

SELLER'S PROPERTY DISCLOSURE STATEMENT
EXHIBIT " _____ "



For property located at 3640 Tuxedo Road, Atlanta, Georgia, 30305 2007 Printing
together with all improvements thereon ("Property")

NOTICE TO BUYER AND SELLER: This disclosure statement is designed to assist Seller in disclosing to prospective buyers material adverse facts relating to the physical condition of Property that may not be readily observable, disclosing historical information and past problems with Property, and identifying those fixtures/items that are included with the sale of Property. All questions are to be answered with respect to the above referenced Property.

IF THE ANSWERS TO ANY OF THE QUESTIONS LISTED BELOW ARE "YES," SELLER SHALL EXPLAIN IN DETAIL IN THE "ADDITIONAL EXPLANATIONS OR IN DISCLOSURES" SECTION.

	Yes	No	Don't Know
1. OCCUPANCY:			
(a) Is Property vacant? If yes, how long has it been since Seller occupied Property? _____	_____	<u>X</u>	_____
(b) Are there any leases, written or verbal, on Property or any part thereof?	_____	<u>X</u>	_____
2. SOIL, TREES, SHRUBS AND BOUNDARIES:			
(a) Are there any landfills (other than foundation backfill), graves, mine shafts, trash dumps or wells (in use or abandoned) on Property?	_____	<u>X</u>	_____
(b) Is there any sliding, settling (other than normal settling), earth movement, sinkholes, upheaval, or earth stability/expansive soil problems?	_____	<u>X</u>	_____
(c) Are there any diseased or dead trees on Property?	_____	_____	<u>X</u>
(d) Are there any encroachments (known or recorded), leases, unrecorded easements, or boundary line disputes?	_____	<u>X</u>	_____
3. 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?	_____	_____	<u>X</u>
(b) Is your Property currently under a transferable bond, warranty or other coverage for termites or other wood destroying organisms by a licensed pest control company? If yes, check type of coverage: <input type="checkbox"/> re-treatment and repair; or <input type="checkbox"/> re-treatment	_____	_____	_____
(c) Is there a cost to transfer the bond, warranty or other coverage? If yes, what is the cost? \$ _____	_____	_____	<u>X</u>
(d) Is there a cost to maintain the bond, warranty or other coverage? If yes, what is the annual cost? \$ _____	_____	_____	<u>X</u>
(e) Have any termite/pest control reports or treatments for Property been done in the last five (5) years?	_____	_____	<u>X</u>
(f) Does any dwelling or garage on Property have any untreated wood or exterior siding/cladding, such as 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?	_____	_____	<u>X</u>
4. STRUCTURAL ITEMS, ADDITIONS AND ALTERATIONS:			
(a) What year was the main residential dwelling constructed? <u>1935</u>			
(b) Has there been any movement, shifting, settling (other than normal settling), cracking, deterioration, or other structural problems with any dwelling or garage on Property?	_____	<u>X</u>	_____
(c) Has there been any additional structural bracing, underpinning, or other structural reinforcement added to any dwelling or garage on Property?	_____	<u>X</u>	_____
(d) Are there any problems with driveways, walkways, patios, or retaining walls on Property?	_____	<u>X</u>	<u>X</u>
(e) Have there been any additions, structural changes, or any other major alterations to the original improvements on the Property?	<u>X</u>	_____	_____
(f) Has there been any work done on the Property where required permits and/or approvals (public or private) were not obtained?	<u>X</u>	_____	_____
(g) Has any work been done to Property that was not in compliance with building codes or zoning regulations?	_____	<u>X</u>	_____
(h) Does any part of the exterior siding or cladding of any dwelling or garage on Property consist of synthetic stucco?	_____	_____	<u>X</u>

5. LEAD-BASED PAINT: Was any part of the residential dwelling on Property constructed prior to 1978?

Yes Don't Know No

If you have answered "Yes" or "Don't Know" the Lead-Based Paint Exhibit F54 must be executed by the parties and the Lead-Based Paint Pamphlet F55 must be provided to the buyer.

