



## SELLER'S PROPERTY DISCLOSURE STATEMENT (CONDOMINIUM) EXHIBIT " \_\_\_\_\_ "

Georgia  
Association  
of REALTORS®

2011 Printing

This Seller's Property Disclosure Statement ("Statement") is an exhibit to the Condominium Purchase and Sale Agreement with an Offer Date of 20 11 for Property known as or located at 1158 WEATHERSTONE DRIVE ATLANTA Georgia 30324. This Statement contains Seller's disclosures regarding the present condition of the Property, certain past repairs and the history of the Property.

**A. INSTRUCTIONS TO SELLER IN COMPLETING THIS DISCLOSURE STATEMENT.** In completing this Disclosure Statement, Seller agrees to:

- (a) answer all questions with reference to the Unit (which, unless otherwise noted, shall include the improvements thereon);
- (b) leave no question unanswered;
- (c) answer all questions fully and accurately based upon the best knowledge and belief of all Sellers in the Condominium Purchase and Sale Agreement;
- (d) fully explain in the Additional Explanations paragraph any questions to which the answer is "yes" or "other" referencing the number of the question for which the additional explanation is being given; and
- (e) promptly revise the Statement and provide a copy of the same to the Buyer and any Broker involved in the transaction if prior to closing there are any material changes in the answers to any of the questions.

**B. HOW THIS STATEMENT SHOULD BE USED BY BUYER.** The answers of Seller below should not be a substitute for Buyer conducting a careful, independent evaluation of the Property. Caveat emptor or buyer beware is the law in Georgia. Buyer is expected to use reasonable care to identify defects in the Property and satisfy herself or himself that the Property is suitable for Buyer's needs and purposes. If an independent evaluation of the Property reveals potential problems or areas of concern that would cause a reasonable buyer to investigate further, Buyer may not have legal recourse if Buyer fails to investigate further.

For the purposes of this Disclosure Statement, the term "Unit" shall not include any interest in the common elements (including limited common elements) assigned to the Unit in the Declaration. The term "Association" shall mean the condominium or Unit owners' association for the above referenced condominiums. The term "Property" shall refer to all property made a part of the condominium in which Unit is located.

**C. DISCLOSURES.**

**1. OCCUPANCY:**

- (a) Is the Unit vacant?  Yes  No  Don't Know  
If yes, how long has it been since Seller occupied the Unit? \_\_\_\_\_
- (b) Is the Unit or any portion thereof leased?  Yes  No  Don't Know

**2. SOIL, TREES, SHRUBS / LAND BOUNDARIES:**

- (a) Are there now or have there been any landfills (other than foundation backfill), graves, burial pits, caves, mines, shafts, trash dumps or wells (in use or abandoned) on the Property?  Yes  No  Don't Know
- (b) Is there now or has there been any soil movement, subsidence, settlement, upheaval, or erosion?  Yes  No  Don't Know
- (c) Are there presently any encroachments onto the Property, unrecorded easements affecting the Property or boundary line disputes with a neighboring property owner?  Yes  No  Don't Know
- (d) Are there any encroachments or unrecorded easements with respect to Unit?  Yes  No  Don't Know

**3. ROOF, GUTTERS AND DOWNSPOUTS:**

- (a) Approximate age of roof on building in which Unit is located: 1985 (27) years.
- (b) Has the roof on the building in which the Unit is located, or any part thereof, been repaired during your ownership?  Yes  No  Don't Know
- (c) Are there any roof leaks into the Unit?  Yes  No  Don't Know

