

SELLER'S PROPERTY DISCLOSURE STATEMENT

Seller's Name: Donald J and Patricia M Snodgrass

Property Address: 2 Deerfield Road, Covington, GA 30014

The information provided is the representation is of the Seller's best knowledge as of the date noted. Disclosure by the Seller is not a substitute for an inspection and you may wish to obtain such an independent home inspection company. The information contained in this statement is not a warranty by the Seller as to the condition of the property, of which the Seller is required to disclose any known latent (hidden, concealed, or unseen) defects to any potential Buyer.

Buyer's Initials DJS / PMS

I. OWNERSHIP.

Property Type: single family

Year Built: 1992

Ownership Length: 1 year

Accurate Survey of the Property? All four corners of the property are marked

Dates Lived on the Property: Since November 2, 2020.

Other Comments: Membership in the homeowners association (HOA) is optional. Dues are currently \$350 a year enabling access to the pool, tennis court, pavilion and fishing from the lake.

II. WATER SUPPLY.

Type: Public

Any Issues with the Water: No

Any Water Treatment Systems? No

No Fire Sprinkler Systems

Other Comments: Water is also piped from the house to the workshop. We don't use it. As such, the disconnect valve in the house's crawl space is turned off.

Seller's initials DJS PMS

III. SEWAGE DISPOSAL.

Type: The septic system with holding tank and drain field is working well.

Other Comments: The system was last inspected and pumped in October, 2020. See attached inspection report and corrective action performed.

IV. HEATING.

Type: Natural Gas

Heat is supplied to all finished rooms. All systems are in operating condition

Other Comments: HVAC system is four years old.

V. AIR CONDITIONING.

Type: Electric

AC is supplied to all finished rooms. The AC System in excellent operating Condition.

Other Comments: HVAC system is four years old.

VI. HOT WATER.

Type: Electric

Age: 5 years

Other Comments: _____

VII. FOUNDATION.

No settlement or other Problems.

Other Comments: _____

VIII. CRAWLSPACE

No leaks or excessive Moisture.

Other Comments: _____

IX. ROOF.

The roof consists of standard asphalt shingles. No leaks or evidence of moisture. No fire-retardant treated plywood.

Other Comments: A 20 ft section of the fascia was replaced in November, 2020.

X. PLUMBING SYSTEM.

The Plumbing System is in excellent operating condition with no known

Other Comments: _____

XI. ELECTRIC SYSTEMS.

No known issues with the Electrical System.

Other Comments: _____

XII. INSULATION.

In exterior walls, in the ceiling/Attic and under the floor.

Other Comments: _____

XIII. EXTERIOR DRAINAGE.

Water does not stand excessively on the property after a heavy rain. Gutters and downspouts are all in excellent operating condition.

Other Comments: New "leaf filter" gutter protection system installed 12/17/2020 as per the attached invoice. For more information visit <https://www.leafilter.com/>.

XIV. WOOD-DESTROYING INSECTS.

No know infestations or prior damage. See attached October, 2020 inspection report

Other Comments: _____

XV. CARBON MONOXIDE ALARM.

A carbon monoxide alarm is installed.

Other Comments: _____

XVI. HAZARDOUS OR REGULATED MATERIALS.

There are no hazardous or regulated materials located on the property, including, but not limited to lead based paint, mold, asbestos, radon gas, lead-based paint, licensed landfills, methamphetamine labs, underground storage tanks, any mining operations or other past contamination on the property.

Other Comments: _____

XVII. FIRE.

One gas log fireplace is installed and in good working condition.

Other Comments: _____

XVII. ZONING VIOLATIONS.

There are no zoning violations, nonconforming uses, violation of building restrictions or set-back requirements or any recorded or unrecorded easement, except for utilities.

Other Comments: _____

XV111. IMPROVEMENTS.