	Yes	No	Don't Know
6. ROOF, GUTTERS AND DOWNSPOUTS:			
(a) Approximate age of roof: <u>20</u> years.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Has the roof, or any part thereof, been repaired during Sellers ownership?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(c) Are there any roof leaks or other problems with the roof, roof flashing, gutters or downspouts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. DRAINAGE, FLOODING AND MOISTURE:			
(a) Has there been any water leakage, water accumulation, or dampness within the basement, crawl space or other parts of the main dwelling at or below grade?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Have any repairs been made to control any water or dampness problems in the basement, crawl space, or other parts of the main dwelling at or below grade?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Is the Property or any improvements thereon located in a flood zone?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(d) Does water regularly stand on Property for more than one (1) day after it has rained?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(e) Has there been any past flooding on Property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(f) Are there any problems with siding or exterior cladding, swelling, chipping, delaminating or retaining moisture?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(g) Does mold appear on interior heated and cooled portions of any dwelling on Property other than on the walls, floors or ceilings of showers, sinks, and bathtubs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) If your drinking water is from a well, has it been tested within the past twelve (12) months?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(c) Do you have a water softener, filter or purifier? If yes, <input type="checkbox"/> leased <input type="checkbox"/> owned	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(e) Is the main dwelling served by sewage pump or lift system?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(g) Do you know of any past or present leaks, backups, or other similar problems relating to any of the plumbing, water and/or sewage-related items?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(h) Is there any polybutylene plumbing, other than primary service line, on Property?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. OTHER SYSTEMS AND COMPONENTS:			
(a) What type of heating system(s) serve the main dwelling? <input checked="" type="checkbox"/> gas <input type="checkbox"/> electric <input type="checkbox"/> water pump <input type="checkbox"/> other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) What is the approximate age of heating system(s): <u>13</u> years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) What type of air conditioning system(s) serve the main dwelling? <input checked="" type="checkbox"/> gas <input type="checkbox"/> electric <input type="checkbox"/> other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) What is the approximate age of air conditioning system(s) <u>13</u> years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Is any portion of the main dwelling not served by a central or zoned heating and/or air conditioning system?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) How is water heated in the main dwelling? <input type="checkbox"/> electric <input checked="" type="checkbox"/> gas <input type="checkbox"/> solar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) What is the approximate age of water heater: <u>2</u> years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) Does the main dwelling have aluminum wiring other than the primary service line?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(i) Is there any system or appliance which is leased or for which the buyer must pay a transfer fee to continue to use? If yes, what is the transfer fee? \$ _____ If yes, what is the current use fee to be paid by the Buyer? \$ _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(j) Are any fireplaces not working or in need of repair?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(k) When was each fireplace, wood stove or chimney/flue last cleaned? Date(s): <u>12/07</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. TOXIC SUBSTANCES:			
(a) Are there any underground tanks, toxic or hazardous substances on Property (structure or soil) such as asbestos, urea-formaldehyde, methane gas, radioactive material, radon, mold, benzene or other environmental contaminants?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(b) Has Property ever been tested for radon, lead, mold or any other potentially toxic substances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. COVENANTS, FEES AND ASSESSMENTS:			
(a) Is Property part of a condominium, community association or subject to covenants, conditions and restrictions (CC & Rs)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(b) Is there a mandatory community association fee or assessment? If yes, what is the amount? \$ _____ per _____ Is there an initiation fee? If yes, what amount? \$ _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(c) Are there any recreational facilities in the community for which the obligation to pay and the right to use are optional? If yes, please describe the nature of the facilities and the optional fee or charge. _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(d) In purchasing Property, will any initiation, transfer, or other similar fee be owed to the Association? If yes, what is the amount? \$ _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(e) Are there any special assessments approved by but yet not owing or due to a community Association that are not yet owed or due?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

MAIN STREET

12. OTHER MATTERS:

Yes	No	Don't Know
___	<input checked="" type="checkbox"/>	___
___	___	<input checked="" type="checkbox"/>
___	<input checked="" type="checkbox"/>	___
___	<input checked="" type="checkbox"/>	___
___	<input checked="" type="checkbox"/>	___
___	<input checked="" type="checkbox"/>	___
___	___	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	___	___
___	<input checked="" type="checkbox"/>	___

- (a) Have there been any inspections of Property in the past year?
If yes, by whom and of what type? _____
- (b) Does Property contain any building products which are or have been the subject of class action lawsuits, litigation or legal claims alleging that the product is defective?
If yes, please identify the product or products and the general location of each on Property: _____
- (c) Is there or has there been in the past any litigation involving Property or any improvement therein alleging negligent or improper construction defects, termites, and/or title problems?
- (d) Has there been any award or payment of money in lieu of repairs for such a defective building product?
- (e) Has any release been signed that would limit a future owner from making any claims in connection with Property?
- (f) Has there been any fire, flood or wind damage which required repairs to Property in excess of \$500.00?
- (g) Approximately how many insurance claims have been filed on Property since you owned it? 2
- (h) Are any fixtures or appliances included in the sale in need of repair?
- (i) Have any repairs been made to the electrical, plumbing, or heating and air condition systems, or any part thereof?
- (j) Was any dwelling on Property or portion thereof (excluding mobile, modular and manufactured dwelling) moved to the site from another location?

13. FIXTURES/ITEMS: (Check (✓) only those fixtures/items below that are included in the sale of Property. 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 Property. Those fixtures/items listed below that are not checked shall not be included in the sale of Property.

