

## VACANT LAND DISCLOSURE STATEMENT

**Note:** Use this form to fulfill Seller's required disclosures in the Offer to Purchase and Contract – Vacant Lot/Land Form 12-T.

Property: Tract F PB 28/86 HWY 421, Currie, NC 28435

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

Seller: North American Land Group LLC

Buyer understands and agrees that this Disclosure Statement is not a substitute for professional inspections, and that this document does not relieve Buyer of their duty to conduct thorough Due Diligence on the Property. Any representations made by Seller in this Disclosure Statement are true to the best of Seller's knowledge, and copies of any documents provided by Seller are true copies, to the best of Seller's knowledge. Buyer is strongly advised to have all information confirmed and any documents substantiated during the Due Diligence Period.

If Seller checks "yes" for any question below, Seller is affirming actual knowledge of either: (1) the existence of documentation or information related to the Property; or (2) a problem, issue, characteristic, or feature existing on or associated with the Property. If Seller checks "no" for any question below, Seller is stating they have no actual knowledge or information related to the question. If Seller checks "NR," meaning no representation, Seller is choosing not to disclose whether they have knowledge or information related to the question.

**A. Physical Aspects**

Yes	No	NR
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- |  |   |                                     |                                     |                          |                          |                                     |                          |                          |                                     |                          |                                     |                          |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                                     |                                     |                          |                                     |                          |                          |                                     |
|--|---|-------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|
| <p>1. Non-dwelling structures on the Property .....<br/>If yes, please describe: _____</p> <p>2. Current or past soil evaluation test (agricultural, septic, or otherwise).....</p> <p>3. Caves, mineshafts, tunnels, fissures or open or abandoned wells .....</p> <p>4. Erosion, sliding, soil settlement/expansion, fill or earth movement .....</p> <p>5. Communication, power, or utility lines.....</p> <p>6. Pipelines (natural gas, petroleum, other).....</p> <p>7. Landfill operations or junk storage .....</p> <p style="margin-left: 20px;"><input type="checkbox"/> Previous <input type="checkbox"/> Current <input type="checkbox"/> Planned <input type="checkbox"/> Legal <input type="checkbox"/> Illegal</p> <p>8. Drainage, grade issues, flooding, or conditions conducive to flooding .....</p> <p>9. Gravesites, pet cemeteries, or animal burial pits.....</p> <p>10. Rivers, lakes, ponds, creeks, streams, dams, or springs.....</p> <p>11. Well(s).....</p> <p style="margin-left: 20px;"><input type="checkbox"/> Potable <input type="checkbox"/> Non-potable      Water Quality Test? <input type="checkbox"/> yes <input type="checkbox"/> no<br/>depth _____; shared (y/n) _____; year installed _____; gal/min _____</p> <p>12. Septic System(s).....</p> <p style="margin-left: 20px;">If yes: Number of bedrooms on permit(s) _____<br/>Permit(s) available? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NR<br/>Lift station(s)/Grinder(s) on Property? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NR<br/>Septic Onsite? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Details: _____<br/>Tank capacity _____<br/>Repairs made (describe): _____<br/>Tank(s) last cleaned: _____</p> <p style="margin-left: 20px;">If no: Permit(s) in process? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NR<br/>Soil Evaluation Complete? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NR<br/>Other Septic Details: _____</p> | <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input type="checkbox"/></td> <td style="width: 33%;"><input checked="" type="checkbox"/></td> <td style="width: 33%;"><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/>   | <input checked="" type="checkbox"/>   | <input type="checkbox"/>            |                                     |                          |                          |                                     |                          |                          |                                     |                          |                                     |                          |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                                     |                                     |                          |                                     |                          |                          |                                     |
| <input type="checkbox"/>   | <input checked="" type="checkbox"/>   | <input type="checkbox"/>            |                                     |                          |                          |                                     |                          |                          |                                     |                          |                                     |                          |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                                     |                                     |                          |                                     |                          |                          |                                     |
| <input type="checkbox"/>   | <input checked="" type="checkbox"/>   | <input type="checkbox"/>            |                                     |                          |                          |                                     |                          |                          |                                     |                          |                                     |                          |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                                     |                                     |                          |                                     |                          |                          |                                     |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>            |                                     |                          |                          |                                     |                          |                          |                                     |                          |                                     |                          |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                                     |                                     |                          |                                     |                          |                          |                                     |
| <input type="checkbox"/>   | <input checked="" type="checkbox"/>   | <input type="checkbox"/>            |                                     |                          |                          |                                     |                          |                          |                                     |                          |                                     |                          |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                                     |                                     |                          |                                     |                          |                          |                                     |
| <input type="checkbox"/>   | <input checked="" type="checkbox"/>   | <input type="checkbox"/>            |                                     |                          |                          |                                     |                          |                          |                                     |                          |                                     |                          |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                                     |                                     |                          |                                     |                          |                          |                                     |
| <input type="checkbox"/>   | <input checked="" type="checkbox"/>   | <input checked="" type="checkbox"/> |                                     |                          |                          |                                     |                          |                          |                                     |                          |                                     |                          |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                                     |                                     |                          |                                     |                          |                          |                                     |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/>  | <input checked="" type="checkbox"/> |                                     |                          |                          |                                     |                          |                          |                                     |                          |                                     |                          |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                                     |                                     |                          |                                     |                          |                          |                                     |
| <input type="checkbox"/>   | <input type="checkbox"/>  | <input checked="" type="checkbox"/> |                                     |                          |                          |                                     |                          |                          |                                     |                          |                                     |                          |                          |                          |                                     |                          |                          |                                     |                          |                          |                                     |                                     |                                     |                          |                                     |                          |                          |                                     |