The following improvements have been accomplished since the property was purchased:

During 2020:

- Cleared underbrush and small problem trees from the property.
- Installed a new kitchen light fixture.
- Added two wall sconces to the dining room.
- Installed an ADT home monitored security system.
- Installed a new mailbox.
- Removed and replaced a 12-foot section of the concrete lane.

- Removed a tall dead pine tree adjacent to the detached garage in the backyard.
- Constructed a porch swing in the backyard.
- Installed new "Leaf filter" gutter protection.

During 2021:

- Mulched 20 piles of dead tree limbs and underbrush in our woods.
- Replaced 20 ft of rotted fascia on the roof.
- Repainted the workshop exterior.
- Repainted baseboards throughout the interior.
- Resurfaced front and back stamped concrete patios.
- Painted wood fence in the front of the property flat black. (In planning)
- Installed a new ceiling fan in the sunroom.
- Installed window shades in the attached garage.
- Replacing existing exterior shutters with board and batten shutters.
- Erected a 20 ft high bronze flagpole
- Painted the front and back stamped concrete patios.
- Installed a brick border around the center island and the house.
- Added a gravel parking area in front of the house.
- Painted the garage walls and the floor.
- Pressure washed the workshop concrete floor.

Note: Nearly \$12,000 in materials since November 2020

- Painted wood fence in the front of the property flat black. (In planning)

XX. FLOOD ZONE.

The property is not located in a Flood Zone.

Other Comments: _____

XXI. RESTRICTIONS.

There are no restrictions on the Property beyond those specified in the covenants.

Other Comments: See attached covenants.

XXII. MINERAL RIGHTS.

There are no Mineral Rights on the Property.

Other Comments: _____

XXIII. MURDER / SUICIDE.

To our knowledge, there has never been a murder or suicide within the property.

Other Comments: _____

XXIV. ILLEGAL DRUG OR CRIMINAL ACTIVITY

To our knowledge, there has never been any illegal drug or criminal activity within the boundaries of the property.

Other Comments: _____

XXV. MATERIAL DEFECTS.

There are no material defects, including latent defects, affecting the physical condition of the Property.

XXVI. STRUCTURAL SYSTEMS.

There are no defects with other Structural Systems on the Property.

Other Comments: _____

XXVII. ADDITIONAL DISCLOSURES.

- a. The white refrigerator in the kitchen works well except the ice dispense necessitating that we must manually get ice cubes from the internal ice bucket.
- b. The underground water line from the house to the workshop has a small leak. As such, we keep it turned off at the cutoff valve at the crawl space access door.
- c. A 12 ft by 12 ft section of the concrete lane leading to the house was replaced in November, 2020.

XXVIII. Fixtures remaining with the house.

- 1. Dishwasher
- 2. Garage door openers
- 3. Security gate and openers
- 4. Refrigerator/freezer and ice maker
- 5. Microwave oven
- 6. Electric oven
- 7. Electric cooktop
- 8. Spare refrigerator in the garage
- 9. All ceiling fans
- 10. All ceiling light fixtures
- 11. All window treatments including blinds, shutters and draperies
- 12. Fireplace gas logs
- 13. Unused paint and other items in the workshop
- 14. Arbor and porch swing in the back yard
- 15. Mailbox
- 16. ADT alarm system (new)

Signatures:

Seller's initials DJS PMS

Buyer's Signature _____ **Date** _____

Print Name _____

Buyer's Signature _____ **Date** _____

Print Name _____

Seller's Signature Donald J Snodgrass _____ **Date** 05/30/2021 _____

Print Name _____ Donald J Snodgrass _____

Seller's Signature Patricia M Snodgrass _____ **Date** 05/30/2021 _____

Print Name _____ Patricia M Snodgrass _____

Agent's Signature (if any) No agent _____ **Date** _____

Print Name _____

Arnold's Septic Tank Service
3466 E. Hightower Trail Conyers GA 30012
770-483-8542

CUSTOMER Philip Johnson PHONE 770-787-4274
ADDRESS 2 Deerfield Rd
CITY Covington STATE GA ZIP CODE 30014
INVOICE # _____ DATE: 9-21-2020

FRENCH DRAIN
1 YEAR WARRANTY
If you have any problems we will come back and fix for free or credit \$ _____
Warranty does not include pumping nor high water usage

CROSSOVER Pd 2600⁰⁰ by check
1 YEAR WARRANTY
If you have any problems we will come back and install French Drain for additional \$1300. Warranty does not include pumping nor high water usage

WAIVER
We are not responsible for any damage to driveways, irrigations, landscape, fencing, or utilities while working.

