affiliates harmless from any and all claims made against Capital Relocation Services, LLC regarding conditions of the property, which are not disclosed herein.

Date of Purchase: 09-26-2022

Length of Occupancy: 46 months

Year Home Was Built: 2002 (If prior to 1978, Lead Base Paint Disclosure to be completed and attached.)

Is the property a mobile, manufactured or modular home? Yes ☐ No ☒.

\*For any extended explanations, please use additional sheets as necessary, securely attach and number\*\*



| MAJOR DAMAGE:                                                                                                                                                                                                                                       | NO                                  | YES                      | N/A                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| Has there ever been any damage to the property or structures from fire, earthquake, floods, landslides, hurricanes, tornadoes, wind, lightning, hail or any other disaster(s)?                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, explain.                                                                                                                                                                                                                                    |                                     |                          |                          |
| Are you aware of any past or present existence of any elder bugs/brown recluse spiders/bedbugs/termites/carpenter ants or any other destructive/invasive or wood boring insects in or on the property or any damage/infestation caused by the same? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, explain.                                                                                                                                                                                                                                    |                                     |                          |                          |
| Have you ever treated the property for insects/infestation?                                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, explain.                                                                                                                                                                                                                                    |                                     |                          |                          |
| Are you aware of any rodent, bird, reptile or any other pest invasion/nuisance in or on the property surrounds or any damage caused by the same?                                                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, explain.                                                                                                                                                                                                                                    |                                     |                          |                          |

| LOT:                                                                                                                                                                                                                                                            | NO                                  | YES                      | N/A                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|-------------------------------------|
| Are you aware of any current or pre-existing property soil conditions including but not limited to, landfill, sinkholes, mines, expansive soils, soil movement, fault lines, erosion, or settling upon the property or within 500 Ft of your property lot line? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| If yes, explain.                                                                                                                                                                                                                                                |                                     |                          |                                     |
| Do you own or lease any Mineral/Gas/Mining rights upon or beneath the surface property? (If yes, please provide the Deed or Lease reflecting such rights)                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Royalties received? <input type="checkbox"/> Yes <input type="checkbox"/> No ( <input type="checkbox"/> ) Future                                                                                                                                                |                                     |                          |                                     |
| Royalty payout is/shall be <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly <input type="checkbox"/> Non-Producer                                                                                            |                                     |                          |                                     |
| Are you aware of any diseased/dead trees, shrubs, or perennials (collectively referred to as landscaping)?                                                                                                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| If yes, has the diseased/dead landscaping been removed?                                                                                                                                                                                                         | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Is this property located within a flood zone or wetlands area?                                                                                                                                                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Are you aware of any easements, deed/zoning restrictions, or encroachments upon the property whether private or public, recorded or unrecorded? If yes, attach copy of Survey or recorded Agreement of details.                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |



Zoning (Mark All as Applicable):  
 Residential ☒ Mixed-Use ☐ Commercial ☐ Historic ☐  
 Agricultural ☐  
 If Mixed Use, explain.

| STRUCTURAL:                                                                                                                                                                                                                                                                                                         | NO                                  | YES                      | N/A                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|-------------------------------------|
| Either prior to or during your ownership, have there been any known additions, modifications, alterations, repairs, or replacements to the property, including but not limited to any drywall, foundation, electrical, fences, retaining walls, pools, decks, barns, gazebos, and outbuildings?<br>If Yes, Explain. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| If Yes, were all necessary building permits obtained and on record, including but not limited to all construction, plumbing, HVAC or electrical where separately required?<br>If Yes, in what County/City are the permits recorded?                                                                                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Either prior to or during your ownership, does this property have actual or suspected Chinese Drywall materials OR offensive, noxious, chemical odors or blackening, pitting or corrosion of any metals within the property?<br>If yes, explain.                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Are there any defects or problems relating to the foundation/basement?<br>If yes, explain.                                                                                                                                                                                                                          | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Has a water or dampness condition ever existed in your basement/crawlspace?<br>If yes, explain.                                                                                                                                                                                                                     | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Is the exterior siding composed of synthetic stucco, traditional Stucco, Exterior Insulating Finish System (EIFS), ICFS, or other Architectural Hybrid Coatings, Louisiana Pacific or Hardboard siding?<br>If yes, which type:                                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Is your home an Earth Berm?                                                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Is the property located on an earthquake fault?                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |



|                                                                                                                                                        |                                     |                          |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| Is there any known asbestos material present?                                                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, explain.                                                                                                                                       |                                     |                          |                          |
| To your knowledge has the property ever been treated for Asbestos, including removal, remediation, or encapsulation?                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, explain.                                                                                                                                       |                                     |                          |                          |
| Either before your ownership or during, are you aware of any Mold/Mildew/ (Fungi) on the property?                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, explain.                                                                                                                                       |                                     |                          |                          |
| In the course of preparing your property for sale, did you clean up any known or suspected Mold/Mildew (Fungi)?                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, explain where the Fungi was located, who cleaned the Fungi, the method of cleaning/remediation, and any Reports/Inspections/Invoices obtained. |                                     |                          |                          |