**4. TERMITES, DRY ROT, PESTS, AND WOOD-DESTROYING ORGANISMS:**

- (a) Is there any past or present damage to Property caused by infiltrating pests, termites, dry rot, or other wood-destroying organisms?  Yes  No  Don't Know
- (b) Is there any past or present damage to Unit caused by infiltrating pests, termites, dry rot, or other wood-destroying organisms?  Yes  No  Don't Know
- (c) Does the Association currently have Property under a transferable bond, warranty or other coverage for termites or other wood destroying organisms by a licensed pest control company?  Yes  No  Don't Know  
If yes, check type of coverage:  re-treatment and repair; or  re-treatment only
- (d) Have any termite/pest control reports or treatments for Property or Unit been done in the last five (5) years?  Yes  No  Don't Know
- (e) Do any exterior porches or exterior improvements on Property have any untreated wood or exterior rigid board insulation, foam plastic, synthetic stucco, hard coat stucco, wood or masonry siding (excluding brick), below grade or within six inches of finished grade?  Yes  No  Don't Know

**5. STRUCTURAL ITEMS, CONDITIONS AND ALTERATIONS:**

- |  | Yes                                 | No                                  | Don't Know                          |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| (a) What year was Unit constructed? <u>1985</u>  |                                     | <input checked="" type="checkbox"/> |                                     |
| (b) Is the condominium a condominium conversion? If yes, what year was converted? _____  |                                     | <input checked="" type="checkbox"/> |                                     |
| (c) Has there been any movement, shifting, settling (other than normal settling), cracking, deterioration, or other structural problems with any portion of Property?              |                                     |                                     | <input checked="" type="checkbox"/> |
| (d) Has there been any movement, shifting, settling (other than normal settling), cracking, deterioration, or other structural problems with any portion of Unit?                  |                                     | <input checked="" type="checkbox"/> |                                     |
| (e) Has there been any additional structural bracing, underpinning, or other structural reinforcement added to any portion of Property?  | <input checked="" type="checkbox"/> |                                     |                                     |
| (f) Has there been any additional structural bracing, underpinning, or other structural reinforcement added to any portion of Unit?  | <input checked="" type="checkbox"/> |                                     |                                     |
| (g) Are there any problems with driveways, walkways, patios, or retaining walls serving Unit?  |                                     | <input checked="" type="checkbox"/> |                                     |
| (h) Have there been any additions, structural changes, or any other major alterations to Unit subsequent to the time Property was submitted to the condominium form of ownership?  |                                     | <input checked="" type="checkbox"/> |                                     |
| (i) Have there been any instances where necessary permits and/or approvals were not obtained for work done in or to Unit?  |                                     | <input checked="" type="checkbox"/> |                                     |
| (j) Has there been any work done to Unit of the Condominium that was not in compliance with building codes or zoning regulations or for which a necessary permit was not obtained? |                                     | <input checked="" type="checkbox"/> |                                     |
| (k) Does any of the exterior siding or cladding of any portion of Property contain synthetic stucco and windows are constructed of wood?   |                                     | <input checked="" type="checkbox"/> |                                     |

**6. DRAINAGE, FLOODING AND MOISTURE:**

- |   |                                     |                                     |  |
|---|-------------------------------------|-------------------------------------|--|
| (a) Has there been any water leakage, accumulation, or dampness within Unit?  | <input checked="" type="checkbox"/> |                                     |  |
| (b) Have any repairs been made to control any water or dampness problems in the Unit?   | <input checked="" type="checkbox"/> |                                     |  |
| (c) Is any part of the Property or any improvements thereon presently located in a 100 year Special Flood Hazard Area where there is at least a 1% chance of a flood in any given year? |                                     | <input checked="" type="checkbox"/> |  |
| (d) Has there been any drainage problems or flooding on Property?   | <input checked="" type="checkbox"/> |                                     |  |
| (e) Are there any problems with siding or exterior cladding of any portion of Property retaining moisture, swelling, chipping or delaminating?  | <input checked="" type="checkbox"/> |                                     |  |
| (f) Does mold appear on interior portions of the Unit other than on the walls, floors or ceilings of showers/bathtubs within common element walls adjacent to Unit?                     |                                     | <input checked="" type="checkbox"/> |  |