DISCLOSURE ALL PUMPINGS OR SERVICE CALLS MUST BE MADE TO ARNOLD'S SEPTIC TANK SERVICE TO MAKE VALID THIS WARRANTY. SERVICES FROM OTHER COMPANIES, WITHOUT PRIOR CONSENT, WILL MAKE THIS AGREEMENT VOID AND NO MONIES WILL BE CREDITED
NO WARRANTY WILL BE HONORED WITHOUT THIS DOCUMENT PRESENTED AT THE TIME OF COMEBACK.

CUSTOMER SIGNATURE Philip Johnson

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CUSTOMER SIGNATURE Philip Johnson

ARNOLD'S SEPT

NEEDS REPAIR
ARNOLD BOWEN
(770) 485-8542

TANKS COST
LINES REPAIR

Date:	Work Order #
Bill To:	Authorization #
Name:	Site Location:
Address:	Address:
City:	City:
Phone:	Phone:
Field Size: 1000' Depth: 1 1/2 PL	
Line Release: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (Subsequent)	
T.S. - Condition: Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input checked="" type="checkbox"/>	
Tank Condition: Good	
Field System: Needs repair <input checked="" type="checkbox"/>	
Flow Treatment:	
Sewer Tank Treatment: Liquid <input type="checkbox"/> Solids <input type="checkbox"/>	
Customer Signature: <i>Arnold Bowen</i>	
Next Recommended Pumping:	
Cost: <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/>	TOTAL:

Another team is coming out Monday
to inspect the fieldline and repair
as needed

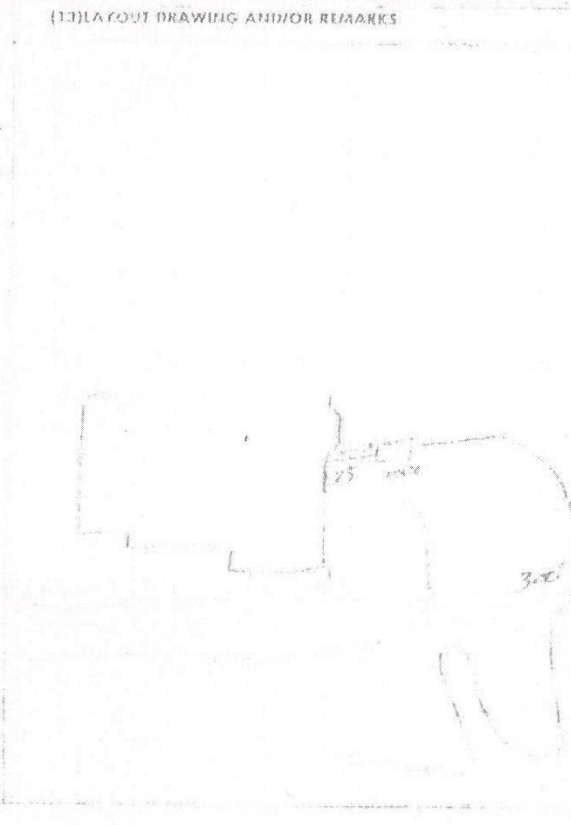
SEPTIC TANK INSPECTOR FORM

NO. BEDROOMS: 3 PERMIT NO: 2311
 SEPTIC TANK CONTRACTOR: PEST STREET/STATE NO: 107-10
 JOB LOCATION: DEERFIELD LOT NO: 59 #4K:
 OWNER: LAWRENCE BROWN ADDRESS: DEERFIELD Rd
 TYPE INSTALLATION: NEW REPAIR () COMMERCIAL () RESIDENCE DUPLEX () OTHER ()