|                                                                                                                                                                                                          |                                     |                                     |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| <b>ROOF:</b>                                                                                                                                                                                             | <b>NO</b>                           | <b>YES</b>                          | <b>N/A</b>               |
| Either before your ownership or during, are there any known, current, or existing leaks, wet spots, backups or other problems with the roof materials?                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| If yes, explain.                                                                                                                                                                                         |                                     |                                     |                          |
| Have there ever been any repairs or replacements made to the roof, sub-roof flooring or rafters, whether in whole or in part, as the result of any remodel or known problems in the past Five (5) years? | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If yes, explain. As part of general maintenance by the HOA, roof repairs were carried out in 2025 throughout the community                                                                               |                                     |                                     |                          |
| Are there any prior or current known conditions affecting the chimney(s) or fireplaces whether internally or externally?                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| If yes, explain.                                                                                                                                                                                         |                                     |                                     |                          |
| What is the roofing material? asphalt/fiberglass                                                                                                                                                         |                                     |                                     |                          |



|                                                                                                                                 |                                     |                          |                                     |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|-------------------------------------|
| What is the age of the roof/shingles material?<br>Originally installed since 2002 but regularly maintained (most recently 2025) |                                     |                          |                                     |
| Are there existing solar panels on or adjacent to your property structure?                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Will all solar panels be included in the sale and convey to Buyer?                                                              | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Are the panels leased? If yes, provide a signed copy of the Lease and Warranty.                                                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Are the panels owned? If yes, provide evidence of ownership.                                                                    | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

| MECHANICAL:                                                                                                                  | NO                                  | YES                                 | N/A                      |
|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| Are there any known past, current or existing problems with any of the following systems?                                    |                                     |                                     |                          |
| Electrical                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| If yes, explain.                                                                                                             |                                     |                                     |                          |
| Plumbing                                                                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| If yes, explain.                                                                                                             |                                     |                                     |                          |
| Heating                                                                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| If yes, explain.                                                                                                             |                                     |                                     |                          |
| Air Conditioning                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| If yes, explain.                                                                                                             |                                     |                                     |                          |
| Ventilation/Ductwork                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| If yes, explain.                                                                                                             |                                     |                                     |                          |
| Does the property contain any knob or tube wiring?                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| If yes, explain.                                                                                                             |                                     |                                     |                          |
| If existing, does Heating/ Central Air conditioning ductwork go throughout all levels/floors of the property's living areas? | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If no, explain.                                                                                                              |                                     |                                     |                          |



| WATER SYSTEM:                                                                                                                                | NO                                  | YES                                 | N/A                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Is this property serviced by municipal water?                                                                                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| If no, what is the water supply source?                                                                                                      |                                     |                                     |                                     |
| Are there any past, known, current or existing leaks, backups, contamination, or other problems in or on the property with the water system? | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| If yes, explain.                                                                                                                             |                                     |                                     |                                     |
| If there is a well on the property, is it in working order?                                                                                  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| If not working, has it been sealed?                                                                                                          | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Is this well shared?                                                                                                                         | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| If yes, how many homeowners share?                                                                                                           |                                     |                                     |                                     |
| Is the well placement and all associated piping within the boundary lines of the property?                                                   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Does the home contain polybutylene plumbing?                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Are you aware of any past or present problems with the water quality (municipal or well water)?                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| If yes, attach details.                                                                                                                      |                                     |                                     |                                     |

| SEWER SERVICE:                                                                                                                                                           | NO                                  | YES                                 | N/A                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Is the property serviced by municipal sewer?                                                                                                                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Is the property serviced by a Septic System?                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| If there is a septic system what type of system is utilized? Mound ( <input type="checkbox"/> ) Leech ( <input type="checkbox"/> ) Cesspool ( <input type="checkbox"/> ) |                                     |                                     |                                     |
| Is this a shared septic?                                                                                                                                                 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Date last pumped?                                                                                                                                                        |                                     |                                     |                                     |
| Does the septic tank/cesspool meet all required city and county requirements?                                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Is the septic system including the tank and leeching fields placement within the boundary lines of the property?                                                         | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| List dates and describe any known maintenance to the sewer/septic system, past and present.                                                                              |                                     |                                     |                                     |
| Are there any known, past, or current leaks or defects, repeated leaks or defects, backups or other problems in or around the property from the sewer or septic system?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |



If yes, explain.

