

**RESIDENTIAL APPRAISAL REPORT**

File No.: LCT092017

| SUBJECT  | Property Address: <b>5840 Pocahontas Trl</b>  
  |  | City: <b>Providence Forge</b>  |                                     | State: <b>VA</b> Zip Code: <b>23140</b> |  |  |   |                         |                                  |   |  |   |                                     |                          |  |   |  |  |   |               |   |   |                          |  |  |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
  |                          |  |  |                                       |             |                          |  |   |             |                                     |                          |   |             |                                     |                          |                          |                                     |                             |   |  |                          |                                    |      |                          |                                 |   
  |                          |   |                          |                           |                          |                                   |                           |                          |   |  |          |   |                          |                                   |  |                |                |  |   |               |   |                                |                          |  |      |               |  |                          |   |             |        |                      |                          |                          |      |                                     |   |            |                 |   |                                     |                                    |  |  |                                 |                                     |   |                         |                         |                                   |                          |                               |             |  |  |                          |   |       |                  |                  |                          |                                     |             |                                   |                                  |                          |   
  |          |                |                |                          |                                     |                     |                                     |                                  |                          |                          |      |               |             |                          |                                     |  |  |                                   |                          |                          |  |                       |   |                 |                        |                       |                                    |                                 |      |                      |  |                     |   |                      |  |  |                                       |                                     |  |          |  |         |   |  |  |                             |  |  |  |                                    |  |       |  |         |   |   |  |                           |                     |                                   |                      |       |            |                  |   
   |                             |         |                                   |  |            |                                   |               |      |       |                       |                                |                 |  |                       |             |                                 |  |                      |  |                     |                      |                      |            |  |                                     |                                     |           |          |   |         |                                    |  |  |                                 |                |  |                         |                                    |                                   |       |                               |         |  |   |                   |                           |  |                                   |                  |       |                             |                  |                                   |                                  |      |                                   |  |            |         |               |                                    |       |                                     |                                  |       |  |  |             |        |  |                                     |  |  |                                |                         |            |  |                                     |                  |           |                        |   |                                    |                                    |      |  |                                 |                |                   |                         |  |                                   |                                       |                                   |  |  |  |                   |         |  |  |                  |  |                             |  |                                   |                                  |      |  |  |   |         |  |                                    |  |                                     |                                  |       |  |  |   |        |  |                                     |  |  |                                |                         |  |  |  |                  |  |                        |  |                                    |                                 |      |  |  |  |                   |  |  |  |                                       |                                   |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
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  |  | Legal Description: <b>TIMBERLAKES 13 AC DB 138/625 148/469 WB 15/534</b> |                                     |   |  |  |   |                         |                                  |   |  |   |                                     |                          |  |   |  |  |   |               |   |   |                          |  |  |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
  |                          |  |  |                                       |             |                          |  |   |             |                                     |                          |   |             |                                     |                          |                          |                                     |                             |   |  |                          |                                    |      |                          |                                 |   
  |                          |   |                          |                           |                          |                                   |                           |                          |   |  |          |   |                          |                                   |  |                |                |  |   |               |   |                                |                          |  |      |               |  |                          |   |             |        |                      |                          |                          |      |                                     |   |            |                 |   |                                     |                                    |  |  |                                 |                                     |   |                         |                         |                                   |                          |                               |             |  |  |                          |   |       |                  |                  |                          |                                     |             |                                   |                                  |                          |   
  |          |                |                |                          |                                     |                     |                                     |                                  |                          |                          |      |               |             |                          |                                     |  |  |                                   |                          |                          |  |                       |   |                 |                        |                       |                                    |                                 |      |                      |  |                     |   |                      |  |  |                                       |                                     |  |          |  |         |   |  |  |                             |  |  |  |                                    |  |       |  |         |   |   |  |                           |                     |                                   |                      |       |            |                  |   
   |                             |         |                                   |  |            |                                   |               |      |       |                       |                                |                 |  |                       |             |                                 |  |                      |  |                     |                      |                      |            |  |                                     |                                     |           |          |   |         |                                    |  |  |                                 |                |  |                         |                                    |                                   |       |                               |         |  |   |                   |                           |  |                                   |                  |       |                             |                  |                                   |                                  |      |                                   |  |            |         |               |                                    |       |                                     |                                  |       |  |  |             |        |  |                                     |  |  |                                |                         |            |  |                                     |                  |           |                        |   |                                    |                                    |      |  |                                 |                |                   |                         |  |                                   |                                       |                                   |  |  |  |                   |         |  |  |                  |  |                             |  |                                   |                                  |      |  |  |   |         |  |                                    |  |                                     |                                  |       |  |  |   |        |  |                                     |  |  |                                |                         |  |  |  |                  |  |                        |  |                                    |                                 |      |  |  |  |                   |  |  |  |                                       |                                   |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
|  | Tax Year: <b>2016</b> R.E. Taxes: \$ <b>2,295</b>   
  |  | Special Assessments: \$ <b>0</b>   |                                     | Assessor's Parcel #: <b>31 7 6</b>      |  |  |   |                         |                                  |   |  |   |                                     |                          |  |   |  |  |   |               |   |   |                          |  |  |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
  |                          |  |  |                                       |             |                          |  |   |             |                                     |                          |   |             |                                     |                          |                          |                                     |                             |   |  |                          |                                    |      |                          |                                 |   
  |                          |   |                          |                           |                          |                                   |                           |                          |   |  |          |   |                          |                                   |  |                |                |  |   |               |   |                                |                          |  |      |               |  |                          |   |             |        |                      |                          |                          |      |                                     |   |            |                 |   |                                     |                                    |  |  |                                 |                                     |   |                         |                         |                                   |                          |                               |             |  |  |                          |   |       |                  |                  |                          |                                     |             |                                   |                                  |                          |   
  |          |                |                |                          |                                     |                     |                                     |                                  |                          |                          |      |               |             |                          |                                     |  |  |                                   |                          |                          |  |                       |   |                 |                        |                       |                                    |                                 |      |                      |  |                     |   |                      |  |  |                                       |                                     |  |          |  |         |   |  |  |                             |  |  |  |                                    |  |       |  |         |   |   |  |                           |                     |                                   |                      |       |            |                  |   
   |                             |         |                                   |  |            |                                   |               |      |       |                       |                                |                 |  |                       |             |                                 |  |                      |  |                     |                      |                      |            |  |                                     |                                     |           |          |   |         |                                    |  |  |                                 |                |  |                         |                                    |                                   |       |                               |         |  |   |                   |                           |  |                                   |                  |       |                             |                  |                                   |                                  |      |                                   |  |            |         |               |                                    |       |                                     |                                  |       |  |  |             |        |  |                                     |  |  |                                |                         |            |  |                                     |                  |           |                        |   |                                    |                                    |      |  |                                 |                |                   |                         |  |                                   |                                       |                                   |  |  |  |                   |         |  |  |                  |  |                             |  |                                   |                                  |      |  |  |   |         |  |                                    |  |                                     |                                  |       |  |  |   |        |  |                                     |  |  |                                |                         |  |  |  |                  |  |                        |  |                                    |                                 |      |  |  |  |                   |  |  |  |                                       |                                   |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
|  | Borrower (if applicable):   
  |  |  |                                     |   |  |  |   |                         |                                  |   |  |   |                                     |                          |  |   |  |  |   |               |   |   |                          |  |  |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
  |                          |  |  |                                       |             |                          |  |   |             |                                     |                          |   |             |                                     |                          |                          |                                     |                             |   |  |                          |                                    |      |                          |                                 |   
  |                          |   |                          |                           |                          |                                   |                           |                          |   |  |          |   |                          |                                   |  |                |                |  |   |               |   |                                |                          |  |      |               |  |                          |   |             |        |                      |                          |                          |      |                                     |   |            |                 |   |                                     |                                    |  |  |                                 |                                     |   |                         |                         |                                   |                          |                               |             |  |  |                          |   |       |                  |                  |                          |                                     |             |                                   |                                  |                          |   
  |          |                |                |                          |                                     |                     |                                     |                                  |                          |                          |      |               |             |                          |                                     |  |  |                                   |                          |                          |  |                       |   |                 |                        |                       |                                    |                                 |      |                      |  |                     |   |                      |  |  |                                       |                                     |  |          |  |         |   |  |  |                             |  |  |  |                                    |  |       |  |         |   |   |  |                           |                     |                                   |                      |       |            |                  |   
   |                             |         |                                   |  |            |                                   |               |      |       |                       |                                |                 |  |                       |             |                                 |  |                      |  |                     |                      |                      |            |  |                                     |                                     |           |          |   |         |                                    |  |  |                                 |                |  |                         |                                    |                                   |       |                               |         |  |   |                   |                           |  |                                   |                  |       |                             |                  |                                   |                                  |      |                                   |  |            |         |               |                                    |       |                                     |                                  |       |  |  |             |        |  |                                     |  |  |                                |                         |            |  |                                     |                  |           |                        |   |                                    |                                    |      |  |                                 |                |                   |                         |  |                                   |                                       |                                   |  |  |  |                   |         |  |  |                  |  |                             |  |                                   |                                  |      |  |  |   |         |  |                                    |  |                                     |                                  |       |  |  |   |        |  |                                     |  |  |                                |                         |  |  |  |                  |  |                        |  |                                    |                                 |      |  |  |  |                   |  |  |  |                                       |                                   |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| ASSIGNMENT   | Current Owner of Record: <b>ANGEL MILDRED H ESTATE</b> Occupant: <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Vacant <input type="checkbox"/> Manufactured Housing  
  |  |  |                                     |   |  |  |   |                         |                                  |   |  |   |                                     |                          |  |   |  |  |   |               |   |   |                          |  |  |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
  |                          |  |  |                                       |             |                          |  |   |             |                                     |                          |   |             |                                     |                          |                          |                                     |                             |   |  |                          |                                    |      |                          |                                 |   