**7. PLUMBING RELATED ITEMS:**

- |   |                                     |                                     |                                     |
|---|-------------------------------------|-------------------------------------|-------------------------------------|
| (a) What is your drinking water source: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Well on Property |                                     |                                     |                                     |
| (b) If your drinking water is from a well, has it been tested within the past twelve months?  |                                     | <input checked="" type="checkbox"/> | N/A                                 |
| (c) Do you have a water softener, filter or purifier? If yes, <input type="checkbox"/> Leased <input type="checkbox"/> Owned                                  |                                     | <input checked="" type="checkbox"/> |                                     |
| (d) What is the type of sewage system: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Septic Tank       |                                     | <input checked="" type="checkbox"/> |                                     |
| (e) Is Unit served by sewage pump or lift system?   |                                     | <input checked="" type="checkbox"/> |                                     |
| (f) Do you know if any septic tank or cesspool on Property has ever been professionally serviced? If yes, please give the date of last service: _____         |                                     | <input checked="" type="checkbox"/> |                                     |
| (g) Do you know of any past or present leaks, backups, or other similar problems relating to any of the plumbing, water supply or sewerage-related items?     | <input checked="" type="checkbox"/> |                                     |                                     |
| (h) Is there any polybutylene plumbing, other than primary service line, serving Unit?  |                                     |                                     | <input checked="" type="checkbox"/> |

**8. OTHER SYSTEMS AND COMPONENTS:**

- |   |  |                                     |                                     |
|---|--|-------------------------------------|-------------------------------------|
| (a) What type of heating system(s) serve Unit? <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Other                             |  |                                     |                                     |
| (b) Approximate age of heating system(s): <u>12</u> years   |  |                                     |                                     |
| (c) What is the primary air conditioning system serving the main dwelling? <input type="checkbox"/> gas <input checked="" type="checkbox"/> electric <input type="checkbox"/> other |  |                                     |                                     |
| (d) Approximate age of air conditioning system(s): <u>12</u> years  |  |                                     |                                     |
| (e) How is water heated in the Unit? <input type="checkbox"/> Electric <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Solar                                       |  |                                     |                                     |
| (f) Approximate age of water heater: <u>6</u> years   |  |                                     |                                     |
| (g) Does any system for heating and/or cooling Unit or heating water serve more than one Unit?  |  | <input checked="" type="checkbox"/> |                                     |
| (h) Does Unit have aluminum wiring other than the primary service line?   |  | <input checked="" type="checkbox"/> |                                     |
| (i) Are there any system appliance(s) which is leased or which has a fee associated with its use?   |  | <input checked="" type="checkbox"/> |                                     |
| (j) Are any fireplaces serving Unit not working fireplaces or not in good working order and repair?   |  | <input checked="" type="checkbox"/> |                                     |
| (k) When was the fireplace, wood stove or chimney/flue cleaned? Date: <u>prior to 2005</u>  |  |                                     | <input checked="" type="checkbox"/> |

**9. TOXIC SUBSTANCES:**

- |   |  |                                     |  |
|---|--|-------------------------------------|--|
| (a) Are there any underground tanks, toxic or hazardous substances on or in the common elements (structure or soil) such as asbestos, urea-formaldehyde, methane gas, radioactive material, radon, mold, benzene or other environmental contaminants? |  | <input checked="" type="checkbox"/> |  |
| (b) Are there any toxic or hazardous substances in the Unit?  |  | <input checked="" type="checkbox"/> |  |



15. ADDITIONAL EXPLANATIONS FOR ALL QUESTIONS ANSWERED "YES" OR "OTHER": [Explanations should reference the number of the question or which more detailed information is being provided.]