| BOUNDARIES:                                                                       | NO                                  | YES                      | N/A                      |
|-----------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| Have you ever had a survey on the property done?                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have a current survey? (If yes, please provide a copy).                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are the boundaries of your property marked in any way?                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you aware of any encroachments, easements, and right of ways on the property? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you aware of any boundary disputes regarding the property?                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you share a driveway, road, airstrip, well or septic system with a neighbor?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, are there maintenance fees or shared expenses? Explain.                   |                                     |                          |                          |

| UNDERGROUND/ABOVE-GROUND STORAGE: TANKS (OTHER THAN SEPTIC TANKS)                                                                        | NO                                  | YES                      | N/A                                 |
|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|-------------------------------------|
| Is there an oil/fuel/chemical tank on the property of any kind?                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| If yes, where is it located? Above Ground <input type="checkbox"/> Below Ground <input type="checkbox"/>                                 |                                     |                          |                                     |
| Is the tank presently in use?                                                                                                            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| What substance does the tank contain and what is its purpose (i.e.: oil for heat source, propane for fireplace, etc.)?                   |                                     |                          |                                     |
| Has an underground tank been put out of use permanently during your ownership or prior to your ownership? If yes, provide documentation. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Have there been any past or present tank leaks whether before or during ownership?                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| If yes, explain.                                                                                                                         |                                     |                          |                                     |
| What is the size of tank (gallons)?                                                                                                      |                                     |                          |                                     |
| When was the tank last filled?                                                                                                           |                                     |                          |                                     |



| RADON GAS:                                                                                                                       |                                     |                          |                                     | NO                                  | YES                                 | N/A                      |                                     |
|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|
| Has the property been tested for Radon gas?<br>If yes, please provide copy of results and/or remediation paperwork if performed. |                                     |                          |                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                                     |
|                                                                                                                                  |                                     | IN WORKING CONDITION?    |                                     |                                     |                                     | IN WORKING CONDITION?    |                                     |
| ITEM                                                                                                                             | YES                                 | NO                       | N/A                                 | ITEM                                | YES                                 | NO                       | N/A                                 |
| Central A/C                                                                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Hot Water Heater                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Other A/C – Window Location?                                                                                                     | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Humidifier Built-In or Standing     | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Barbecue (Built-In)                                                                                                              | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Intercom System                     | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Central Vacuum                                                                                                                   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Sauna                               | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Shed(s)                                                                                                                          | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Microwave (Built-In)                | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Ceiling Fan(s)                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Oven/Range                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                     |
| Dishwasher                                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Refrigerator (Brand & Location)     | x                                   | <input type="checkbox"/> | <input type="checkbox"/>            |
| Roof/Attic Vent                                                                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Satellite Dish                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Electronic Air Purifier                                                                                                          | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Home Satellite Equipment            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Swing Set                                                                                                                        | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Smoke Detectors                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Fireplace – Location?                                                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Sprinkler System                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                     |
| Furnace                                                                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Sump Pump                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Garage Door Opener                                                                                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Trash Compactor                     | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Garbage Disposal                                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Dryer                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Invisible Fencing                                                                                                                | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Washer                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Heaters (Supplemental)                                                                                                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Window Screens                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Garage Door Remotes                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Hood-Range/Vent                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Lawn Mower(s)                                                                                                                    | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | TV Roof Antenna                     | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Wood Burning Stove                                                                                                               | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Misc.                               | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| Solar Panels                                                                                                                     | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Misc.                               | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| Koi Pond                                                                                                                         | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                     |                                     |                          |                                     |



|                                                            |                                                                                                                                                                                                   |
|------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Security System                                            | Owned <input checked="" type="checkbox"/> Rented <input type="checkbox"/><br>Included in sale? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A   |
| Water Softener                                             | Owned <input type="checkbox"/> Rented <input type="checkbox"/><br>Included in sale? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A              |
| Hot Tub/Spa                                                | Free Standing <input type="checkbox"/> Built-In <input type="checkbox"/><br>Included in sale? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A    |
| Fuel Storage Tank                                          | Owned <input type="checkbox"/> Rented <input type="checkbox"/><br>Included in sale? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A              |
| Pool                                                       | Above Ground <input type="checkbox"/> Below Ground <input type="checkbox"/><br>Included in sale? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| List pool equipment to be included in sale and if working: |                                                                                                                                                                                                   |