  |                          |   |                          |                           |                          |                                   |                           |                          |   |  |          |   |                          |                                   |  |                |                |  |   |               |   |                                |                          |  |      |               |  |                          |   |             |        |                      |                          |                          |      |                                     |   |            |                 |   |                                     |                                    |  |  |                                 |                                     |   |                         |                         |                                   |                          |                               |             |  |  |                          |   |       |                  |                  |                          |                                     |             |                                   |                                  |                          |   
  |          |                |                |                          |                                     |                     |                                     |                                  |                          |                          |      |               |             |                          |                                     |  |  |                                   |                          |                          |  |                       |   |                 |                        |                       |                                    |                                 |      |                      |  |                     |   |                      |  |  |                                       |                                     |  |          |  |         |   |  |  |                             |  |  |  |                                    |  |       |  |         |   |   |  |                           |                     |                                   |                      |       |            |                  |   
   |                             |         |                                   |  |            |                                   |               |      |       |                       |                                |                 |  |                       |             |                                 |  |                      |  |                     |                      |                      |            |  |                                     |                                     |           |          |   |         |                                    |  |  |                                 |                |  |                         |                                    |                                   |       |                               |         |  |   |                   |                           |  |                                   |                  |       |                             |                  |                                   |                                  |      |                                   |  |            |         |               |                                    |       |                                     |                                  |       |  |  |             |        |  |                                     |  |  |                                |                         |            |  |                                     |                  |           |                        |   |                                    |                                    |      |  |                                 |                |                   |                         |  |                                   |                                       |                                   |  |  |  |                   |         |  |  |                  |  |                             |  |                                   |                                  |      |  |  |   |         |  |                                    |  |                                     |                                  |       |  |  |   |        |  |                                     |  |  |                                |                         |  |  |  |                  |  |                        |  |                                    |                                 |      |  |  |  |                   |  |  |  |                                       |                                   |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
|  | Project Type: <input type="checkbox"/> PUD <input type="checkbox"/> Condominium <input type="checkbox"/> Cooperative <input type="checkbox"/> Other (describe) HOA: \$ <b>0</b> per year <input type="checkbox"/> per month   
  |  |  |                                     |   |  |  |   |                         |                                  |   |  |   |                                     |                          |  |   |  |  |   |               |   |   |                          |  |  |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
  |                          |  |  |                                       |             |                          |  |   |             |                                     |                          |   |             |                                     |                          |                          |                                     |                             |   |  |                          |                                    |      |                          |                                 |   
  |                          |   |                          |                           |                          |                                   |                           |                          |   |  |          |   |                          |                                   |  |                |                |  |   |               |   |                                |                          |  |      |               |  |                          |   |             |        |                      |                          |                          |      |                                     |   |            |                 |   |                                     |                                    |  |  |                                 |                                     |   |                         |                         |                                   |                          |                               |             |  |  |                          |   |       |                  |                  |                          |                                     |             |                                   |                                  |                          |   
  |          |                |                |                          |                                     |                     |                                     |                                  |                          |                          |      |               |             |                          |                                     |  |  |                                   |                          |                          |  |                       |   |                 |                        |                       |                                    |                                 |      |                      |  |                     |   |                      |  |  |                                       |                                     |  |          |  |         |   |  |  |                             |  |  |  |                                    |  |       |  |         |   |   |  |                           |                     |                                   |                      |       |            |                  |   
   |                             |         |                                   |  |            |                                   |               |      |       |                       |                                |                 |  |                       |             |                                 |  |                      |  |                     |                      |                      |            |  |                                     |                                     |           |          |   |         |                                    |  |  |                                 |                |  |                         |                                    |                                   |       |                               |         |  |   |                   |                           |  |                                   |                  |       |                             |                  |                                   |                                  |      |                                   |  |            |         |               |                                    |       |                                     |                                  |       |  |  |             |        |  |                                     |  |  |                                |                         |            |  |                                     |                  |           |                        |   |                                    |                                    |      |  |                                 |                |                   |                         |  |                                   |                                       |                                   |  |  |  |                   |         |  |  |                  |  |                             |  |                                   |                                  |      |  |  |   |         |  |                                    |  |                                     |                                  |       |  |  |   |        |  |                                     |  |  |                                |                         |  |  |  |                  |  |                        |  |                                    |                                 |      |  |  |  |                   |  |  |  |                                       |                                   |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
|  | Market Area Name: <b>Timberlakes</b> Map Reference: <b>40060</b> Census Tract: <b>7002.00</b>   
  |  |  |                                     |   |  |  |   |                         |                                  |   |  |   |                                     |                          |  |   |  |  |   |               |   |   |                          |  |  |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
  |                          |  |  |                                       |             |                          |  |   |             |                                     |                          |   |             |                                     |                          |                          |                                     |                             |   |  |                          |                                    |      |                          |                                 |   
  |                          |   |                          |                           |                          |                                   |                           |                          |   |  |          |   |                          |                                   |  |                |                |  |   |               |   |                                |                          |  |      |               |  |                          |   |             |        |                      |                          |                          |      |                                     |   |            |                 |   |                                     |                                    |  |  |                                 |                                     |   |                         |                         |                                   |                          |                               |             |  |  |                          |   |       |                  |                  |                          |                                     |             |                                   |                                  |                          |   
  |          |                |                |                          |                                     |                     |                                     |                                  |                          |                          |      |               |             |                          |                                     |  |  |                                   |                          |                          |  |                       |   |                 |                        |                       |                                    |                                 |      |                      |  |                     |   |                      |  |  |                                       |                                     |  |          |  |         |   |  |  |                             |  |  |  |                                    |  |       |  |         |   |   |  |                           |                     |                                   |                      |       |            |                  |   
   |                             |         |                                   |  |            |                                   |               |      |       |                       |                                |                 |  |                       |             |                                 |  |                      |  |                     |                      |                      |            |  |                                     |                                     |           |          |   |         |                                    |  |  |                                 |                |  |                         |                                    |                                   |       |                               |         |  |   |                   |                           |  |                                   |                  |       |                             |                  |                                   |                                  |      |                                   |  |            |         |               |                                    |       |                                     |                                  |       |  |  |             |        |  |                                     |  |  |                                |                         |            |  |                                     |                  |           |                        |   |                                    |                                    |      |  |                                 |                |                   |                         |  |                                   |                                       |                                   |  |  |  |                   |         |  |  |                  |  |                             |  |                                   |                                  |      |  |  |   |         |  |                                    |  |                                     |                                  |       |  |  |   |        |  |                                     |  |  |                                |                         |  |  |  |                  |  |                        |  |                                    |                                 |      |  |  |  |                   |  |  |  |                                       |                                   |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
|  | The purpose of this appraisal is to develop an opinion of: <input checked="" type="checkbox"/> Market Value (as defined), or <input type="checkbox"/> other type of value (describe)  
  |  |  |                                     |   |  |  |   |                         |                                  |   |  |   |                                     |                          |  |   |  |  |   |               |   |   |                          |  |  |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
  |                          |  |  |                                       |             |                          |  |   |             |                                     |                          |   |             |                                     |                          |                          |                                     |                             |   |  |                          |                                    |      |                          |                                 |   
  |                          |   |                          |                           |                          |                                   |                           |                          |   |  |          |   |                          |                                   |  |                |                |  |   |               |   |                                |                          |  |      |               |  |                          |   |             |        |                      |                          |                          |      |                                     |   |            |                 |   |                                     |                                    |  |  |                                 |                                     |   |                         |                         |                                   |                          |                               |             |  |  |                          |   |       |                  |                  |                          |                                     |             |                                   |                                  |                          |   
  |          |                |                |                          |                                     |                     |                                     |                                  |                          |                          |      |               |             |                          |                                     |  |  |                                   |                          |                          |  |                       |   |                 |                        |                       |                                    |                                 |      |                      |  |                     |   |                      |  |  |                                       |                                     |  |          |  |         |   |  |  |                             |  |  |  |                                    |  |       |  |         |   |   |  |                           |                     |                                   |                      |       |            |                  |   
   |                             |         |                                   |  |            |                                   |               |      |       |                       |                                |                 |  |                       |             |                                 |  |                      |  |                     |                      |                      |            |  |                                     |                                     |           |          |   |         |                                    |  |  |                                 |                |  |                         |                                    |                                   |       |                               |         |  |   |                   |                           |  |                                   |                  |       |                             |                  |                                   |                                  |      |                                   |  |            |         |               |                                    |       |                                     |                                  |       |  |  |             |        |  |                                     |  |  |                                |                         |            |  |                                     |                  |           |                        |   |                                    |                                    |      |  |                                 |                |                   |                         |  |                                   |                                       |                                   |  |  |  |                   |         |  |  |                  |  |                             |  |                                   |                                  |      |  |  |   |         |  |                                    |  |                                     |                                  |       |  |  |   |        |  |                                     |  |  |                                |                         |  |  |  |                  |  |                        |  |                                    |                                 |      |  |  |  |                   |  |  |  |                                       |                                   |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| MARKET AREA DESCRIPTION  | This report reflects the following value (if not Current, see comments): <input checked="" type="checkbox"/> Current (the Inspection Date is the Effective Date) <input type="checkbox"/> Retrospective <input type="checkbox"/> Prospective  
  |  |  |                                     |   |  |  |   |                         |                                  |   |  |   |                                     |                          |  |   |  |  |   |               |   |   |                          |  |  |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
  |                          |  |  |                                       |             |                          |  |   |             |                                     |                          |   |             |                                     |                          |                          |                                     |                             |   |  |                          |                                    |      |                          |                                 |   
  |                          |   |                          |                           |                          |                                   |                           |                          |   |  |          |   |                          |                                   |  |                |                |  |   |               |   |                                |                          |  |      |               |  |                          |   |             |        |                      |                          |                          |      |                                     |   |            |                 |   |                                     |                                    |  |  |                                 |                                     |   |                         |                         |                                   |                          |                               |             |  |  |                          |   |       |                  |                  |                          |                                     |             |                                   |                                  |                          |   
