

NOTICE OF AGENCY RELATIONSHIP

When working with a real estate agent in buying or selling real estate West Virginia Law requires that you be informed of whom the agent is representing in the transaction.

The agent may represent the seller, the buyer, or both. The party represented by the agent is known as the agent's principal and as such, the agent owes the principal the duty of utmost care, integrity, honesty and loyalty.

Regardless of whom they represent, the agent has the following duties to both the buyer and the seller in any transaction:

- * Diligent exercise of reasonable skill and care in the performance of the agent's duties.
- * A duty of honest and fair dealing and good faith.
- * Must offer all property without regard to race, color, religion, sex, ancestry, physical or mental handicap, national origin or familial status.
- * Must promptly present all written offers to the owner.
- * Provide a true legible copy of every contract to each person signing the contract.

The agent is not obligated to reveal to either party any confidential information obtained from the other party which does not involve the affirmative duties set forth above.

Should you desire to have a real estate agent represent you as your agent, you should enter into a written contract that clearly establishes the obligations of both parties. If you have any questions about the roles and responsibilities of a real estate agent, they can provide information upon your request.

In compliance with the West Virginia Real Estate License Act, all parties are hereby notified that:

(printed name of agent) Kate Nazelrood, affiliated with

(firm name) Pioneer Ridge Realty, is acting as agent of:

- The Seller, as listing agent or subagent. The Buyer, as the buyer's agent.
 Both the Seller and Buyer, with the full knowledge and consent of both parties.

CERTIFICATION

By signing below, the parties certify that they have read and understand the information contained in this disclosure and have been provided with signed copies prior to signing any contract.

<u>Paul Sierra H.</u>			
<small>Seller</small>	<small>Date</small>	<small>Buyer</small>	<small>Date</small>
<small>Seller</small>	<small>Date</small>	<small>Buyer</small>	<small>Date</small>
<small>Seller</small>	<small>Date</small>	<small>Buyer</small>	<small>Date</small>

I hereby certify that I have provided the above named individuals with a copy of this form prior to signing any contract.

Agent's Signature

[Signature]

Date

5/22/23

WV Real Estate Commission
300 Capitol Street, Suite 400
Charleston, WV 25301
304.558.3555
<http://rec.wv.gov>

This form has been promulgated by the WVREC for required use by all West Virginia real estate licensees.



ITEMS TO CONVEY
(AT NO VALUE)

Seller Ana Sierra-Hornigman
Street Address 487 Falconwood Dr County Hampshire
City Paw Paw, West Virginia Zip 25434

Yes	No	# Items	Yes	No	# Items	Yes	No	# Items
<input type="checkbox"/>	<input type="checkbox"/>	Alarm System	<input type="checkbox"/>	<input type="checkbox"/>	Freezer	<input type="checkbox"/>	<input type="checkbox"/>	Satellite Dish
<input type="checkbox"/>	<input type="checkbox"/>	Built-in Microwave	<input type="checkbox"/>	<input type="checkbox"/>	Furnace Humidifier	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1 Storage Shed
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3 Ceiling Fan	<input type="checkbox"/>	<input type="checkbox"/>	Garage Opener	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stove or Range
<input type="checkbox"/>	<input type="checkbox"/>	Central Vacuum	<input type="checkbox"/>	<input type="checkbox"/>	w/remote	<input type="checkbox"/>	<input type="checkbox"/>	Trach Compactor
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clothes Dryer	<input type="checkbox"/>	<input type="checkbox"/>	Gas Log	<input type="checkbox"/>	<input type="checkbox"/>	Wall Mount Brackets
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clothes Washer	<input type="checkbox"/>	<input type="checkbox"/>	Hot Tub, Equip & Cover	<input type="checkbox"/>	<input type="checkbox"/>	Wall Oven
<input type="checkbox"/>	<input type="checkbox"/>	Cooktop	<input type="checkbox"/>	<input type="checkbox"/>	Intercom	<input type="checkbox"/>	<input type="checkbox"/>	Water Treatment System
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	Playground Equipment	<input type="checkbox"/>	<input type="checkbox"/>	Window A/C Unit
<input type="checkbox"/>	<input type="checkbox"/>	Disposal	<input type="checkbox"/>	<input type="checkbox"/>	Pool, Equip, & cover	<input type="checkbox"/>	<input type="checkbox"/>	Window Fan
<input type="checkbox"/>	<input type="checkbox"/>	Electronic Air Filter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	Window Treatments
<input type="checkbox"/>	<input type="checkbox"/>	Fireplace Screen/Door	<input type="checkbox"/>	<input type="checkbox"/>	Refrigerator w/ice maker	<input type="checkbox"/>	<input type="checkbox"/>	Wood Stove

A. As-Is Items: Seller will not warrant the condition or working order of the following items and/or systems:

B. Items That Do Not Convey:

SELLER:

PURCHASER:

Ana Sierra H. 5-22-23
Signature Date

Signature Date

Signature Date

Signature Date

Final Inspection (see Residential Sales Contract #8) of FINAL PROPERTY INSPECTION made on _____.
The items to convey and the following items are acceptable: Roof, Structure, Heating System, Plumbing, Water Heater, Exhaust fans, Lights/Outlets, Central Air, Attic Fans, Smoke Detectors, Door Keys, Blinds/Shades, etc. All items are in acceptable condition (see Regional Sales Contract #7) or are noted below

- Seller to credit the Purchaser \$ _____.
- Repairs to be paid from escrow as per escrow agreement.
- Seller to correct discrepancies within _____ days.

The Agent shall not be liable for any breach of any agreement made by the Seller and Purchaser above.

SELLER:

PURCHASER:

Signature Date

Signature Date

Signature Date

Signature Date

West Virginia

VOLUNTARY RESIDENTIAL PROPERTY DISCLOSURE STATEMENT

(This is not a warranty of the property condition)

Property Address 487 Falconwood Dr Paw Paw W

Legal Description 3+/- ac Tract 15-A Sec 1 Falconwood W

NOTICE TO PURCHASER: The information provided is the representation of the Sellers to the best of their knowledge as of the date noted. Disclosure by the Sellers is not a substitute for an inspection by an independent home inspection company, and you may wish to obtain such an inspection. The information contained in this statement is not a warranty by the Sellers as to the condition of the property of which the Sellers have no knowledge or other conditions of which the Sellers have no actual knowledge.

SELLER:

- 1. Year Built? _____
- 2. How long have you owned the property? _____
- 3. Dates lived in the property. _____

Property Systems: Water, Sewage, Heating & Air Conditioning (Answer all that apply)

Water Supply Public Well Other: _____

Sewage Disposal Public Septic System approved for _____ (#) BR

Heating Oil Natural Gas Electric Bottled Heat Pump Age _____ Other

Air Conditioning Oil Natural Gas Electric Bottled Heat Pump Age _____ Other

Hot Water Oil Natural Gas Electric Capacity _____ Age _____ Other

Internet Access in Home Yes or No; Current Provider: _____

Comments _____

Please indicate to the best of your knowledge with respect to the following:

- 1. Foundation: Any settlement or other problems? Yes No Unknown N/A

Comments: _____

- 2. Basement/Crawlspace/Cellar: Any leaks or evidence of moisture? Yes No Unknown N/A

Comments: _____

- 3. Roof: Any leaks or evidence of moisture? Yes No Unknown N/A

Type of Roof: _____ Age _____

Is there any existing fire-retardant treated plywood Yes No Unknown N/A

Comments: _____

4. Other Structural Systems, including exterior walls and floors:

Any defects (structural or otherwise)? Yes No Unknown N/A

Comments: _____

5. Plumbing System: Is the system in operating condition? Yes No Unknown N/A

Comments: _____

6. Heating Systems: Is heat supplied to all finished rooms: Yes No Unknown N/A

Are the systems in operating condition? Yes No Unknown N/A

Comments: _____

7. Air Conditioning System:

Is cooling supplied to all finished rooms: Yes No Unknown N/A

Is the system in operating condition? Yes No Unknown N/A

Comments: _____

8. Electric Systems: Are there any problems with electrical fuses, circuit breakers, outlets or wiring? Yes No Unknown N/A

Comments: _____

9. Septic Systems: Is the septic system functioning properly? Yes No Unknown N/A
When was the system was last pumped? Date: _____ Unknown

Comments: _____

10. Water Supply: Any problem with water supply? Yes No Unknown N/A

Home water treatment system: Yes No Unknown N/A Leased

Fire sprinkler system: Yes No Unknown N/A

Are the systems in operating condition? Yes No Unknown N/A

Comments: _____

11. Insulation:

In exterior walls? Yes No Unknown N/A

In ceiling/attic? Yes No Unknown N/A

In any other areas? Yes No Unknown N/A

Where? _____

Comments: _____

12. Exterior Drainage: Does water stand on the property for more than 24 hours after rain? Yes No Unknown N/A

Are gutters and downspouts in good repair? Yes No Unknown N/A

Comments: _____

13. Wood-destroying insects: Any infestation and/or prior damage?

Yes No Unknown N/A

Any treatments or repairs?

Yes No Unknown

Any warranties?

Yes No Unknown

Comments: _____

14. Are there any hazardous or regulated materials (including, but not limited to, licensed landfills, asbestos, methamphetamine lab, radon gas, lead-based paint, underground storage tanks, any mining operations or other past contamination) on the property

Yes No Unknown N/A

If yes, please specify _____

15. If the property relies on the combustion of a fossil fuel for heat, ventilation, hot water, or clothes dryer operation, is a carbon monoxide alarm installed in the property?