The Newton County Board of Health does not warrant our quantities, work, materials, usefulness, or longevity of any septic tank or installation of same.
 This inspection is made for the express purpose of protecting the general health of Newton County only, and is for the further purpose of showing that at the time of installation of this septic tank and system that said septic tank and system and installation thereof has met with the minimum approved requirements and specifications of the Newton County Board of Health.

SIR: Citations based on this installation are underlined and marked with cross (X) or check mark (✓). () indicates a satisfactory compliance.

- (1) SEPTIC TANK: 150 Gal. 1000 Gal. Others
- (2) PRECAST TANKS: Manufacturers stamp -- approved design -- construction -- sound -- level -- in fill area -- concrete -- water tight -- minimum ground coverings -- 10 ft. from foundations
- (3) LIDS: Approved concrete construction, size, properly sealed, ground water seepage, good fit
- (4) STUB-OUT: 10' stub out -- fine connecting tank to stub out approved materials
- (5) ABSORPTION FIELDS: NO. UNITS: 1
 DISTANCE BETWEEN LINES: 10'
 TRENCH WIDTH: 30" () 18" () Other ()
- (6) LENGTH OF TRENCH: (1) 25' (2) (3)
 (4) (5) (6)
- (7) TRENCHES: Approved width, equal length. Depth exceeds 36" water in trenches, rock fill area, grade stakes, lines 10' apart, 10' from property lines -- 5' Cur Posts -- Pallets -- 10' from edge ()
 Tile Line Lat. (1) (2) (3) (4)
 (5) (6)
- (8) TILE LINE: Approved materials, required fasteners, grade exceeds 3" per 100', joints spaced 1/4" apart, joints covered, minimum of 3 joints, lines connecting field lines to dist. box
- (9) FILTER MATERIALS: Sand () Gravel () Cinder ()
 Others () Approved size, clean, washed, depth of material under tile 6", cover over tile 2", spread evenly well to wall.
- (10) Water line through field Gas line through field
 Other obstacles in field area
- (11) Step Down -- Solid pipe -- 45° slope
 No. of step down: 1 Solid lines in turn
- (12) House wired for garbage grinder:
 No Yes ()



APPROVED YAT DATE 2-21-92
 INSPECTOR YAT

This inspection and approval of same does not relate to any backfilling, sealing, or grading or landscaping necessary to recover tank, distribution box and lines, nor does same release builder or contractor or owner from damage to septic tank, distribution box or lines as a result of negligence on the part of the builder, contractor, or owner damaging the installation after same has been covered and filled.