  |          |                |                |                          |                                     |                     |                                     |                                  |                          |                          |      |               |             |                          |                                     |  |  |                                   |                          |                          |  |                       |   |                 |                        |                       |                                    |                                 |      |                      |  |                     |   |                      |  |  |                                       |                                     |  |          |  |         |   |  |  |                             |  |  |  |                                    |  |       |  |         |   |   |  |                           |                     |                                   |                      |       |            |                  |   
   |                             |         |                                   |  |            |                                   |               |      |       |                       |                                |                 |  |                       |             |                                 |  |                      |  |                     |                      |                      |            |  |                                     |                                     |           |          |   |         |                                    |  |  |                                 |                |  |                         |                                    |                                   |       |                               |         |  |   |                   |                           |  |                                   |                  |       |                             |                  |                                   |                                  |      |                                   |  |            |         |               |                                    |       |                                     |                                  |       |  |  |             |        |  |                                     |  |  |                                |                         |            |  |                                     |                  |           |                        |   |                                    |                                    |      |  |                                 |                |                   |                         |  |                                   |                                       |                                   |  |  |  |                   |         |  |  |                  |  |                             |  |                                   |                                  |      |  |  |   |         |  |                                    |  |                                     |                                  |       |  |  |   |        |  |                                     |  |  |                                |                         |  |  |  |                  |  |                        |  |                                    |                                 |      |  |  |  |                   |  |  |  |                                       |                                   |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
|  | Approaches developed for this appraisal: <input checked="" type="checkbox"/> Sales Comparison Approach <input checked="" type="checkbox"/> Cost Approach <input type="checkbox"/> Income Approach (See Reconciliation Comments and Scope of Work)   
  |  |  |                                     |   |  |  |   |                         |                                  |   |  |   |                                     |                          |  |   |  |  |   |               |   |   |                          |  |  |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
  |                          |  |  |                                       |             |                          |  |   |             |                                     |                          |   |             |                                     |                          |                          |                                     |                             |   |  |                          |                                    |      |                          |                                 |   
  |                          |   |                          |                           |                          |                                   |                           |                          |   |  |          |   |                          |                                   |  |                |                |  |   |               |   |                                |                          |  |      |               |  |                          |   |             |        |                      |                          |                          |      |                                     |   |            |                 |   |                                     |                                    |  |  |                                 |                                     |   |                         |                         |                                   |                          |                               |             |  |  |                          |   |       |                  |                  |                          |                                     |             |                                   |                                  |                          |   
  |          |                |                |                          |                                     |                     |                                     |                                  |                          |                          |      |               |             |                          |                                     |  |  |                                   |                          |                          |  |                       |   |                 |                        |                       |                                    |                                 |      |                      |  |                     |   |                      |  |  |                                       |                                     |  |          |  |         |   |  |  |                             |  |  |  |                                    |  |       |  |         |   |   |  |                           |                     |                                   |                      |       |            |                  |   
   |                             |         |                                   |  |            |                                   |               |      |       |                       |                                |                 |  |                       |             |                                 |  |                      |  |                     |                      |                      |            |  |                                     |                                     |           |          |   |         |                                    |  |  |                                 |                |  |                         |                                    |                                   |       |                               |         |  |   |                   |                           |  |                                   |                  |       |                             |                  |                                   |                                  |      |                                   |  |            |         |               |                                    |       |                                     |                                  |       |  |  |             |        |  |                                     |  |  |                                |                         |            |  |                                     |                  |           |                        |   |                                    |                                    |      |  |                                 |                |                   |                         |  |                                   |                                       |                                   |  |  |  |                   |         |  |  |                  |  |                             |  |                                   |                                  |      |  |  |   |         |  |                                    |  |                                     |                                  |       |  |  |   |        |  |                                     |  |  |                                |                         |  |  |  |                  |  |                        |  |                                    |                                 |      |  |  |  |                   |  |  |  |                                       |                                   |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
|  | Property Rights Appraised: <input checked="" type="checkbox"/> Fee Simple <input type="checkbox"/> Leasehold <input type="checkbox"/> Leased Fee <input type="checkbox"/> Other (describe)  
  |  |  |                                     |   |  |  |   |                         |                                  |   |  |   |                                     |                          |  |   |  |  |   |               |   |   |                          |  |  |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
  |                          |  |  |                                       |             |                          |  |   |             |                                     |                          |   |             |                                     |                          |                          |                                     |                             |   |  |                          |                                    |      |                          |                                 |   
  |                          |   |                          |                           |                          |                                   |                           |                          |   |  |          |   |                          |                                   |  |                |                |  |   |               |   |                                |                          |  |      |               |  |                          |   |             |        |                      |                          |                          |      |                                     |   |            |                 |   |                                     |                                    |  |  |                                 |                                     |   |                         |                         |                                   |                          |                               |             |  |  |                          |   |       |                  |                  |                          |                                     |             |                                   |                                  |                          |   
  |          |                |                |                          |                                     |                     |                                     |                                  |                          |                          |      |               |             |                          |                                     |  |  |                                   |                          |                          |  |                       |   |                 |                        |                       |                                    |                                 |      |                      |  |                     |   |                      |  |  |                                       |                                     |  |          |  |         |   |  |  |                             |  |  |  |                                    |  |       |  |         |   |   |  |                           |                     |                                   |                      |       |            |                  |   
   |                             |         |                                   |  |            |                                   |               |      |       |                       |                                |                 |  |                       |             |                                 |  |                      |  |                     |                      |                      |            |  |                                     |                                     |           |          |   |         |                                    |  |  |                                 |                |  |                         |                                    |                                   |       |                               |         |  |   |                   |                           |  |                                   |                  |       |                             |                  |                                   |                                  |      |                                   |  |            |         |               |                                    |       |                                     |                                  |       |  |  |             |        |  |                                     |  |  |                                |                         |            |  |                                     |                  |           |                        |   |                                    |                                    |      |  |                                 |                |                   |                         |  |                                   |                                       |                                   |  |  |  |                   |         |  |  |                  |  |                             |  |                                   |                                  |      |  |  |   |         |  |                                    |  |                                     |                                  |       |  |  |   |        |  |                                     |  |  |                                |                         |  |  |  |                  |  |                        |  |                                    |                                 |      |  |  |  |                   |  |  |  |                                       |                                   |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
|  | Intended Use: <b>The Intended User of this appraisal report is Motleys. Unless specifically stated within the report, there are no additional Intended Users. The intended use is to establish an asking price for a pre listing appraisal.</b>   
  |  |  |                                     |   |  |  |   |                         |                                  |   |  |   |                                     |                          |  |   |  |  |   |               |   |   |                          |  |  |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
  |                          |  |  |                                       |             |                          |  |   |             |                                     |                          |   |             |                                     |                          |                          |                                     |                             |   |  |                          |                                    |      |                          |                                 |   
  |                          |   |                          |                           |                          |                                   |                           |                          |   |  |          |   |                          |                                   |  |                |                |  |   |               |   |                                |                          |  |      |               |  |                          |   |             |        |                      |                          |                          |      |                                     |   |            |                 |   |                                     |                                    |  |  |                                 |                                     |   |                         |                         |                                   |                          |                               |             |  |  |                          |   |       |                  |                  |                          |                                     |             |                                   |                                  |                          |   
  |          |                |                |                          |                                     |                     |                                     |                                  |                          |                          |      |               |             |                          |                                     |  |  |                                   |                          |                          |  |                       |   |                 |                        |                       |                                    |                                 |      |                      |  |                     |   |                      |  |  |                                       |                                     |  |          |  |         |   |  |  |                             |  |  |  |                                    |  |       |  |         |   |   |  |                           |                     |                                   |                      |       |            |                  |   
   |                             |         |                                   |  |            |                                   |               |      |       |                       |                                |                 |  |                       |             |                                 |  |                      |  |                     |                      |                      |            |  |                                     |                                     |           |          |   |         |                                    |  |  |                                 |                |  |                         |                                    |                                   |       |                               |         |  |   |                   |                           |  |                                   |                  |       |                             |                  |                                   |                                  |      |                                   |  |            |         |               |                                    |       |                                     |                                  |       |  |  |             |        |  |                                     |  |  |                                |                         |            |  |                                     |                  |           |                        |   |                                    |                                    |      |  |                                 |                |                   |                         |  |                                   |                                       |                                   |  |  |  |                   |         |  |  |                  |  |                             |  |                                   |                                  |      |  |  |   |         |  |                                    |  |                                     |                                  |       |  |  |   |        |  |                                     |  |  |                                |                         |  |  |  |                  |  |                        |  |                                    |                                 |      |  |  |  |                   |  |  |  |                                       |                                   |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| SITE DESCRIPTION   | Intended User(s) (by name or type): <b>Motleys Asset Disposition Group</b>  
  |  |  |                                     |   |  |  |   |                         |                                  |   |  |   |                                     |                          |  |   |  |  |   |               |   |   |                          |  |  |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
  |                          |  |  |                                       |             |                          |  |   |             |                                     |                          |   |             |                                     |                          |                          |                                     |                             |   |  |                          |                                    |      |                          |                                 |   
  |                          |   |                          |                           |                          |                                   |                           |                          |   |  |          |   |                          |                                   |  |                |                |  |   |               |   |                                |                          |  |      |               |  |                          |   |             |        |                      |                          |                          |      |                                     |   |            |                 |   |                                     |                                    |  |  |                                 |                                     |   |                         |                         |                                   |                          |                               |             |  |  |                          |   |       |                  |                  |                          |                                     |             |                                   |                                  |                          |   
  |          |                |                |                          |                                     |                     |                                     |                                  |                          |                          |      |               |             |                          |                                     |  |  |                                   |                          |                          |  |                       |   |                 |                        |                       |                                    |                                 |      |                      |  |                     |   |                      |  |  |                                       |                                     |  |          |  |         |   |  |  |                             |  |  |  |                                    |  |       |  |         |   |   |  |                           |                     |                                   |                      |       |            |                  |   