- | | | |
|--|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Air Conditioning Window Unit <input type="checkbox"/> Air Purifier <input checked="" type="checkbox"/> Alarm System (Burglar) <ul style="list-style-type: none"> <input type="checkbox"/> Leased <input checked="" type="checkbox"/> Owned <input checked="" type="checkbox"/> Alarm System (Smoke/Fire) <ul style="list-style-type: none"> <input type="checkbox"/> Leased <input checked="" type="checkbox"/> Owned <input type="checkbox"/> Arbor <input type="checkbox"/> Attic Fan (Whole House Fan) <input checked="" type="checkbox"/> Attic Ventilator Fan <input type="checkbox"/> Awning <input type="checkbox"/> Basketball Post & Goal <ul style="list-style-type: none"> <input type="checkbox"/> Built-In <input type="checkbox"/> Free Standing <input type="checkbox"/> Birdhouses <input type="checkbox"/> Boat Dock <input type="checkbox"/> Carbon Monoxide Detector <input type="checkbox"/> Ceiling Fan <input checked="" type="checkbox"/> Chandelier <i>(see additional explanation)</i> <input type="checkbox"/> Closet Shelving System <ul style="list-style-type: none"> <input type="checkbox"/> Built-In <input type="checkbox"/> Free Standing <input checked="" type="checkbox"/> Dehumidifier <ul style="list-style-type: none"> <input type="checkbox"/> Built-In <input checked="" type="checkbox"/> Free Standing <input checked="" type="checkbox"/> Dishwasher <i>(2)</i> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Built-In <input type="checkbox"/> Free Standing <input type="checkbox"/> Dog House <input checked="" type="checkbox"/> Door & Window Hardware <input checked="" type="checkbox"/> Dryer <ul style="list-style-type: none"> <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Fence (Invisible) <input type="checkbox"/> Fence Pet Collar <input type="checkbox"/> Fireplace <ul style="list-style-type: none"> <input type="checkbox"/> Gas Logs <input type="checkbox"/> Screen/Door <input type="checkbox"/> Wood Burning Insert <input checked="" type="checkbox"/> Flag Pole | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Garage Door Opener <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Remote Control <input checked="" type="checkbox"/> Garbage Disposal <input checked="" type="checkbox"/> Gas Grille <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Built-In <input type="checkbox"/> Free Standing <input type="checkbox"/> Gazebo <input checked="" type="checkbox"/> Hot Tub <input type="checkbox"/> Humidifier <input checked="" type="checkbox"/> Ice Maker <i>(2)</i> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Built-In <input type="checkbox"/> Free Standing <input type="checkbox"/> Intercom <input type="checkbox"/> Jetted Tub <input checked="" type="checkbox"/> Landscaping Lights <input checked="" type="checkbox"/> Light Fixtures (Except Chandeliers) <input checked="" type="checkbox"/> Mailbox <input checked="" type="checkbox"/> Microwave Oven <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Built-In <input type="checkbox"/> Free Standing <input checked="" type="checkbox"/> Mirror (Attached) - <i>basement</i> <input type="checkbox"/> Outbuilding <input checked="" type="checkbox"/> Outdoor Bench <input type="checkbox"/> Playhouse <input type="checkbox"/> Porch swing <input type="checkbox"/> Propane Gas Tanks <ul style="list-style-type: none"> <input type="checkbox"/> Above ground <input type="checkbox"/> Buried <input type="checkbox"/> Leased <input type="checkbox"/> Owned <input type="checkbox"/> Radio (Built-In) <input checked="" type="checkbox"/> Refrigerator <input type="checkbox"/> Satellite Dish/Receiver <input checked="" type="checkbox"/> Sauna - <i>Pool house</i> <input type="checkbox"/> Septic Pump <input type="checkbox"/> Shelving Unit & System <ul style="list-style-type: none"> <input type="checkbox"/> Built-In <input type="checkbox"/> Free Standing <input checked="" type="checkbox"/> Shower Head/Sprayer <input checked="" type="checkbox"/> Smoke Detector <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Battery Operated <input type="checkbox"/> Hard Wired | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Speakers (Built-In) <input checked="" type="checkbox"/> Sprinkler System <input checked="" type="checkbox"/> Statuary <i>(Courtside pond)</i> <input checked="" type="checkbox"/> Stepping Stones <input type="checkbox"/> Storage Building <input checked="" type="checkbox"/> Stove <ul style="list-style-type: none"> <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Electric <input checked="" type="checkbox"/> Built-In <input type="checkbox"/> Free Standing <input type="checkbox"/> Sump Pump <input checked="" type="checkbox"/> Surface Unit Cook Top <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Electric <input checked="" type="checkbox"/> Swimming Pool <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Above Ground <input type="checkbox"/> Swimming Pool Equipment (List below) <input type="checkbox"/> Swing Set <input checked="" type="checkbox"/> Switch Plate Covers <input checked="" type="checkbox"/> Telephone Jacks/Wires <input type="checkbox"/> Television Antenna <input checked="" type="checkbox"/> Television Cable/Jacks <input checked="" type="checkbox"/> Thermostat (Programmable) <input checked="" type="checkbox"/> Trash Compactor <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Built-In <input type="checkbox"/> Free Standing <input type="checkbox"/> Tree House <input type="checkbox"/> Trellis <input type="checkbox"/> Vacuum System (Built-In) <ul style="list-style-type: none"> <input type="checkbox"/> Vacuum Attachments <input checked="" type="checkbox"/> Vent Hood <input checked="" type="checkbox"/> Washing Machine <i>(kitchen)</i> <input checked="" type="checkbox"/> Water Purification System <input type="checkbox"/> Water Softener System <input type="checkbox"/> Weather Vane <input type="checkbox"/> Well Pump <input checked="" type="checkbox"/> Window Screens <input checked="" type="checkbox"/> Window Treatments <i>- all except guest room and master as noted and also library</i> <input type="checkbox"/> Wine Cooler |
|--|---|--|