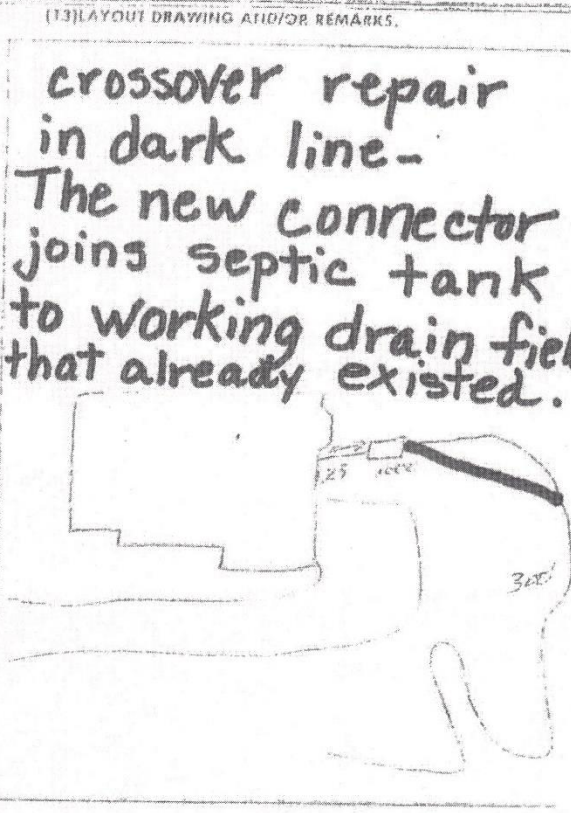
SEPTIC TANK INSPECTION FORM

NO. BEDROOMS: 3 PERMIT NO: 2311
 SEPTIC TANK CONTRACTOR: BEST CERTIFICATE NO: 10710
 JOB LOCATION: DEERFIELD LOT NO: 59 BLK: _____
 OWNER: LAWRENCE BRUBES ADDRESS: DEERFIELD RD
 TYPE INSTALLATION: NEW REPAIR COMMERCIAL RESIDENCE DUPLEX OTHER

The Newton County Board of Health does not warrant nor guarantee any work, materials, usefulness, or longevity of any septic tank or installation of same.
 This inspection is made for the express purpose of protecting the general health of Newton County only, and is for the further purpose of showing that at the time of installation of this septic tank and system, that said septic tank and system and installation thereof has met with the minimum approved requirements and specifications of the Newton County Board of Health.

SIR: Violations found on this installation are underlined and marked with asterisk (*) or check mark (✓) indicates a satisfactory compliance.

- (1) SEPTIC TANK: 750 Gal. _____ 1000 Gal. Others _____
- (2) PRECAST TANKS: Manufacturers stamp — approved design — construction — sound — level — in fill area — concrete — water tight — minimum ground coverage — 10 ft. from foundations. _____
- (3) LIDS: Approved concrete construction, size, properly sealed, ground water seepage, good fit _____
- (4) STUB-OUT: 10' stub out — line connecting tank to stub out — approved materials _____
- (5) ABSORPTION FIELDS: FIG. LINES:
 DISTANCE BETWEEN LINES 16' _____
 TRENCH WIDTH: 30" () 36" Other () _____
- (6) LENGTH OF TRENCH: (1) 30' (2) _____ (3) _____
 (4) _____ (5) _____ (6) _____
- (7) TRENCHES: Approved width, equal length, Depth exceeds 36", water in trenches, rock, fill area, grade stakes, lines 10' apart, 10' from property lines — 5' Cor Ports — Patches — 10' Breaks. ()
 Tile Line Eq: (1) 30' (2) _____ (3) _____ (4) _____
 (5) _____
- (8) TILE LINE: Approved materials, required footage, grade exceeds 3" per 100', joints spaced 1/2" apart, joints covered, minimum of 3 joints, lines connecting field lines to Dist. box _____
- (9) FILTER MATERIALS: Sand () Gravel Cinder ()
 Others () Approved size, clean, washed, Depth of material under tile 6". Cover over tile 2", spread evenly wall to wall. _____
- (10) Water line through field NO Gas Line through field _____ Other obstacles in field area _____
- (11) Step Down — Solid pipe — 45° slope
 No. of step downs 2 Solid lines in run _____
- (12) House wired for garbage grinder:
 No Yes () _____



APPROVED [Signature] DATE 7-21-92
 INSPECTOR [Signature]

This inspection and approval of same does not relate to any backfilling, refilling, or grading or landscaping necessary to recover tank, distribution box and lines, nor does same release builder or contractor or owner from damage to septic tank, distribution box or lines as a result of negligence on the part of the builder, contractor, or owner damaging the installation after same has been covered and filled.