   |                             |         |                                   |  |            |                                   |               |      |       |                       |                                |                 |  |                       |             |                                 |  |                      |  |                     |                      |                      |            |  |                                     |                                     |           |          |   |         |                                    |  |  |                                 |                |  |                         |                                    |                                   |       |                               |         |  |   |                   |                           |  |                                   |                  |       |                             |                  |                                   |                                  |      |                                   |  |            |         |               |                                    |       |                                     |                                  |       |  |  |             |        |  |                                     |  |  |                                |                         |            |  |                                     |                  |           |                        |   |                                    |                                    |      |  |                                 |                |                   |                         |  |                                   |                                       |                                   |  |  |  |                   |         |  |  |                  |  |                             |  |                                   |                                  |      |  |  |   |         |  |                                    |  |                                     |                                  |       |  |  |   |        |  |                                     |  |  |                                |                         |  |  |  |                  |  |                        |  |                                    |                                 |      |  |  |  |                   |  |  |  |                                       |                                   |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
|  | Client: <b>Motleys</b> Address: <b>3600 Deepwater Terminal Rd Richmond, VA 23234</b>  
  |  |  |                                     |   |  |  |   |                         |                                  |   |  |   |                                     |                          |  |   |  |  |   |               |   |   |                          |  |  |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
  |                          |  |  |                                       |             |                          |  |   |             |                                     |                          |   |             |                                     |                          |                          |                                     |                             |   |  |                          |                                    |      |                          |                                 |   
  |                          |   |                          |                           |                          |                                   |                           |                          |   |  |          |   |                          |                                   |  |                |                |  |   |               |   |                                |                          |  |      |               |  |                          |   |             |        |                      |                          |                          |      |                                     |   |            |                 |   |                                     |                                    |  |  |                                 |                                     |   |                         |                         |                                   |                          |                               |             |  |  |                          |   |       |                  |                  |                          |                                     |             |                                   |                                  |                          |   
  |          |                |                |                          |                                     |                     |                                     |                                  |                          |                          |      |               |             |                          |                                     |  |  |                                   |                          |                          |  |                       |   |                 |                        |                       |                                    |                                 |      |                      |  |                     |   |                      |  |  |                                       |                                     |  |          |  |         |   |  |  |                             |  |  |  |                                    |  |       |  |         |   |   |  |                           |                     |                                   |                      |       |            |                  |   
   |                             |         |                                   |  |            |                                   |               |      |       |                       |                                |                 |  |                       |             |                                 |  |                      |  |                     |                      |                      |            |  |                                     |                                     |           |          |   |         |                                    |  |  |                                 |                |  |                         |                                    |                                   |       |                               |         |  |   |                   |                           |  |                                   |                  |       |                             |                  |                                   |                                  |      |                                   |  |            |         |               |                                    |       |                                     |                                  |       |  |  |             |        |  |                                     |  |  |                                |                         |            |  |                                     |                  |           |                        |   |                                    |                                    |      |  |                                 |                |                   |                         |  |                                   |                                       |                                   |  |  |  |                   |         |  |  |                  |  |                             |  |                                   |                                  |      |  |  |   |         |  |                                    |  |                                     |                                  |       |  |  |   |        |  |                                     |  |  |                                |                         |  |  |  |                  |  |                        |  |                                    |                                 |      |  |  |  |                   |  |  |  |                                       |                                   |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
|  | Appraiser: <b>Lucas Cullen Tucker</b> Address: <b>10363 Atlee Station Rd Mechanicsville, VA 23116</b>   
  |  |  |                                     |   |  |  |   |                         |                                  |   |  |   |                                     |                          |  |   |  |  |   |               |   |   |                          |  |  |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
  |                          |  |  |                                       |             |                          |  |   |             |                                     |                          |   |             |                                     |                          |                          |                                     |                             |   |  |                          |                                    |      |                          |                                 |   
  |                          |   |                          |                           |                          |                                   |                           |                          |   |  |          |   |                          |                                   |  |                |                |  |   |               |   |                                |                          |  |      |               |  |                          |   |             |        |                      |                          |                          |      |                                     |   |            |                 |   |                                     |                                    |  |  |                                 |                                     |   |                         |                         |                                   |                          |                               |             |  |  |                          |   |       |                  |                  |                          |                                     |             |                                   |                                  |                          |   
  |          |                |                |                          |                                     |                     |                                     |                                  |                          |                          |      |               |             |                          |                                     |  |  |                                   |                          |                          |  |                       |   |                 |                        |                       |                                    |                                 |      |                      |  |                     |   |                      |  |  |                                       |                                     |  |          |  |         |   |  |  |                             |  |  |  |                                    |  |       |  |         |   |   |  |                           |                     |                                   |                      |       |            |                  |   
   |                             |         |                                   |  |            |                                   |               |      |       |                       |                                |                 |  |                       |             |                                 |  |                      |  |                     |                      |                      |            |  |                                     |                                     |           |          |   |         |                                    |  |  |                                 |                |  |                         |                                    |                                   |       |                               |         |  |   |                   |                           |  |                                   |                  |       |                             |                  |                                   |                                  |      |                                   |  |            |         |               |                                    |       |                                     |                                  |       |  |  |             |        |  |                                     |  |  |                                |                         |            |  |                                     |                  |           |                        |   |                                    |                                    |      |  |                                 |                |                   |                         |  |                                   |                                       |                                   |  |  |  |                   |         |  |  |                  |  |                             |  |                                   |                                  |      |  |  |   |         |  |                                    |  |                                     |                                  |       |  |  |   |        |  |                                     |  |  |                                |                         |  |  |  |                  |  |                        |  |                                    |                                 |      |  |  |  |                   |  |  |  |                                       |                                   |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
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  |                          |   |                          |                           |                          |                                   |                           |                          |   |  |          |   |                          |                                   |  |                |                |  |   |               |   |                                |                          |  |      |               |  |                          |   |             |        |                      |                          |                          |      |                                     |   |            |                 |   |                                     |                                    |  |  |                                 |                                     |   |                         |                         |                                   |                          |                               |             |  |  |                          |   |       |                  |                  |                          |                                     |             |                                   |                                  |                          |   
  |          |                |                |                          |                                     |                     |                                     |                                  |                          |                          |      |               |             |                          |                                     |  |  |                                   |                          |                          |  |                       |   |                 |                        |                       |                                    |                                 |      |                      |  |                     |   |                      |  |  |                                       |                                     |  |          |  |         |   |  |  |                             |  |  |  |                                    |  |       |  |         |   |   |  |                           |                     |                                   |                      |       |            |                  |   
   |                             |         |                                   |  |            |                                   |               |      |       |                       |                                |                 |  |                       |             |                                 |  |                      |  |                     |                      |                      |            |  |                                     |                                     |           |          |   |         |                                    |  |  |                                 |                |  |                         |                                    |                                   |       |                               |         |  |   |                   |                           |  |                                   |                  |       |                             |                  |                                   |                                  |      |                                   |  |            |         |               |                                    |       |                                     |                                  |       |  |  |             |        |  |                                     |  |  |                                |                         |            |  |                                     |                  |           |                        |   |                                    |                                    |      |  |                                 |                |                   |                         |  |                                   |                                       |                                   |  |  |  |                   |         |  |  |                  |  |                             |  |                                   |                                  |      |  |  |   |         |  |                                    |  |                                     |                                  |       |  |  |   |        |  |                                     |  |  |                                |                         |  |  |  |                  |  |                        |  |                                    |                                 |      |  |  |  |                   |  |  |  |                                       |                                   |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| Predominant Occupancy  |   
  | One-Unit Housing                                       |  | Present Land Use                    |   | Change in Land Use                             |  |   |                         |                                  |   |  |   |                                     |                          |  |   |  |  |   |               |   |   |                          |  |  |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
  |                          |  |  |                                       |             |                          |  |   |             |                                     |                          |   |             |                                     |                          |                          |                                     |                             |   |  |                          |                                    |      |                          |                                 |   
  |                          |   |                          |                           |                          |                                   |                           |                          |   |  |          |   |                          |                                   |  |                |                |  |   |               |   |                                |                          |  |      |               |  |                          |   |             |        |                      |                          |                          |      |                                     |   |            |                 |   |                                     |                                    |  |  |                                 |                                     |   |                         |                         |                                   |                          |                               |             |  |  |                          |   |       |                  |                  |                          |                                     |             |                                   |                                  |                          |   
  |          |                |                |                          |                                     |                     |                                     |                                  |                          |                          |      |               |             |                          |                                     |  |  |                                   |                          |                          |  |                       |   |                 |                        |                       |                                    |                                 |      |                      |  |                     |   |                      |  |  |                                       |                                     |  |          |  |         |   |  |  |                             |  |  |  |                                    |  |       |  |         |   |   |  |                           |                     |                                   |                      |       |            |                  |   
   |                             |         |                                   |  |            |                                   |               |      |       |                       |                                |                 |  |                       |             |                                 |  |                      |  |                     |                      |                      |            |  |                                     |                                     |           |          |   |         |                                    |  |  |                                 |                |  |                         |                                    |                                   |       |                               |         |  |   |                   |                           |  |                                   |                  |       |                             |                  |                                   |                                  |      |                                   |  |            |         |               |                                    |       |                                     |                                  |       |  |  |             |        |  |                                     |  |  |                                |                         |            |  |                                     |                  |           |                        |   |                                    |                                    |      |  |                                 |                |                   |                         |  |                                   |                                       |                                   |  |  |  |                   |         |  |  |                  |  |                             |  |                                   |                                  |      |  |  |   |         |  |                                    |  |                                     |                                  |       |  |  |   |        |  |                                     |  |  |                                |                         |  |  |  |                  |  |                        |  |                                    |                                 |      |  |  |  |                   |  |  |  |                                       |                                   |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| Built up: <input type="checkbox"/> Over 75% <input checked="" type="checkbox"/> 25-75% <input type="checkbox"/> Under 25%  |   