Yes No Unknown N/A

Comments: _____

16. Are there Fireplace(s)/Woodstove(s)/Chimney(s)
In good working condition?

Yes No Unknown N/A

Yes No Unknown N/A

Comments: _____

17. Are there any zoning violations, nonconforming uses, violation of building restrictions or setback requirements or any recorded or unrecorded easement, except for utilities, on or affecting the property?

Yes No Unknown N/A

If yes, please specify _____

18. If you or a contractor has made improvements to the property, were the required permits pulled from the county or local permitting office?

Yes No Unknown N/A

Comments: _____

19. Is the property located in a flood zone, farmland/conservation area, wetland area and/or historic district designated by locality?

Yes No Unknown N/A

Comments: _____

20. Is the property subject to any restrictions imposed by a Home Owners Association, community association or any deed restrictions?

Yes No Unknown N/A

Comments: _____

21. Are there any other material defects, including latent defects, affecting the physical condition of the property?

Yes No Unknown N/A

Comments: _____

NOTE: Seller may wish to disclose the condition of other buildings on the property on a separate VOLUNTARY RESIDENTIAL PROPERTY DISCLOSURE STATEMENT.

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Seller Date

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Seller Date

--

Purchaser Date

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Purchaser Date

DISCLAIMER

NOTICE TO SELLER: Sign this statement only if you elect to sell the property without representations and warranties as to its condition, except as otherwise provided in the contract of sale and in the listing of latent defects set forth below; otherwise, complete and sign the VOLUNTARY RESIDENTIAL PROPERTY DISCLOSURE STATEMENT.

Except for the latent defects listed below, the undersigned Seller of the real property make no representations or warranties as to the condition of the real property or any improvements thereon, and the purchaser will be receiving the real property "as is" with all defects, including latent defects, which may exist.

The Seller has actual knowledge of the following latent defects: _____

P. Ana Sierra H *5/22/23*

Seller

Date

Seller

Date

The purchaser acknowledges receipt of this Disclosure/Disclaimer Document.

Purchaser

Date

Purchaser

Date

STATE OF WEST VIRGINIA
HEALTH DEPARTMENT
ON-SITE SEWAGE DISPOSAL SYSTEM
INSPECTION FORM

Permit No.: ST-14-06-128
Tax Map: 1410 Parcel #: 920085
County Road: _____

INSPECTION TO BE
PRINTED OR TYPED

County: Hamshire

Name of Owner: John R. ANDRICK Installer: Billy HART
Address: 2491-32 MARTINSBURG Pike STEPHENSON, VA 23656
Property Location: FALCON WOODS SECTION #1 LOT 15-A
Type of Facility: HOUSE Facility is: New () Existing () Lot Size: _____ Sq. Ft./Acres
Design Loading in gpd/No. Bedrooms: 3BR Source of Water Supply: well

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: concrete Manufacturer: do not know
Distance (in feet) of Tank to: Dwelling: _____ Private () Public () Water Source: _____ Property Line: 10'

ON-SITE DISPOSAL SYSTEM

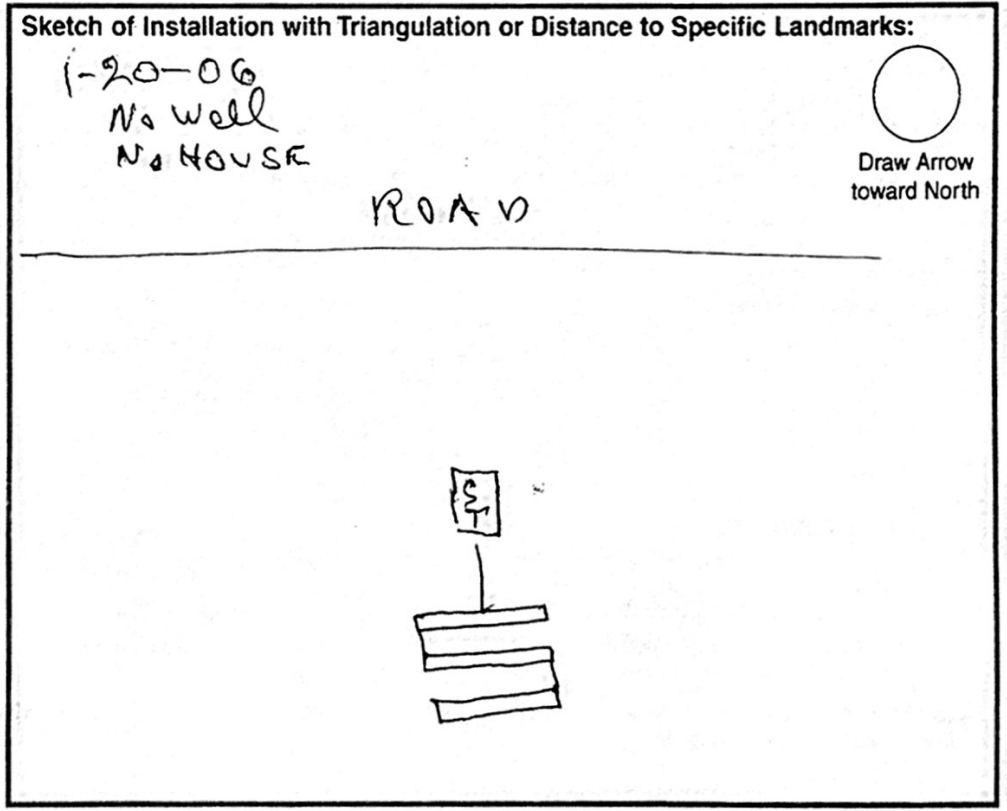
Class I Systems: Standard Soil Absorption Trenches () or Bed () Gravelless Pipe (), Diameter: _____ Inches
Chamber Soil Absorption Trenches () or Bed ()
Class II Systems: Pumped/Dosed Soil Absorption Trenches () or Bed () Evapotranspiration Trenches () or Bed ()
Shallow Soil Absorption Trenches () or Bed () Other: _____