This form approved by:  
NC REALTORS®  
Seller Initials \_\_\_\_\_

[Handwritten Signature]

Buyer Initials \_\_\_\_\_



**STANDARD FORM 142**  
Revised 7/2025  
© 7/2025

Yes	No	NR
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13. Commercial or industrial noxious fumes, odors, noises, etc. on or near Property.....  Yes  No  NR  
 If yes, please describe: \_\_\_\_\_

**B. Legal/Land Use Aspects**

1. Current or past title insurance policy or title search.....  Yes  No  NR  
 2. Copy of deed(s) for property.....  Yes  No  NR  
 3. Government administered programs or allotments.....  Yes  No  NR  
 4. Rollback or other tax deferral recaptures upon sale.....  Yes  No  NR  
 5. Litigation or estate proceeding affecting ownership or boundaries.....  Yes  No  NR  
 6. Notices from governmental or quasi-governmental authorities related to the property..  Yes  No  NR  
 7. Private use restrictions or conditions, protective covenants, or HOA.....  Yes  No  NR  
 If yes, please describe: \_\_\_\_\_  
 8. Recent work by persons entitled to file lien claims.....  Yes  No  NR  
 If yes, have all such persons been paid in full .....  Yes  No  NR  
 If not paid in full, provide lien agent name and project number: \_\_\_\_\_  
 9. Jurisdictional government land use authority:  
 County: \_\_\_\_\_ City: \_\_\_\_\_  
 10. Current zoning: BEN-COM BUSINESS  
 11. Fees or leases for use of any system or item on property .....  Yes  No  NR  
 12. Location within a government designated disaster evacuation zone (e.g., hurricane, nuclear facility, hazardous chemical facility, hazardous waste facility).....  Yes  No  NR  
 13. Access (legal and physical) other than by direct frontage on a public road  
 Access via easement.....  Yes  No  NR  
 Access via private road .....  Yes  No  NR  
 If yes, is there a private road maintenance agreement?  yes  no  
 14. Solar panel(s), windmill(s), cell tower(s).....  Yes  No  NR  
 If yes, please describe: \_\_\_\_\_

**C. Survey/Boundary Aspects**

1. Current or past survey/plat or topographic drawing available.....  Yes  No  NR  
 2. Approximate acreage: 4.85  
 3. Wooded Acreage 4.4; Cleared Acreage 1.4  
 4. Encroachments.....  Yes  No  NR  
 5. Public or private use paths or roadways rights of way/easement(s).....  Yes  No  NR  
 Financial or maintenance obligations related to same .....  Yes  No  NR  
 6. Communication, power, or other utility rights of way/easements .....  Yes  No  NR  
 7. Railroad or other transportation rights of way/easements.....  Yes  No  NR  
 8. Conservation easement .....  Yes  No  NR  
 9. Property Setbacks.....  Yes  No  NR  
 If yes, describe: \_\_\_\_\_  
 10. Riparian Buffers (i.e., stream buffers, conservation districts, etc.).....  Yes  No  NR  
 11. Septic Easements and Repair Fields .....  Yes  No  NR  
 12. Any Proposed Easements Affecting Property.....  Yes  No  NR  
 13. Beach Access Easement, Boat Access Easement, Docking Permitted.....  Yes  No  NR  
 If yes, please describe: \_\_\_\_\_

Seller Initials SR Buyer Initials \_\_\_\_\_

**D. Agricultural, Timber, Mineral Aspects**

	Yes	No	NR
1. Agricultural Status (e.g., forestry deferral) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Licenses, leases, allotments, or usage permits (crops, hunting, water, timber, etc.)..... If yes, describe in detail: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Forfeiture, severance, or transfer of rights (mineral, oil, gas, timber, development, etc.) If yes, describe in detail: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Farming on Property: <input type="checkbox"/> owner or <input type="checkbox"/> tenant .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5. Presence of vegetative disease or insect infestation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Timber cruises or other timber related reports.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Timber harvest within past 25 years .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, monitored by Registered Forester? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If replanted, what species: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Years planted: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Harvest impact (other than timber) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes, describe in detail: _____			

**E. Environmental Aspects**

1. Current or past Phase I, Phase II or Phase III Environmental Site Assessment(s).....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Underground or above ground storage tanks .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes, describe in detail: _____			
3. Abandoned or junk motor vehicles or equipment of any kind.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4. Past illegal uses of property (e.g., methamphetamine manufacture or use).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5. Federal or State listed or protected species present.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes, describe plants and/or animals: _____			
6. Government sponsored clean-up of the property .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Groundwater, surface water, or well water contamination <input type="checkbox"/> Current <input type="checkbox"/> Previous ...	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Previous commercial or industrial uses.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Wetlands, streams, or other water features .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Permits or certifications related to Wetlands .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Conservation/stream restoration.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Coastal concern (tidal waters, unbuildable land, flood zone, CAMA, Army Corp., etc.) If yes, describe in detail: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. The use or presence on the property, either stored or buried, above or below ground, of:			
i. Asbestos, Benzene, Methane, Pesticides, Radioactive Material .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes, describe in detail: _____			
ii. Other fuel/chemical.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
iii. Paint <input type="checkbox"/> Lead based paint <input type="checkbox"/> Other paint/solvents .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
iv. Agricultural chemical storage .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**F. Utilities**

Check all currently available on the Property and indicate the provider.

<input type="checkbox"/> Water (describe): _____
<input type="checkbox"/> Sewer (describe): _____
<input type="checkbox"/> Gas (describe): _____
<input checked="" type="checkbox"/> Electricity (describe): <u>Power</u>
<input checked="" type="checkbox"/> Cable (describe): <u>Fiber</u>