  | <input checked="" type="checkbox"/> Owner 75           | PRICE \$ (000)   | AGE (yrs)                           | One-Unit 65 %                           | <input checked="" type="checkbox"/> Not Likely | <input type="checkbox"/> Likely * <input type="checkbox"/> In Process *  |   |                         |                                  |   |  |   |                                     |                          |  |   |  |  |   |               |   |   |                          |  |  |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
  |                          |  |  |                                       |             |                          |  |   |             |                                     |                          |   |             |                                     |                          |                          |                                     |                             |   |  |                          |                                    |      |                          |                                 |   
  |                          |   |                          |                           |                          |                                   |                           |                          |   |  |          |   |                          |                                   |  |                |                |  |   |               |   |                                |                          |  |      |               |  |                          |   |             |        |                      |                          |                          |      |                                     |   |            |                 |   |                                     |                                    |  |  |                                 |                                     |   |                         |                         |                                   |                          |                               |             |  |  |                          |   |       |                  |                  |                          |                                     |             |                                   |                                  |                          |   
  |          |                |                |                          |                                     |                     |                                     |                                  |                          |                          |      |               |             |                          |                                     |  |  |                                   |                          |                          |  |                       |   |                 |                        |                       |                                    |                                 |      |                      |  |                     |   |                      |  |  |                                       |                                     |  |          |  |         |   |  |  |                             |  |  |  |                                    |  |       |  |         |   |   |  |                           |                     |                                   |                      |       |            |                  |   
   |                             |         |                                   |  |            |                                   |               |      |       |                       |                                |                 |  |                       |             |                                 |  |                      |  |                     |                      |                      |            |  |                                     |                                     |           |          |   |         |                                    |  |  |                                 |                |  |                         |                                    |                                   |       |                               |         |  |   |                   |                           |  |                                   |                  |       |                             |                  |                                   |                                  |      |                                   |  |            |         |               |                                    |       |                                     |                                  |       |  |  |             |        |  |                                     |  |  |                                |                         |            |  |                                     |                  |           |                        |   |                                    |                                    |      |  |                                 |                |                   |                         |  |                                   |                                       |                                   |  |  |  |                   |         |  |  |                  |  |                             |  |                                   |                                  |      |  |  |   |         |  |                                    |  |                                     |                                  |       |  |  |   |        |  |                                     |  |  |                                |                         |  |  |  |                  |  |                        |  |                                    |                                 |      |  |  |  |                   |  |  |  |                                       |                                   |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| Growth rate: <input type="checkbox"/> Rapid <input checked="" type="checkbox"/> Stable <input type="checkbox"/> Slow   |   
  | <input checked="" type="checkbox"/> Tenant 20          | 143 Low 0  | 2                                   | 2-4 Unit 2 %                            |  |  |   |                         |                                  |   |  |   |                                     |                          |  |   |  |  |   |               |   |   |                          |  |  |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
  |                          |  |  |                                       |             |                          |  |   |             |                                     |                          |   |             |                                     |                          |                          |                                     |                             |   |  |                          |                                    |      |                          |                                 |   
  |                          |   |                          |                           |                          |                                   |                           |                          |   |  |          |   |                          |                                   |  |                |                |  |   |               |   |                                |                          |  |      |               |  |                          |   |             |        |                      |                          |                          |      |                                     |   |            |                 |   |                                     |                                    |  |  |                                 |                                     |   |                         |                         |                                   |                          |                               |             |  |  |                          |   |       |                  |                  |                          |                                     |             |                                   |                                  |                          |   
  |          |                |                |                          |                                     |                     |                                     |                                  |                          |                          |      |               |             |                          |                                     |  |  |                                   |                          |                          |  |                       |   |                 |                        |                       |                                    |                                 |      |                      |  |                     |   |                      |  |  |                                       |                                     |  |          |  |         |   |  |  |                             |  |  |  |                                    |  |       |  |         |   |   |  |                           |                     |                                   |                      |       |            |                  |   
   |                             |         |                                   |  |            |                                   |               |      |       |                       |                                |                 |  |                       |             |                                 |  |                      |  |                     |                      |                      |            |  |                                     |                                     |           |          |   |         |                                    |  |  |                                 |                |  |                         |                                    |                                   |       |                               |         |  |   |                   |                           |  |                                   |                  |       |                             |                  |                                   |                                  |      |                                   |  |            |         |               |                                    |       |                                     |                                  |       |  |  |             |        |  |                                     |  |  |                                |                         |            |  |                                     |                  |           |                        |   |                                    |                                    |      |  |                                 |                |                   |                         |  |                                   |                                       |                                   |  |  |  |                   |         |  |  |                  |  |                             |  |                                   |                                  |      |  |  |   |         |  |                                    |  |                                     |                                  |       |  |  |   |        |  |                                     |  |  |                                |                         |  |  |  |                  |  |                        |  |                                    |                                 |      |  |  |  |                   |  |  |  |                                       |                                   |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| Property values: <input checked="" type="checkbox"/> Increasing <input type="checkbox"/> Stable <input type="checkbox"/> Declining   |   
  | <input checked="" type="checkbox"/> Vacant (0-5%)      | 360 High 90  | 0                                   | Multi-Unit 0 %                          |  |  |   |                         |                                  |   |  |   |                                     |                          |  |   |  |  |   |               |   |   |                          |  |  |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
  |                          |  |  |                                       |             |                          |  |   |             |                                     |                          |   |             |                                     |                          |                          |                                     |                             |   |  |                          |                                    |      |                          |                                 |   
  |                          |   |                          |                           |                          |                                   |                           |                          |   |  |          |   |                          |                                   |  |                |                |  |   |               |   |                                |                          |  |      |               |  |                          |   |             |        |                      |                          |                          |      |                                     |   |            |                 |   |                                     |                                    |  |  |                                 |                                     |   |                         |                         |                                   |                          |                               |             |  |  |                          |   |       |                  |                  |                          |                                     |             |                                   |                                  |                          |   
  |          |                |                |                          |                                     |                     |                                     |                                  |                          |                          |      |               |             |                          |                                     |  |  |                                   |                          |                          |  |                       |   |                 |                        |                       |                                    |                                 |      |                      |  |                     |   |                      |  |  |                                       |                                     |  |          |  |         |   |  |  |                             |  |  |  |                                    |  |       |  |         |   |   |  |                           |                     |                                   |                      |       |            |                  |   
   |                             |         |                                   |  |            |                                   |               |      |       |                       |                                |                 |  |                       |             |                                 |  |                      |  |                     |                      |                      |            |  |                                     |                                     |           |          |   |         |                                    |  |  |                                 |                |  |                         |                                    |                                   |       |                               |         |  |   |                   |                           |  |                                   |                  |       |                             |                  |                                   |                                  |      |                                   |  |            |         |               |                                    |       |                                     |                                  |       |  |  |             |        |  |                                     |  |  |                                |                         |            |  |                                     |                  |           |                        |   |                                    |                                    |      |  |                                 |                |                   |                         |  |                                   |                                       |                                   |  |  |  |                   |         |  |  |                  |  |                             |  |                                   |                                  |      |  |  |   |         |  |                                    |  |                                     |                                  |       |  |  |   |        |  |                                     |  |  |                                |                         |  |  |  |                  |  |                        |  |                                    |                                 |      |  |  |  |                   |  |  |  |                                       |                                   |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| Demand/supply: <input checked="" type="checkbox"/> Shortage <input type="checkbox"/> In Balance <input type="checkbox"/> Over Supply   | <input type="checkbox"/> Vacant (>5%)   
  | 262 Pred 30  | 8  | Comm'l 8 %                          |   |  |  |   |                         |                                  |   |  |   |                                     |                          |  |   |  |  |   |               |   |   |                          |  |  |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
  |                          |  |  |                                       |             |                          |  |   |             |                                     |                          |   |             |                                     |                          |                          |                                     |                             |   |  |                          |                                    |      |                          |                                 |   
  |                          |   |                          |                           |                          |                                   |                           |                          |   |  |          |   |                          |                                   |  |                |                |  |   |               |   |                                |                          |  |      |               |  |                          |   |             |        |                      |                          |                          |      |                                     |   |            |                 |   |                                     |                                    |  |  |                                 |                                     |   |                         |                         |                                   |                          |                               |             |  |  |                          |   |       |                  |                  |                          |                                     |             |                                   |                                  |                          |   
  |          |                |                |                          |                                     |                     |                                     |                                  |                          |                          |      |               |             |                          |                                     |  |  |                                   |                          |                          |  |                       |   |                 |                        |                       |                                    |                                 |      |                      |  |                     |   |                      |  |  |                                       |                                     |  |          |  |         |   |  |  |                             |  |  |  |                                    |  |       |  |         |   |   |  |                           |                     |                                   |                      |       |            |                  |   
   |                             |         |                                   |  |            |                                   |               |      |       |                       |                                |                 |  |                       |             |                                 |  |                      |  |                     |                      |                      |            |  |                                     |                                     |           |          |   |         |                                    |  |  |                                 |                |  |                         |                                    |                                   |       |                               |         |  |   |                   |                           |  |                                   |                  |       |                             |                  |                                   |                                  |      |                                   |  |            |         |               |                                    |       |                                     |                                  |       |  |  |             |        |  |                                     |  |  |                                |                         |            |  |                                     |                  |           |                        |   |                                    |                                    |      |  |                                 |                |                   |                         |  |                                   |                                       |                                   |  |  |  |                   |         |  |  |                  |  |                             |  |                                   |                                  |      |  |  |   |         |  |                                    |  |                                     |                                  |       |  |  |   |        |  |                                     |  |  |                                |                         |  |  |  |                  |  |                        |  |                                    |                                 |      |  |  |  |                   |  |  |  |                                       |                                   |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| Marketing time: <input checked="" type="checkbox"/> Under 3 Mos. <input type="checkbox"/> 3-6 Mos. <input type="checkbox"/> Over 6 Mos.  |   
  |  |  | Vacant 25 %                         |   |  |  |   |                         |                                  |   |  |   |                                     |                          |  |   |  |  |   |               |   |   |                          |  |  |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