No of Lines: 3 Length (in feet) of Each: 80, 80, 80
Width of Trenches: _____ inches/feet Depth to Bottom of Field: _____ inches
If Bed, Dimensions (in Feet): _____ If Chamber System, Name: _____, No. of Units: _____
Approved and Adequate Materials Used? Yes () No () Size Equates to: _____ Square Feet of Standard Gravel Field.
Distance (in feet) of System to: Dwelling: _____ Private () Public () Water Source: _____ Property Line: 10'
Remarks: _____

An inspection indicates that the sewage disposal system described above **DOES MEET** () **DOES NOT MEET** () **CANNOT BE DETERMINED TO MEET** () the minimum standards established by the West Virginia Bureau of Public Health.

To correct a health hazard, modifications to existing systems may be done to improve part of a system. Such modifications may not be able to be designated as a **does meet** system since inadequate information is known.

Although many factors contribute to the successful functioning of a sewage disposal system, this office recommends water conservation and maintaining an even usage of water throughout the week.



Visit Date(s) 9-22-05
Final Inspection Date: 496-9640
1-20-06

Sanitarian: J. J. [Signature]

WV Department of Health and Human Resources
 Bureau of Public Health
 Office of Environmental Health Services
 ENVIRONMENTAL ENGINEERING DIVISION

Rec 22704 SW258
10/01

WELL COMPLETION REPORT

Date(s) 2-17-06 County Hampshire Permit #: DW1406191
 Town: Fountain Area Name/Location Falconwood Subdivision Lot 15A
 Well Owner: John & Denise Andrick Address: 2491-32 Martinsburg Pk.
 Telephone Number: (540)539-5455 Stephenson VA 22656
 Well Driller: Miller Brothers Drilling LLC Address: PO Box 952
 Telephone Number: (304)822-4092 Romney WV 26757

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-420	Red sandstone with blue & green streaks	Type of Well: <u>Drilled</u> Drilling Method: <u>Air rotary</u> Well Diameter: <u>6 1/8"</u> Casing O.D.: <u>7"</u> Well Depth: <u>420'</u> Date Completed: <u>2-17-06</u> CASING: Length <u>40</u> Feet Height above ground <u>1.5</u> Feet <input type="checkbox"/> Steel <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron Other _____ Type _____
		SCREEN <input checked="" type="checkbox"/> None Installed Type _____ Diameter _____ Slot/Gauge _____ Length _____ Set Between _____ Ft. and _____ Ft.

PUMPING OR BAILING TEST

DETAILS	#1	#2	#3
Static Water Level (Ft. Below Grade)	100		
Pumping Rate (GPM)	1		
Pumping Level (Ft. Below Grade)	418		
Duration of Test (In Hours)	1		
Recovery Time to Static Level (In Hours)			

WELL HEAD

Pitless Adapter: Type, Make, Etc. _____
 Well Cap: Type, Make, Etc. _____
 Well Seal: Type, Make, Etc. _____
 Well Platform:
 Length _____ Width _____ Thickness _____
 Grouting: Yes No
 All Public Water Supplies must be grouted.

I hereby certify that this well was drilled and constructed under my supervision, in compliance with all requirements of the referenced permit, and that this record is true to the best of my knowledge and belief.

Bobby Allred 602
 Name Certification No.
Miller Brothers Drilling 2-17-06
 Registered Business Name
Bobby J. Allred
 Signed Date