| ASSOCIATION/PUD/Common Interest Community:                                                                                                                                                                | NO                                  | YES                                 | N/A                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| Is this Property subject to any Rules, Regulations, By-Laws or fees owed to any HOA or other Association?                                                                                                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Name: Woodlands at Webb Bridge Condo Association, Inc<br>Phone: 770-777-6890<br>Fee: \$454 per <input checked="" type="checkbox"/> Month <input type="checkbox"/> Quarterly <input type="checkbox"/> Year |                                     |                                     |                          |
| Are there any present, past, or pending legal action(s) related to the Property, HOA, Homeowner(s), Developer or Builder or County claims, whether filed or not yet filed of record?                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| If yes, explain.                                                                                                                                                                                          |                                     |                                     |                          |
| Are there common areas co-owned in undivided interest with others such as tennis courts, pools, walkways, playgrounds, pavilions, or other?                                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If yes, explain. Pool                                                                                                                                                                                     |                                     |                                     |                          |
| Do you own parking space(s) or garage(s)?                                                                                                                                                                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If yes, how many? 2 garage spots                                                                                                                                                                          |                                     |                                     |                          |
| If owned, is (are) your parking space(s) or garage(s) separately deeded?                                                                                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Are you aware of any structural integrity inspections performed on units in the complex/building by the HOA or any municipal or state authority within the last 24 months?                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Is (are) your parking space(s) or garage(s) leased? If yes, provide a copy of the lease.                                                                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |



| MISCELLANEOUS:                                                                                                                                                                                                                                        | NO                                  | YES                      | N/A                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| Are there any other known defects not listed herein that would affect use of property or a buyer's decision to purchase?<br>If yes, explain.                                                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you purchase this present property under a Land Contract?<br>If yes, provide a copy of the executed Land Contract.                                                                                                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you aware of any Liens or Encumbrances upon the property other than Home Mortgages whether against you or a past record owner, whether showing on title or not?                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the property contain any indoor or outdoor surround-sound/audio theatre system(s)?                                                                                                                                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are there any neighborhood conditions affecting the property such as high tension wires, power plants, train tracks, airline noise, vehicle traffic, schools, dumpsite, landfill, stigmatized property, or commercial businesses?<br>If yes, explain. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is your property located within (5) miles of a Toxic Waste Site or Brownfield?                                                                                                                                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is this property located near a pond? (Please explain below any ownership rights to the pond).                                                                                                                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has the property ever had drainage or flooding problems?                                                                                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have any properties in the immediate neighborhood ever had drainage or flooding problems?                                                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever experienced or know of any problems with:                                                                                                                                                                                               |                                     |                          |                          |
| Foundation                                                                                                                                                                                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                          |
| Flooding                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                          |
| Wet Walls                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                          |
| Seepage/Dampness                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                          |
| Gutters/Downspouts                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                          |
| Invasive Tree Roots                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                          |
| Toxic Chemical Spill                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                          |
| Cracked Driveway/Sidewalks                                                                                                                                                                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                          |
| In ground/Above Ground Pool(s)                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                          |
| Solar Panels                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                          |
| Drain Tiles                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                          |
| Cracked Floors                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                          |
| Other Leakage                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                          |
| French Drain                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                          |



|                                                                                                                                         |                          |                          |  |
|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--|
| Fire Sprinkler                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Garage Door                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Light Fixtures                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Fireplace(s)                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Provide details describing the extent and nature of any known past, current or present problems with the above whether repaired or not. |                          |                          |  |

| <b>DOCUMENTS/REPORTS:</b>                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Provide a copy of all documents that apply to your property and as required for the transfer of property.                                                                          |
| All Building Permits (existing, past, or present).                                                                                                                                 |
| Disclosure Statements.                                                                                                                                                             |
| General Inspections.                                                                                                                                                               |
| Homeowner's Association Documents: Conditions, Covenants and Restrictions (CC&R's).                                                                                                |
| Articles, Bv-Laws, Financial Statements, statements regarding any Assessments.                                                                                                     |
| Termite/Pest control warranties or maintenance contracts.                                                                                                                          |
| Radon, Septic or Mold Tests.                                                                                                                                                       |
| Soil Report.                                                                                                                                                                       |
| Structural Inspection Report/Engineering Report along with all paid invoices/receipts showing any and all work that may have been completed on the property during your ownership. |
| Surveys.                                                                                                                                                                           |
| Easement Agreements.                                                                                                                                                               |
| Lawsuits or other present or pending proceedings affecting Homeowner or property (Divorce, Quitclaims, Bankruptcy, Mechanic's Liens, Trusts, etc.).                                |
| Any violations of HOA, County or other governing authority regulations.                                                                                                            |



SELLER'S STATEMENT

I/we, owner(s) of the above property acknowledge this *Seller's Disclosure Statement* and give permission to Capital Relocation Services, LLC to disclose this information to any party.

DocuSigned by:  
*Quasim Sorindola*  
CAB8E68CEE4F428...

Signature of Seller: \_\_\_\_\_

Date: 8/12/2026

Signed by:  
*[Signature]*  
E063ED0BE51844A...

Signature of Seller: \_\_\_\_\_

Date: 8/12/2026

The undersigned Buyer acknowledges receipt of the foregoing notice.

Signature of Buyer: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Buyer: \_\_\_\_\_

Date: \_\_\_\_\_