  |                          |  |  |                                       |             |                          |  |   |             |                                     |                          |   |             |                                     |                          |                          |                                     |                             |   |  |                          |                                    |      |                          |                                 |   
  |                          |   |                          |                           |                          |                                   |                           |                          |   |  |          |   |                          |                                   |  |                |                |  |   |               |   |                                |                          |  |      |               |  |                          |   |             |        |                      |                          |                          |      |                                     |   |            |                 |   |                                     |                                    |  |  |                                 |                                     |   |                         |                         |                                   |                          |                               |             |  |  |                          |   |       |                  |                  |                          |                                     |             |                                   |                                  |                          |   
  |          |                |                |                          |                                     |                     |                                     |                                  |                          |                          |      |               |             |                          |                                     |  |  |                                   |                          |                          |  |                       |   |                 |                        |                       |                                    |                                 |      |                      |  |                     |   |                      |  |  |                                       |                                     |  |          |  |         |   |  |  |                             |  |  |  |                                    |  |       |  |         |   |   |  |                           |                     |                                   |                      |       |            |                  |   
   |                             |         |                                   |  |            |                                   |               |      |       |                       |                                |                 |  |                       |             |                                 |  |                      |  |                     |                      |                      |            |  |                                     |                                     |           |          |   |         |                                    |  |  |                                 |                |  |                         |                                    |                                   |       |                               |         |  |   |                   |                           |  |                                   |                  |       |                             |                  |                                   |                                  |      |                                   |  |            |         |               |                                    |       |                                     |                                  |       |  |  |             |        |  |                                     |  |  |                                |                         |            |  |                                     |                  |           |                        |   |                                    |                                    |      |  |                                 |                |                   |                         |  |                                   |                                       |                                   |  |  |  |                   |         |  |  |                  |  |                             |  |                                   |                                  |      |  |  |   |         |  |                                    |  |                                     |                                  |       |  |  |   |        |  |                                     |  |  |                                |                         |  |  |  |                  |  |                        |  |                                    |                                 |      |  |  |  |                   |  |  |  |                                       |                                   |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| Market Area Boundaries, Description, and Market Conditions (including support for the above characteristics and trends): <b>The New Kent County Line to the north, east, south, and west. New Kent is a rural suburb of Richmond and Williamsburg Citys. Multiple types of financing is currently available with none offering any particular advantage. Points and closing costs are a point of negotiation. Over recent years decline has been noted throughout the Richmond area with recent activity stabilizing as interest rates are low. The typical marketing period is between 30 - 90 days. Homes which are competitively priced continue to market within 3 months. The current market is considered incresing. The subject property is located along a ver y busy road buffered by distance / trees. External obsolesence is noted.</b>  |   
  |  |  |                                     |   |  |  |   |                         |                                  |   |  |   |                                     |                          |  |   |  |  |   |               |   |   |                          |  |  |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
  |                          |  |  |                                       |             |                          |  |   |             |                                     |                          |   |             |                                     |                          |                          |                                     |                             |   |  |                          |                                    |      |                          |                                 |   
  |                          |   |                          |                           |                          |                                   |                           |                          |   |  |          |   |                          |                                   |  |                |                |  |   |               |   |                                |                          |  |      |               |  |                          |   |             |        |                      |                          |                          |      |                                     |   |            |                 |   |                                     |                                    |  |  |                                 |                                     |   |                         |                         |                                   |                          |                               |             |  |  |                          |   |       |                  |                  |                          |                                     |             |                                   |                                  |                          |   
  |          |                |                |                          |                                     |                     |                                     |                                  |                          |                          |      |               |             |                          |                                     |  |  |                                   |                          |                          |  |                       |   |                 |                        |                       |                                    |                                 |      |                      |  |                     |   |                      |  |  |                                       |                                     |  |          |  |         |   |  |  |                             |  |  |  |                                    |  |       |  |         |   |   |  |                           |                     |                                   |                      |       |            |                  |   
   |                             |         |                                   |  |            |                                   |               |      |       |                       |                                |                 |  |                       |             |                                 |  |                      |  |                     |                      |                      |            |  |                                     |                                     |           |          |   |         |                                    |  |  |                                 |                |  |                         |                                    |                                   |       |                               |         |  |   |                   |                           |  |                                   |                  |       |                             |                  |                                   |                                  |      |                                   |  |            |         |               |                                    |       |                                     |                                  |       |  |  |             |        |  |                                     |  |  |                                |                         |            |  |                                     |                  |           |                        |   |                                    |                                    |      |  |                                 |                |                   |                         |  |                                   |                                       |                                   |  |  |  |                   |         |  |  |                  |  |                             |  |                                   |                                  |      |  |  |   |         |  |                                    |  |                                     |                                  |       |  |  |   |        |  |                                     |  |  |                                |                         |  |  |  |                  |  |                        |  |                                    |                                 |      |  |  |  |                   |  |  |  |                                       |                                   |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
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   | Curb/Gutter              | <b>None</b>   | <input type="checkbox"/> | <input type="checkbox"/>  | Shape                    | <b>Irregular</b>                  | Water                     | <input type="checkbox"/> | <input checked="" type="checkbox"/>   | <b>Well</b>  | Sidewalk | <b>None</b>   | <input type="checkbox"/> | <input type="checkbox"/>          | Drainage   | <b>Typical</b> | Sanitary Sewer | <input type="checkbox"/>   | <input checked="" type="checkbox"/>   | <b>Septic</b> | Street Lights   | <b>None</b>                    | <input type="checkbox"/> | <input type="checkbox"/>   | View | <b>N;Res;</b> | Storm Sewer  | <input type="checkbox"/> | <input type="checkbox"/>                    | <b>None</b> | Alley  | <b>None</b>          | <input type="checkbox"/> | <input type="checkbox"/> |      |                                     | Other site elements: <input type="checkbox"/> Inside Lot <input type="checkbox"/> Corner Lot <input type="checkbox"/> Cul de Sac <input type="checkbox"/> Underground Utilities <input type="checkbox"/> Other (describe) |            |                 |   |                                     |                                    |  |  |                                 |                                     | FEMA Spec'l Flood Hazard Area <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No FEMA Flood Zone <b>X</b> FEMA Map # <b>51127C0200B</b> FEMA Map Date <b>9/25/2009</b> |                         |                         |                                   |                          |                               |             |  |  |                          | Site Comments: <b>See attached addenda.</b> |       |                  |                  |                          |                                     |             |                                   |                                  |                          | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">General Description</td> <td colspan="2">Exterior Description</td> <td colspan="2">Foundation</td> <td colspan="2">Basement</td> <td colspan="2">Heating</td> </tr> <tr> <td># of Units <b>1</b> <input type="checkbox"/> Acc. Unit</td> <td></td> <td>Foundation <b>Brick/Block/Avg</b></td> <td></td> <td>Slab</td> <td></td> <td>Area Sq. Ft. <b>0</b></td> <td></td> <td>Type <b>FHA</b></td> <td></td> </tr> <tr> <td># of Stories <b>1</b></td> <td></td> <td>Exterior Walls <b>Brick/Avg</b></td> <td></td> <td>Crawl Space <b>X</b></td> <td></td> <td>% Finished <b>0</b></td> <td></td> <td>Fuel <b>Electric</b></td> <td></td> </tr> <tr> <td>Type <input checked="" type="checkbox"/> Det. <input type="checkbox"/> Att. <input type="checkbox"/></td> <td></td> <td>Roof Surface <b>Composition/Avg</b></td> <td></td> <td>Basement</td> <td></td> <td>Ceiling</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Design (Style) <b>Ranch</b></td> <td></td> <td>Gutters &amp; Dwnspts. <b>Aluminum/Avg</b></td> <td></td> <td>Sump Pump <input type="checkbox"/></td> <td></td> <td>Walls</td> <td></td> <td>Cooling</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Existing <input type="checkbox"/> Proposed <input type="checkbox"/> Und.Cons.</td> <td></td> <td>Window Type <b>DH/Avg</b></td> <td></td> <td>Dampness <input type="checkbox"/></td> <td></td> <td>Floor</td> <td></td> <td>Central <b>X</b></td> <td></td> </tr> <tr> <td>Actual Age (Yrs.) <b>25</b></td> <td></td> <td>Storm/Screens <b>Aluminum/Avg</b></td> <td></td> <td>Settlement</td> <td></td> <td>Outside Entry</td> <td></td> <td>Other</td> <td></td> </tr> <tr> <td>Effective Age (Yrs.) <b>10</b></td> <td></td> <td></td> <td></td> <td>Infestation</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">Interior Description</td> <td colspan="2">Appliances</td> <td colspan="2">Attic <input
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  | Actual Age (Yrs.) <b>25</b> |         | Storm/Screens <b>Aluminum/Avg</b> |  | Settlement |                                   | Outside Entry |      | Other |                       | Effective Age (Yrs.) <b>10</b> |                 |  |                       | Infestation |                                 |  |                      |  |                     | Interior Description |                      | Appliances |  | Attic <input type="checkbox"/> None |                                     | Amenities |          | Car Storage <input type="checkbox"/> None |         | Floors <b>Carpet/Vnl/Cnctr/Avg</b> |  | Refrigerator <input checked="" type="checkbox"/> | Stairs <input type="checkbox"/> | Fireplace(s) # |  | Woodstove(s) # <b>1</b> |                                    | Garage # of cars ( <b>5</b> Tot.) |       | Walls <b>Shtrck/Pnlng/Avg</b> |         | Range/Oven <input checked="" type="checkbox"/> | Drop Stair <input checked="" type="checkbox"/>  | Patio <b>Rear</b> |                           |  |                                   | Attach. <b>2</b> |       | Trim/Finish <b>Wood/Avg</b> |                  | Disposal <input type="checkbox"/> | Scuttle <input type="checkbox"/> | Deck |                                   |  |            | Detach. |               | Bath Floor <b>Vinyl/Carpet/Avg</b> |       | Dishwasher <input type="checkbox"/> | Doorway <input type="checkbox"/> | Porch |  |  |             | Bit-In |  | Bath Wainscot <b>Fiberglass/Avg</b> |  | Fan/Hood <input checked="" type="checkbox"/> | Floor <input type="checkbox"/> | Fence <b>Chain Link</b> |            |  |                                     | Carport <b>1</b> |           | Doors <b>Wood/Good</b> |   | Microwave <input type="checkbox"/> | Heated <input type="checkbox"/>    | Pool |  |                                 |                | Driveway <b>2</b> |                         |  |                                   | Washer/Dryer <input type="checkbox"/> | Finished <input type="checkbox"/> |  |  |  |                   | Surface |  | Finished area <b>above</b> grade contains: <b>8</b> Rooms <b>3</b> Bedrooms <b>2</b> Bath(s) <b>1,934</b> Square Feet of Gross Living Area Above Grade |                  |  |                             |  |                                   |                                  |      |  |  | Additional features: <b>Insulation, dimensional shingle roof replaced 5 years ago</b> |         |  |                                    |  |                                     |                                  |       |  |  | Describe the condition of the property (including physical, functional and external obsolescence): <b>C3;--;--;Depreciation method is based on the age/life method utilizing the effective age and total economic life. The subject property reflects typical wear and tear for a property this age. The subject property has been well maintained. No functional problems are noted. The remaining economic life is 50 years. Appraiser notes a lack of finished flooring in Rec room area. Cost to cure to add carpet / pad is \$1000. This is not considered to effect the condition rating but will be considered in the final value conclusion. No significant pdating was noted to the subject kitchen and baths.</b> |        |  |                                     |  |  |                                |                         |  |  |  |                  |  |                        |  |                                    |                                 |      |  |  |  |                   |  |  |  |                                       |                                   |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
|  | Dimensions: <b>13.0 ac</b>  
  | Site Area: <b>13.0 ac</b>                              |  |                                     |   |  |  |   |                         |                                  |   |  |   |                                     |                          |  |   |  |  |   |               |   |   |                          |  |  |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
  |                          |  |  |                                       |             |                          |  |   |             |                                     |                          |   |             |                                     |                          |                          |                                     |                             |   |  |                          |                                    |      |                          |                                 |   
  |                          |   |                          |                           |                          |                                   |                           |                          |   |  |          |   |                          |                                   |  |                |                |  |   |               |   |                                |                          |  |      |               |  |                          |   |             |        |                      |                          |                          |      |                                     |   |            |                 |   |                                     |                                    |  |  |                                 |                                     |   |                         |                         |                                   |                          |                               |             |  |  |                          |   |       |                  |                  |                          |                                     |             |                                   |                                  |                          |   
  |          |                |                |                          |                                     |                     |                                     |                                  |                          |                          |      |               |             |                          |                                     |  |  |                                   |                          |                          |  |                       |   |                 |                        |                       |                                    |                                 |      |                      |  |                     |   |                      |  |  |                                       |                                     |  |          |  |         |   |  |  |                             |  |  |  |                                    |  |       |  |         |   |   |  |                           |                     |                                   |                      |       |            |                  |   
   |                             |         |                                   |  |            |                                   |               |      |       |                       |                                |                 |  |                       |             |                                 |  |                      |  |                     |                      |                      |            |  |                                     |                                     |           |          |   |         |                                    |  |  |                                 |                |  |                         |                                    |                                   |       |                               |         |  |   |                   |                           |  |                                   |                  |       |                             |                  |                                   |                                  |      |                                   |  |            |         |               |                                    |       |                                     |                                  |       |  |  |             |        |  |                                     |  |  |                                |                         |            |  |                                     |                  |           |                        |   |                                    |                                    |      |  |                                 |                |                   |                         |  |                                   |                                       |                                   |  |  |  |                   |         |  |  |                  |  |                             |  |                                   |                                  |      |  |  |   |         |  |                                    |  |                                     |                                  |       |  |  |   |        |  |                                     |  |  |                                |                         |  |  |  |                  |  |                        |  |                                    |                                 |      |  |  |  |                   |  |  |  |                                       |                                   |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