- 1. b. Roommate
  - 3. b. Spring 2010
  - 4. a. Pergolas removed / deck damage due to carpenter bees
  - c. Arrow Exterminators
  - d. Yes, monthly pest control treatments
  - 5. e. Deck/stairs : structural reinforcement (2010)
  - f. Deck structural reinforcement (2010)
  - 6. a. Master bath to leakage from upstairs neighbor, broken refrigerator leakage in kitchen from upstairs neighbor
  - b. Replaced damaged drywall/ceiling
  - d. Bldg. 14 drainage problems
  - e. Bldg 14 - resiting from above drainage problems
  - g. Airconditioning drainage line from upstairs neighbor drains into my unit
- Additional pages are  or  not attached. and backed up  
 10. a. 2 months Association fees 12. g. Dishwasher works great but makes noise

D. FIXTURES/ITEMS: Check  only those fixtures/items below that are included in the sale of Unit. Unless otherwise indicated, if there is more than one item (such as a second refrigerator or two chandeliers or three smoke detectors), all such fixtures/items checked  are included in the sale of Unit. Those fixtures/items listed below that are not checked shall not be included in the sale of Unit.

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Air Conditioning Window Unit                               | <input checked="" type="checkbox"/> Fireplace                                       | <input type="checkbox"/> Mailbox  | <input type="checkbox"/> Sump Pump   |
| <input type="checkbox"/> Air Purifier   | <input checked="" type="checkbox"/> Gas Logs  | <input checked="" type="checkbox"/> Microwave Oven                                  | <input type="checkbox"/> Surface Unit Cook Top                             |
| <input checked="" type="checkbox"/> Alarm System (Burglar)                          | <input checked="" type="checkbox"/> Gas Starter Key                                 | <input checked="" type="checkbox"/> Built-In <input type="checkbox"/> Free Standing | <input type="checkbox"/> Gas <input type="checkbox"/> Electric             |
| <input type="checkbox"/> Leased <input checked="" type="checkbox"/> Owned           | <input type="checkbox"/> Remote Control   | <input checked="" type="checkbox"/> Mirror (Attached)                               | <input checked="" type="checkbox"/> Switch Plate Covers                    |
| <input checked="" type="checkbox"/> Alarm System (Smoke/Fire)                       | <input checked="" type="checkbox"/> Screen/Door                                     | <input type="checkbox"/> Radio (Built-In)   | <input checked="" type="checkbox"/> Telephone/Data Jacks/Wires             |
| <input type="checkbox"/> Leased <input checked="" type="checkbox"/> Owned           | <input type="checkbox"/> Wood Burning Insert  | <input checked="" type="checkbox"/> Refrigerator                                    | <input type="checkbox"/> Television Antenna                                |
| <input type="checkbox"/> Awning   | <input type="checkbox"/> Fire Sprinkler System                                      | <input type="checkbox"/> Satellite Dish/Receiver                                    | <input checked="" type="checkbox"/> Television Cable/Jacks                 |
| <input type="checkbox"/> Carbon Monoxide Detector                                   | <input type="checkbox"/> Flag Pole  | <input type="checkbox"/> Sauna  | <input checked="" type="checkbox"/> Thermostat (Programmable)              |
| <input checked="" type="checkbox"/> Ceiling Fan                                     | <input type="checkbox"/> Garage Door Opener   | <input checked="" type="checkbox"/> Shelving Unit & System                          | <input type="checkbox"/> Trash Compactor                                   |
| <input type="checkbox"/> Remote Control   | <input type="checkbox"/> Remote Control   | <input checked="" type="checkbox"/> Built-In <input type="checkbox"/> Free Standing | <input type="checkbox"/> Built-in <input type="checkbox"/> Free Standing   |
| <input type="checkbox"/> Chandelier   | <input checked="" type="checkbox"/> Garbage Disposal                                | <input checked="" type="checkbox"/> Shower Head/Sprayer                             | <input type="checkbox"/> Vacuum System (Built-In)                          |
| <input type="checkbox"/> Dehumidifier   | <input checked="" type="checkbox"/> Built-In <input type="checkbox"/> Free Standing | <input checked="" type="checkbox"/> Smoke Detector                                  | <input type="checkbox"/> Vacuum Attachments                                |
| <input type="checkbox"/> Built-In <input type="checkbox"/> Free Standing            | <input type="checkbox"/> Hot Tub  | <input type="checkbox"/> Battery Operated   | <input type="checkbox"/> Vent Hood   |
| <input checked="" type="checkbox"/> Dishwasher                                      | <input type="checkbox"/> Humidifier   | <input type="checkbox"/> Hard Wired   | <input type="checkbox"/> Washing Machine                                   |
| <input checked="" type="checkbox"/> Built-In <input type="checkbox"/> Free Standing | <input checked="" type="checkbox"/> Ice Maker                                       | <input type="checkbox"/> Speakers (Built-In)  | <input type="checkbox"/> Water Purification System                         |
| <input checked="" type="checkbox"/> Door & Window Hardware                          | <input checked="" type="checkbox"/> Built-In <input type="checkbox"/> Free Standing | <input type="checkbox"/> Statuary   | <input type="checkbox"/> Water Softener System                             |
| <input type="checkbox"/> Dryer  | <input type="checkbox"/> Intercom System  | <input type="checkbox"/> Stepping Stones  | <input type="checkbox"/> Weather Vane                                      |
| <input type="checkbox"/> Gas <input type="checkbox"/> Electric                      | <input type="checkbox"/> Jetted Tub   | <input checked="" type="checkbox"/> Stove   | <input checked="" type="checkbox"/> Window Screens                         |
|   | <input checked="" type="checkbox"/> Light Fixtures (Except Chandeliers)             | <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Electric           | <input checked="" type="checkbox"/> Window Treatments (including Hardware) |
|   |   | <input type="checkbox"/> Built-In <input type="checkbox"/> Free Standing            | <input type="checkbox"/> Wine Cooler                                       |