OFFICIAL GEORGIA WOOD INFESTATION INSPECTION REPORT

Company Name Arrow Exterminators License No. 98769
 Address 3260 Highway 278 SE, Covington, GA 30014
 Telephone No. 770-785-7137 Date of Issuance 9/24/2020
 Seller Anita & Phillip Johnson Inspector Mike O'Rourke SPI7606
 File No. _____ Purchaser(s) Donald Swadgrass

SCOPE OF INSPECTION

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

Main Structure Single Family Residential Dwelling
 Other Structure(s) N/A
 Address of Structure(s) B2 Deerfield RD Covington Ga 30014

FINDINGS

Inspection Reveals Visible Evidence of:	Active Infestation		Previous Infestation	
	YES	NO	YES	NO
Subterranean Termites	_____	<input checked="" type="checkbox"/>	_____	<input checked="" type="checkbox"/>
Powder Post Beetles	_____	<input checked="" type="checkbox"/>	_____	<input checked="" type="checkbox"/>
Wood Boring Beetles	_____	<input checked="" type="checkbox"/>	_____	<input checked="" type="checkbox"/>
Dry Wood Termites	_____	<input checked="" type="checkbox"/>	_____	<input checked="" type="checkbox"/>
Wood Decaying Fungus (Not Molds and Mildews)	_____	<input checked="" type="checkbox"/>	_____	<input checked="" type="checkbox"/>

Were any areas of the structure obstructed or inaccessible? YES NO
 If yes, list these areas (see Item 3 on reverse side of form):
WALL, Floor Covering, Fraxo Ceiling, Furniture, Appliances, stored items, Brick cladding

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

Remarks/Additional Findings:
See mold observations attached Inspection Graph

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

TREATMENT

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

Organism	Treatment Date	Contract Expiration	Type Treatment (Chemical Barrier, Salt, Wood Treatment)
Subterranean Termites	_____	_____	<u>N/A</u>
Powder Post Beetles	_____	_____	
Wood Boring Beetles	_____	_____	
Dry Wood Termites	_____	_____	
Wood Decaying Fungus	_____	_____	

The present treatment warranty(ies) is:
 Transferable to any subsequent owner of the property upon payment of a fee on or before the expiration date.
 Not transferable to any subsequent owner of the property.
 The above structure(s) are not covered by a treatment contract with this company.
 This structure has a current Official Waiver Form issued by this Company YES NO
 If Yes, a copy must be attached as part of this report.

CERTIFICATION

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

Signature of Designated Certified Operator _____ Signature of Purchaser or Legal Representative Acknowledging Receipt of Report _____