|  | Zoning Classification: <b>A1</b>  
  | Description: <b>Agricultural Residential Permitted</b> |  |                                     |   |  |  |   |                         |                                  |   |  |   |                                     |                          |  |   |  |  |   |               |   |   |                          |  |  |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
  |                          |  |  |                                       |             |                          |  |   |             |                                     |                          |   |             |                                     |                          |                          |                                     |                             |   |  |                          |                                    |      |                          |                                 |   
  |                          |   |                          |                           |                          |                                   |                           |                          |   |  |          |   |                          |                                   |  |                |                |  |   |               |   |                                |                          |  |      |               |  |                          |   |             |        |                      |                          |                          |      |                                     |   |            |                 |   |                                     |                                    |  |  |                                 |                                     |   |                         |                         |                                   |                          |                               |             |  |  |                          |   |       |                  |                  |                          |                                     |             |                                   |                                  |                          |   
  |          |                |                |                          |                                     |                     |                                     |                                  |                          |                          |      |               |             |                          |                                     |  |  |                                   |                          |                          |  |                       |   |                 |                        |                       |                                    |                                 |      |                      |  |                     |   |                      |  |  |                                       |                                     |  |          |  |         |   |  |  |                             |  |  |  |                                    |  |       |  |         |   |   |  |                           |                     |                                   |                      |       |            |                  |   
   |                             |         |                                   |  |            |                                   |               |      |       |                       |                                |                 |  |                       |             |                                 |  |                      |  |                     |                      |                      |            |  |                                     |                                     |           |          |   |         |                                    |  |  |                                 |                |  |                         |                                    |                                   |       |                               |         |  |   |                   |                           |  |                                   |                  |       |                             |                  |                                   |                                  |      |                                   |  |            |         |               |                                    |       |                                     |                                  |       |  |  |             |        |  |                                     |  |  |                                |                         |            |  |                                     |                  |           |                        |   |                                    |                                    |      |  |                                 |                |                   |                         |  |                                   |                                       |                                   |  |  |  |                   |         |  |  |                  |  |                             |  |                                   |                                  |      |  |  |   |         |  |                                    |  |                                     |                                  |       |  |  |   |        |  |                                     |  |  |                                |                         |  |  |  |                  |  |                        |  |                                    |                                 |      |  |  |  |                   |  |  |  |                                       |                                   |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
|  | Zoning Compliance: <input checked="" type="checkbox"/> Legal <input type="checkbox"/> Legal nonconforming (grandfathered) <input type="checkbox"/> Illegal <input type="checkbox"/> No zoning   
  |  |  |                                     |   |  |  |   |                         |                                  |   |  |   |                                     |                          |  |   |  |  |   |               |   |   |                          |  |  |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
  |                          |  |  |                                       |             |                          |  |   |             |                                     |                          |   |             |                                     |                          |                          |                                     |                             |   |  |                          |                                    |      |                          |                                 |   
  |                          |   |                          |                           |                          |                                   |                           |                          |   |  |          |   |                          |                                   |  |                |                |  |   |               |   |                                |                          |  |      |               |  |                          |   |             |        |                      |                          |                          |      |                                     |   |            |                 |   |                                     |                                    |  |  |                                 |                                     |   |                         |                         |                                   |                          |                               |             |  |  |                          |   |       |                  |                  |                          |                                     |             |                                   |                                  |                          |   
  |          |                |                |                          |                                     |                     |                                     |                                  |                          |                          |      |               |             |                          |                                     |  |  |                                   |                          |                          |  |                       |   |                 |                        |                       |                                    |                                 |      |                      |  |                     |   |                      |  |  |                                       |                                     |  |          |  |         |   |  |  |                             |  |  |  |                                    |  |       |  |         |   |   |  |                           |                     |                                   |                      |       |            |                  |   
   |                             |         |                                   |  |            |                                   |               |      |       |                       |                                |                 |  |                       |             |                                 |  |                      |  |                     |                      |                      |            |  |                                     |                                     |           |          |   |         |                                    |  |  |                                 |                |  |                         |                                    |                                   |       |                               |         |  |   |                   |                           |  |                                   |                  |       |                             |                  |                                   |                                  |      |                                   |  |            |         |               |                                    |       |                                     |                                  |       |  |  |             |        |  |                                     |  |  |                                |                         |            |  |                                     |                  |           |                        |   |                                    |                                    |      |  |                                 |                |                   |                         |  |                                   |                                       |                                   |  |  |  |                   |         |  |  |                  |  |                             |  |                                   |                                  |      |  |  |   |         |  |                                    |  |                                     |                                  |       |  |  |   |        |  |                                     |  |  |                                |                         |  |  |  |                  |  |                        |  |                                    |                                 |      |  |  |  |                   |  |  |  |                                       |                                   |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| Are CC&Rs applicable? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown Have the documents been reviewed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Ground Rent (if applicable) \$ <b>/</b>   |   
  |  |  |                                     |   |  |  |   |                         |                                  |   |  |   |                                     |                          |  |   |  |  |   |               |   |   |                          |  |  |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
  |                          |  |  |                                       |             |                          |  |   |             |                                     |                          |   |             |                                     |                          |                          |                                     |                             |   |  |                          |                                    |      |                          |                                 |   
  |                          |   |                          |                           |                          |                                   |                           |                          |   |  |          |   |                          |                                   |  |                |                |  |   |               |   |                                |                          |  |      |               |  |                          |   |             |        |                      |                          |                          |      |                                     |   |            |                 |   |                                     |                                    |  |  |                                 |                                     |   |                         |                         |                                   |                          |                               |             |  |  |                          |   |       |                  |                  |                          |                                     |             |                                   |                                  |                          |   
  |          |                |                |                          |                                     |                     |                                     |                                  |                          |                          |      |               |             |                          |                                     |  |  |                                   |                          |                          |  |                       |   |                 |                        |                       |                                    |                                 |      |                      |  |                     |   |                      |  |  |                                       |                                     |  |          |  |         |   |  |  |                             |  |  |  |                                    |  |       |  |         |   |   |  |                           |                     |                                   |                      |       |            |                  |   
   |                             |         |                                   |  |            |                                   |               |      |       |                       |                                |                 |  |                       |             |                                 |  |                      |  |                     |                      |                      |            |  |                                     |                                     |           |          |   |         |                                    |  |  |                                 |                |  |                         |                                    |                                   |       |                               |         |  |   |                   |                           |  |                                   |                  |       |                             |                  |                                   |                                  |      |                                   |  |            |         |               |                                    |       |                                     |                                  |       |  |  |             |        |  |                                     |  |  |                                |                         |            |  |                                     |                  |           |                        |   |                                    |                                    |      |  |                                 |                |                   |                         |  |                                   |                                       |                                   |  |  |  |                   |         |  |  |                  |  |                             |  |                                   |                                  |      |  |  |   |         |  |                                    |  |                                     |                                  |       |  |  |   |        |  |                                     |  |  |                                |                         |  |  |  |                  |  |                        |  |                                    |                                 |      |  |  |  |                   |  |  |  |                                       |                                   |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| Highest & Best Use as improved: <input checked="" type="checkbox"/> Present use, or <input type="checkbox"/> Other use (explain) <b>Highest and best use is as improved.</b>   |   
  |  |  |                                     |   |  |  |   |                         |                                  |   |  |   |                                     |                          |  |   |  |  |   |               |   |   |                          |  |  |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Actual Use as of Effective Date: <b>Residential Single Family</b> Use as appraised in this report: <b>Residential Single Family</b>  |   
  |  |  |                                     |   |  |  |   |                         |                                  |   |  |   |                                     |                          |  |   |  |  |   |               |   |   |                          |  |  |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Summary of Highest & Best Use: <b>The subject's highest and best use is as improved.</b>   |   
  |  |  |                                     |   |  |  |   |                         |                                  |   |  |   |                                     |                          |  |   |  |  |   |               |   |   |                          |  |  |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Utilities</th> <th>Public</th> <th>Other</th> <th>Provider/Description</th> <th>Off-site Improvements</th> <th>Type</th> <th>Public</th> <th>Private</th> <th>Topography</th> <th>Basically Level</th> </tr> <tr> <td>Electricity</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td>Street</td> <td><b>Macadam</b></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Size</td> <td><b>Typical for area</b></td> </tr> <tr> <td>Gas</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><b>None</b></td> <td>Curb/Gutter</td> <td><b>None</b></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Shape</td> <td><b>Irregular</b></td> </tr> <tr> <td>Water</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><b>Well</b></td> <td>Sidewalk</td> <td><b>None</b></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Drainage</td> <td><b>Typical</b></td> </tr> <tr> <td>Sanitary Sewer</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><b>Septic</b></td> <td>Street Lights</td> <td><b>None</b></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>View</td> <td><b>N;Res;</b></td> </tr> <tr> <td>Storm Sewer</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><b>None</b></td> <td>Alley</td> <td><b>None</b></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td colspan="10">Other site elements: <input type="checkbox"/> Inside Lot <input type="checkbox"/> Corner Lot <input type="checkbox"/> Cul de Sac <input type="checkbox"/> Underground Utilities <input type="checkbox"/> Other (describe)</td> </tr> <tr> <td colspan="10">FEMA Spec'l Flood Hazard Area <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No FEMA Flood Zone <b>X</b> FEMA Map # <b>51127C0200B</b> FEMA Map Date <b>9/25/2009</b></td> </tr> <tr> <td colspan="10">Site Comments: <b>See attached addenda.</b></td> </tr> </table>   |   
  |  | Utilities  | Public                              | Other                                   | Provider/Description                           | Off-site Improvements  | Type  | Public                  | Private                          | Topography  | Basically Level                              | Electricity   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  | Street  | <b>Macadam</b>                               | <input checked="" type="checkbox"/>  | <input type="checkbox"/>                      | Size          | <b>Typical for area</b>   | Gas   | <input type="checkbox"/> | <input type="checkbox"/>   | <b>None</b>  | Curb/Gutter                                       | <b>None</b>   
  | <input type="checkbox"/> | <input type="checkbox"/>   | Shape  | <b>Irregular</b>                      | Water       | <input type="checkbox"/> | <input checked="" type="checkbox"/>  | <b>Well</b>   | Sidewalk    | <b>None</b>                         | <input type="checkbox"/> | <input type="checkbox"/>  | Drainage    | <b>Typical</b>                      | Sanitary Sewer           | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <b>Septic</b>               | Street Lights   | <b>None</b>                            | <input type="checkbox"/> | <input type="checkbox"/>           | View | <b>N;Res;</b>            | Storm Sewer                     | <input type="checkbox"/>  
  | <input type="checkbox"/> | <b>None</b>   | Alley                    | <b>None</b>               | <input type="checkbox"/> | <input type="checkbox"/>          |                           |                          | Other site elements: <input type="checkbox"/> Inside Lot <input type="checkbox"/> Corner Lot <input type="checkbox"/> Cul de Sac <input type="checkbox"/> Underground Utilities <input type="checkbox"/> Other (describe) |  |          |   |                          |                                   |  |                |                |  | FEMA Spec'l Flood Hazard Area <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No FEMA Flood Zone <b>X</b> FEMA Map # <b>51127C0200B</b> FEMA Map Date <b>9/25/2009</b> |               |   |                                |                          |  |      |               |  |                          | Site Comments: <b>See attached addenda.</b> |             |        |                      |                          |                          |      |                                     |   |            |                 |   |                                     |                                    |  |  |                                 |                                     |   |                         |                         |                                   |                          |                               |             |  |  |                          |   |       |                  |                  |                          |                                     |             |                                   |                                  |                          | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Utilities  | Public  