Other fixtures/items included in the sale of Unit:  
Ceiling fans

Other fixtures/items not included in the sale of Unit:

The common law of fixtures shall apply to fixtures not addressed herein. Those fixtures/items that are not included in the sale of Unit shall remain property of Seller and Seller shall have the right to remove any such fixtures/items not timely removed. In removing all fixtures/items, Seller shall use reasonable care to prevent damage and, if necessary, to restore Unit to its original condition.

**SELLER'S REPRESENTATION REGARDING SELLER'S CONDOMINIUM PROPERTY DISCLOSURE STATEMENT:**

Seller represents that Seller has followed the instructions to Seller in Completing This Disclosure Statement set forth in Paragraph A above and will follow the same in updating this Disclosure Statement as needed from time to time.

Seller: Kimberly C Dalby

Date: 6-6-11

Seller: \_\_\_\_\_

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

**RECEIPT AND ACKNOWLEDGMENT BY BUYER:**

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

Buyer: \_\_\_\_\_

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

Buyer: \_\_\_\_\_

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

COMMUNITY ASSOCIATION DISCLOSURE  
EXHIBIT "F"



2011 Printing

This Exhibit is part of the Agreement with an Offer Date of November 23, 2011 for the purchase and sale of that certain Property known as: 1168 Weatherstone Drive, Atlanta, Georgia 30324.

A. TYPE OF ASSOCIATION.

Seller hereby discloses to Buyer that, in purchasing the Property, Buyer will either become a mandatory member or have the opportunity to become a voluntary member in the following type of community association ("Association"):  
*[Select all which apply. The section not checked shall not be a part of this Exhibit.]*

- Mandatory Membership Condominium Association
- Mandatory Membership Homeowners Association
- Voluntary Membership Homeowners Association

B. EXISTENCE OF MASTER ASSOCIATION

Seller also discloses to Buyer that in addition to the Association referenced above, there  is OR  is not a master association of which Buyer shall become a member or in which the Association is already a member.