Other fixtures/items included in the sale of Property shall be: _____

Other fixtures/items not included in the sale of Property shall be: _____

The common law of fixtures shall apply to fixtures not addressed herein. Those fixtures/items that are not included in the sale of Property shall remain Property of Seller and shall be removed prior to closing or the transfer of possession of Property to Buyer, whichever is later. Seller shall lose 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 Property to its original condition.

14. AGRICULTURAL DISCLOSURE: Is Property within, partially within, or adjacent to any property zoned or identified on an approved county land use plan as agricultural or forestry use? Yes No Don't Know

It is the policy of this state and this community to conserve, protect, and encourage the development and improvement of farm and forest land for the production of food, fiber, and other products, and also for its natural and environmental value. This notice is to inform prospective property owners or other persons or entities leasing or acquiring an interest in real property that property in which they are about to acquire an interest lies within, partially within, or adjacent to an area zoned, used, or identified for farm and forest activities and that farm and forest activities occur in the area. Such farm and forest activities may include intensive operations that cause discomfort and inconveniences that involve, but are not limited to, noises, odors, fumes, dust, smoke, insects, operations of machinery during any 24 hour period, storage and disposal of manure, and the application by spraying or otherwise of chemical fertilizers, soil amendments, herbicides, and pesticides. One or more of these inconveniences may occur as the result of farm or forest activities which are in conformance with existing laws and regulations and accepted customs and standards.

15. ADDITIONAL EXPLANATIONS OR DISCLOSURES: *Re: Chandeliers NOT to remain with property. ① Empire Casalle chandelier on back entrance hallway. ② Silver Chandelier in Library. ③ Chandelier in guest Bedroom upstairs. ④ Curtains in Guest Bedroom with included chandelier. ⑤ Curtains in master bedroom. ⑥ Curtains in library*

MARK BOX IF ADDITIONAL PAGES ARE ATTACHED.

SELLER'S REPRESENTATION:

To the best of Seller's knowledge and belief, the information contained in this Seller's Property Disclosure Statement is accurate and complete as of the date signed by Seller. It should not be a substitute for Buyer inspecting Property or obtaining any warranties with regard to Property that Buyer may wish to obtain. Seller hereby authorizes Broker to provide this Seller's Property Disclosure Statement to prospective buyers of Property and to real estate Brokers and their affiliated Licensees. Seller agrees to promptly update this Seller's Property Disclosure Statement and to provide any Buyer and Broker with a revised copy of the same if there are any material changes in the answers to the questions contained herein.

Is each individual named below a U.S. Citizen or resident alien? Yes No
Has each individual named below been a Georgia resident for the past two years? Yes No
Has Property been Seller's primary residence for at least two of the last five years? Yes No

Seller: *Gregory Miller*
Seller: *Geany Miller*

Date: 12/20, 2007
Date: 12/20, 2007

RECEIPT AND ACKNOWLEDGMENT BY BUYER:

I acknowledge receipt of this Seller's Property Disclosure Statement. I understand that, except as stated in the Purchase and Sale Agreement, Property is being sold in its present condition, without warranties or guarantees of any kind by Seller or Brokers. No representations concerning the condition of Property are being relied upon by Buyer except as disclosed herein or stated in the Purchase and Sale Agreement.

Buyer: _____ Date: _____, 20____
Buyer: _____ Date: _____, 20____