

# 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) Carol McKee, affiliated with

(firm name) \_\_\_\_\_, 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.

<b>CERTIFICATION</b>			
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.			
<i>Twinity Family Health Care, LLC</i>	<small>dotloop verified 10/16/24 8:43 AM EDT Z9RL-AZVP-BLJ-U90R</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>
<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 Carol McKee dotloop verified  
10/15/24 2:22 PM EDT  
62OL-1AM3-70EC-H58Z

Date \_\_\_\_\_

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 Trinity Family Health Care, LLC

Street Address 125 Armstrong St County Hampshire

City Romney, West Virginia Zip 26757

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 type="checkbox"/>	<input type="checkbox"/>	Storage Shed
<input type="checkbox"/>	<input type="checkbox"/>	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 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 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 type="checkbox"/>	<input type="checkbox"/>	Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	Window Treatments
<input type="checkbox"/>	<input type="checkbox"/>	Fireplace Screen/Door	<input checked="" 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:

<i>Trinity Family Health Care, LLC</i>	<small>dotloop verified 10/16/24 8:43 AM EDT GBJJ-7ROB-CDXX-FOCB</small>		
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
<i>Trinity Family Health Care, LLC</i>	<small>dotloop verified 10/16/24 8:43 AM EDT VWAC-57B5-GNB-1GQZ</small>		
Signature	Date	Signature	Date

West Virginia

VOLUNTARY RESIDENTIAL PROPERTY DISCLOSURE STATEMENT

(This is not a warranty of the property condition)

Property Address 125 Armstrong St, Romney, WV 26757

Legal Description 0.21 +/- acres

**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? 1980
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. Public Service Connections: Has Seller received any communication regarding public service connection requirements?  Yes  No  Unknown  N/A

Comments: \_\_\_\_\_

12. 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: \_\_\_\_\_

13. 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: \_\_\_\_\_

14. 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: \_\_\_\_\_

15. 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 \_\_\_\_\_

16. 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: \_\_\_\_\_

17. Are there Fireplace(s)/Woodstove(s)/Chimney(s)  Yes  No  Unknown  N/A  
In good working condition?  Yes  No  Unknown  N/A

Comments: \_\_\_\_\_

18. 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 \_\_\_\_\_

19. 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: \_\_\_\_\_

20. 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: \_\_\_\_\_

21. 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: \_\_\_\_\_

22. 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.

\_\_\_\_\_

Seller Date

*Trinity Family Health Care, LLC* dotloop verified  
10/16/24 8:43 AM EDT  
WRLR-CZFO-X1TI-HAZL

Seller Date

\_\_\_\_\_

Purchaser Date

\_\_\_\_\_

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:

<i>Trinity Family Health Care, LLC</i>	dotloop verified 10/16/24 8:43 AM EDT 0MXS-64HM-KDAV-VOTD
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Seller

Date

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Seller

Date

The purchaser acknowledges receipt of this Disclosure/Disclaimer Document.

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Purchaser

Date

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Purchaser

Date