C. CONTACT INFORMATION FOR ASSOCIATION:

(Name, Address, Telephone Number, etc., where Association Dues are Sent by Seller)

Brett Smith / Association Manager  
Community Management Associates  
1465 Northside Drive Suite 128 / Atlanta, GA 30318  
404-835-9100 / bsmith@cmacommunities.com

D. ANNUAL ASSOCIATION ASSESSMENTS:

*[Select all which apply. The sections not checked shall not be a part of this Agreement.]*

- 1. Mandatory Membership Association. Buyer acknowledges that Buyer will have to pay annual assessments to the Association so long as Buyer owns the Property to cover the Buyer's share of common expenses. The estimated total annual assessment paid by the owner of the Property to the Association is currently \$260 time 12 payments and is paid in monthly installments.
- 2. Voluntary Membership Association. If Buyer becomes a member of Association, Buyer shall be responsible for paying an annual assessment estimated to be \_\_\_\_\_ and paid in \_\_\_\_\_ installments.
- 3. Master Association. If the Buyer of the Property will also be obligated to pay an annual assessment to a master association, the annual assessment is estimated to be \_\_\_\_\_ and shall be paid in \_\_\_\_\_ installments.

E. INITIATION FEE.

Any Association initiation fee, membership fee, transfer fee or other similar fee or charge (hereinafter collectively referred to as "Initiation Fee") shall be paid by the Buyer. To the best of Seller's knowledge, there  is OR  is not an Initiation Fee. If there is an Initiation Fee, the estimated amount of the Initiation Fee is \$520.00 and is due at the time of closing.

F. ACCOUNT STATEMENT LETTER.

Any letter from the Association confirming whether assessments or other amounts are owed on the Property shall be paid by the  Buyer OR  Seller. If Seller is paying for the Account Statement Letter, the payment shall be in addition to the Items Paid by Seller at Closing set forth in the Agreement.

G. SPECIAL ASSESSMENTS. *[Select all which apply. The sections not checked shall not be a part of this Agreement.]*

To the best of Seller's knowledge there  is OR  is not a special assessment owing to or under consideration by the Association or any Master Association. If a special assessment is owing to or under consideration by the Association or any Master Association, it is *[Select all which apply. The sections not checked shall not be a part of this Agreement]:*

- already passed by the Association in the estimated amount of \$ \_\_\_\_\_;
- already passed by the Master Association in the estimated amount of \$ \_\_\_\_\_;
- under consideration by the Association in the estimated amount of \$ \_\_\_\_\_; or
- under consideration by the Master Association in the estimated amount of \$ \_\_\_\_\_.

**H. ASSESSMENTS PAY FOR FOLLOWING SERVICES AND AMENITIES:**

*[Select all which apply. The sections not checked shall not be a part of this Agreement.]*

The following services and amenities are paid for by the Association from the annual assessment:

Utilities for Property

- Gas
- Water
- Electric
- Heating
- Sewer

Services

- Concierge
- Gate Attendant
- Trash Pickup
- Road Maintenance
- Maintenance of Property
  - Grounds
  - Dwelling Exterior
- Common Area Maintenance

Amenities

- Pool **KD**
- Tennis
- Golf
- Clubhouse
- Playground
- Exercise Facility
- Equestrian Facility
- Marina/Boat Storage

Other

- Cable
- Pest and Termite Control
- Fire Insurance on Property
- Common Area Insurance

**I. ADDITIONAL FEES FOR SERVICES AND FACILITIES.**

If any of the above-referenced services and amenities require the payment of an additional fee to receive the service or use the amenity, please specify the service and / or amenity below and the fee for using (or receiving) the same:

The HOA fees are going up to \$273 on Jan 1, 2012

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**J. NO WARRANTY.**

The information in this exhibit is deemed accurate but is not guaranteed. Buyer should contact the Association to confirm what assessments and fees Buyer will owe if Buyer purchases the Property and the services and amenities that will be available to Buyer in living in the community.

Buyer's Initials: \_\_\_\_\_

Seller's Initials: **KD** \_\_\_\_\_

11/27/11