Copies to: Purchaser Mortgagee Realtor Seller



INSPECTION GRAPH

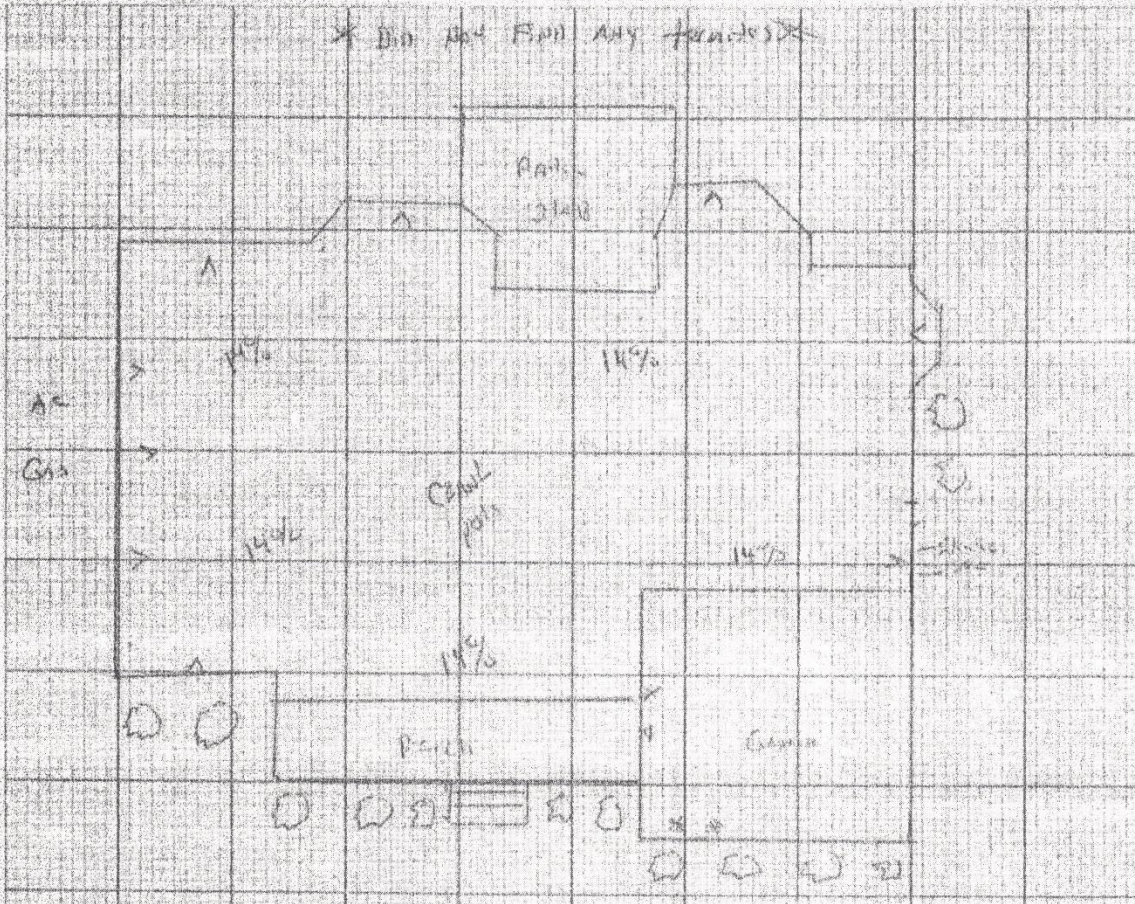
Date: 9/26/2020

Inspector: [Signature]

Owners/Agents Name: Philip Johnson Hm Ph: 770-257-427 Other Ph: _____ Email: phillipjohnson@outlook.com

Occupants/Purchasers Name: David Johnson Hm Ph: _____ Other Ph: _____ Email: _____

Service Address: 3200 S. ... Rd City: Cumming State: GA Zip Code: 30024



NOTE: This is not a structural damage report. If visible infestation is noted the customer should have a structural engineer or a professional qualified in structural repairs to access the structural integrity of any noted damages.

FOUNDATION WALLS: BLOCK POURED
 EXTERIOR CLADDING: BRICK STUCCO SIDING
 CONSTRUCTION TYPE: Basement Finished Unfinished Floating Slab Supported Slab Monolithic Slab Crawl Pier & Beam

CODE: ACTIVE INFESTATION = A SUBTERRANEAN TERMITES = ST DRYWOOD TERMITES = DT
 WOOD BORERS = WB POWDER POST BEETLES = PPB WOOD DECAY FUNGI = WDF
 MOISTURE CONDITION = M PREVIOUS INFESTATION = P BATH TRAP = B

CONDUCTIVE CONDITIONS: POSSIBLE HIDDEN DAMAGE = PHD EXISTING VISIBLE DAMAGE = ⊗ INACCESSIBLE AREAS = *
 WOOD TO GROUND CONTACT = WGC INADEQUATE VENTILATION = IV STANDING WATER = SW
 CELLULOSE DEBRIS = CD

INSPECTORS STATEMENT LOCATION OF VISIBLE INFESTATION: None were noted
 TYPE OF TREATMENT: Baiting System Liquid Treatment Limited Liquid Treatment Other

TREATMENT DATE: ____/____/____ PRODUCT: _____ ESTIMATED GALLONS / STATIONS: _____
 Water Well: NO YES - # of Feet: _____ Additional Instructions: _____

Size of Structure: 258 Scale Used: 1:1 Other: _____ Waiver Issued: Yes No
 Cubic Footage Linear Footage

Seller's initials DJS PMS