  | Other  | Provider/Description   | Off-site Improvements               | Type                                    | Public   | Private  | Topography  | Basically Level         |                                  |   |  |   |                                     |                          |  |   |  |  |   |               |   |   |                          |  |  |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Electricity  | <input checked="" type="checkbox"/>   
  | <input type="checkbox"/>                               |  | Street                              | <b>Macadam</b>                          | <input checked="" type="checkbox"/>            | <input type="checkbox"/>   | Size  | <b>Typical for area</b> |                                  |   |  |   |                                     |                          |  |   |  |  |   |               |   |   |                          |  |  |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Gas  | <input type="checkbox"/>  
  | <input type="checkbox"/>                               | <b>None</b>  | Curb/Gutter                         | <b>None</b>                             | <input type="checkbox"/>                       | <input type="checkbox"/>   | Shape   | <b>Irregular</b>        |                                  |   |  |   |                                     |                          |  |   |  |  |   |               |   |   |                          |  |  |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
  |                          |  |  |                                       |             |                          |  |   |             |                                     |                          |   |             |                                     |                          |                          |                                     |                             |   |  |                          |                                    |      |                          |                                 |   
  |                          |   |                          |                           |                          |                                   |                           |                          |   |  |          |   |                          |                                   |  |                |                |  |   |               |   |                                |                          |  |      |               |  |                          |   |             |        |                      |                          |                          |      |                                     |   |            |                 |   |                                     |                                    |  |  |                                 |                                     |   |                         |                         |                                   |                          |                               |             |  |  |                          |   |       |                  |                  |                          |                                     |             |                                   |                                  |                          |   
  |          |                |                |                          |                                     |                     |                                     |                                  |                          |                          |      |               |             |                          |                                     |  |  |                                   |                          |                          |  |                       |   |                 |                        |                       |                                    |                                 |      |                      |  |                     |   |                      |  |  |                                       |                                     |  |          |  |         |   |  |  |                             |  |  |  |                                    |  |       |  |         |   |   |  |                           |                     |                                   |                      |       |            |                  |   
   |                             |         |                                   |  |            |                                   |               |      |       |                       |                                |                 |  |                       |             |                                 |  |                      |  |                     |                      |                      |            |  |                                     |                                     |           |          |   |         |                                    |  |  |                                 |                |  |                         |                                    |                                   |       |                               |         |  |   |                   |                           |  |                                   |                  |       |                             |                  |                                   |                                  |      |                                   |  |            |         |               |                                    |       |                                     |                                  |       |  |  |             |        |  |                                     |  |  |                                |                         |            |  |                                     |                  |           |                        |   |                                    |                                    |      |  |                                 |                |                   |                         |  |                                   |                                       |                                   |  |  |  |                   |         |  |  |                  |  |                             |  |                                   |                                  |      |  |  |   |         |  |                                    |  |                                     |                                  |       |  |  |   |        |  |                                     |  |  |                                |                         |  |  |  |                  |  |                        |  |                                    |                                 |      |  |  |  |                   |  |  |  |                                       |                                   |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| Water  | <input type="checkbox"/>  
  | <input checked="" type="checkbox"/>                    | <b>Well</b>  | Sidewalk                            | <b>None</b>                             | <input type="checkbox"/>                       | <input type="checkbox"/>   | Drainage  | <b>Typical</b>          |                                  |   |  |   |                                     |                          |  |   |  |  |   |               |   |   |                          |  |  |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
  |                          |  |  |                                       |             |                          |  |   |             |                                     |                          |   |             |                                     |                          |                          |                                     |                             |   |  |                          |                                    |      |                          |                                 |   
  |                          |   |                          |                           |                          |                                   |                           |                          |   |  |          |   |                          |                                   |  |                |                |  |   |               |   |                                |                          |  |      |               |  |                          |   |             |        |                      |                          |                          |      |                                     |   |            |                 |   |                                     |                                    |  |  |                                 |                                     |   |                         |                         |                                   |                          |                               |             |  |  |                          |   |       |                  |                  |                          |                                     |             |                                   |                                  |                          |   
  |          |                |                |                          |                                     |                     |                                     |                                  |                          |                          |      |               |             |                          |                                     |  |  |                                   |                          |                          |  |                       |   |                 |                        |                       |                                    |                                 |      |                      |  |                     |   |                      |  |  |                                       |                                     |  |          |  |         |   |  |  |                             |  |  |  |                                    |  |       |  |         |   |   |  |                           |                     |                                   |                      |       |            |                  |   
   |                             |         |                                   |  |            |                                   |               |      |       |                       |                                |                 |  |                       |             |                                 |  |                      |  |                     |                      |                      |            |  |                                     |                                     |           |          |   |         |                                    |  |  |                                 |                |  |                         |                                    |                                   |       |                               |         |  |   |                   |                           |  |                                   |                  |       |                             |                  |                                   |                                  |      |                                   |  |            |         |               |                                    |       |                                     |                                  |       |  |  |             |        |  |                                     |  |  |                                |                         |            |  |                                     |                  |           |                        |   |                                    |                                    |      |  |                                 |                |                   |                         |  |                                   |                                       |                                   |  |  |  |                   |         |  |  |                  |  |                             |  |                                   |                                  |      |  |  |   |         |  |                                    |  |                                     |                                  |       |  |  |   |        |  |                                     |  |  |                                |                         |  |  |  |                  |  |                        |  |                                    |                                 |      |  |  |  |                   |  |  |  |                                       |                                   |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| Sanitary Sewer   | <input type="checkbox"/>  
  | <input checked="" type="checkbox"/>                    | <b>Septic</b>  | Street Lights                       | <b>None</b>                             | <input type="checkbox"/>                       | <input type="checkbox"/>   | View  | <b>N;Res;</b>           |                                  |   |  |   |                                     |                          |  |   |  |  |   |               |   |   |                          |  |  |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
  |                          |  |  |                                       |             |                          |  |   |             |                                     |                          |   |             |                                     |                          |                          |                                     |                             |   |  |                          |                                    |      |                          |                                 |   
  |                          |   |                          |                           |                          |                                   |                           |                          |   |  |          |   |                          |                                   |  |                |                |  |   |               |   |                                |                          |  |      |               |  |                          |   |             |        |                      |                          |                          |      |                                     |   |            |                 |   |                                     |                                    |  |  |                                 |                                     |   |                         |                         |                                   |                          |                               |             |  |  |                          |   |       |                  |                  |                          |                                     |             |                                   |                                  |                          |   
  |          |                |                |                          |                                     |                     |                                     |                                  |                          |                          |      |               |             |                          |                                     |  |  |                                   |                          |                          |  |                       |   |                 |                        |                       |                                    |                                 |      |                      |  |                     |   |                      |  |  |                                       |                                     |  |          |  |         |   |  |  |                             |  |  |  |                                    |  |       |  |         |   |   |  |                           |                     |                                   |                      |       |            |                  |   
   |                             |         |                                   |  |            |                                   |               |      |       |                       |                                |                 |  |                       |             |                                 |  |                      |  |                     |                      |                      |            |  |                                     |                                     |           |          |   |         |                                    |  |  |                                 |                |  |                         |                                    |                                   |       |                               |         |  |   |                   |                           |  |                                   |                  |       |                             |                  |                                   |                                  |      |                                   |  |            |         |               |                                    |       |                                     |                                  |       |  |  |             |        |  |                                     |  |  |                                |                         |            |  |                                     |                  |           |                        |   |                                    |                                    |      |  |                                 |                |                   |                         |  |                                   |                                       |                                   |  |  |  |                   |         |  |  |                  |  |                             |  |                                   |                                  |      |  |  |   |         |  |                                    |  |                                     |                                  |       |  |  |   |        |  |                                     |  |  |                                |                         |  |  |  |                  |  |                        |  |                                    |                                 |      |  |  |  |                   |  |  |  |                                       |                                   |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| Storm Sewer  | <input type="checkbox"/>  
  | <input type="checkbox"/>                               | <b>None</b>  | Alley                               | <b>None</b>                             | <input type="checkbox"/>                       | <input type="checkbox"/>   |   |                         |                                  |   |  |   |                                     |                          |  |   |  |  |   |               |   |   |                          |  |  |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
  |                          |  |  |                                       |             |                          |  |   |             |                                     |                          |   |             |                                     |                          |                          |                                     |                             |   |  |                          |                                    |      |                          |                                 |   
  |                          |   |                          |                           |                          |                                   |                           |                          |   |  |          |   |                          |                                   |  |                |                |  |   |               |   |                                |                          |  |      |               |  |                          |   |             |        |                      |                          |                          |      |                                     |   |            |                 |   |                                     |                                    |  |  |                                 |                                     |   |                         |                         |                                   |                          |                               |             |  |  |                          |   |       |                  |                  |                          |                                     |             |                                   |                                  |                          |   
  |          |                |                |                          |                                     |                     |                                     |                                  |                          |                          |      |               |             |                          |                                     |  |  |                                   |                          |                          |  |                       |   |                 |                        |                       |                                    |                                 |      |                      |  |                     |   |                      |  |  |                                       |                                     |  |          |  |         |   |  |  |                             |  |  |  |                                    |  |       |  |         |   |   |  |                           |                     |                                   |                      |       |            |                  |   
   |                             |         |                                   |  |            |                                   |               |      |       |                       |                                |                 |  |                       |             |                                 |  |                      |  |                     |                      |                      |            |  |                                     |                                     |           |          |   |         |                                    |  |  |                                 |                |  |                         |                                    |                                   |       |                               |         |  |   |                   |                           |  |                                   |                  |       |                             |                  |                                   |                                  |      |                                   |  |            |         |               |                                    |       |                                     |                                  |       |  |  |             |        |  |                                     |  |  |                                |                         |            |  |                                     |                  |           |                        |   |                                    |                                    |      |  |                                 |                |                   |                         |  |                                   |                                       |                                   |  |  |  |                   |         |  |  |                  |  |                             |  |                                   |                                  |      |  |  |   |         |  |                                    |  |                                     |                                  |       |  |  |   |        |  |                                     |  |  |                                |                         |  |  |  |                  |  |                        |  |                                    |                                 |      |  |  |  |                   |  |  |  |                                       |                                   |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| Other site elements: <input type="checkbox"/> Inside Lot <input type="checkbox"/> Corner Lot <input type="checkbox"/> Cul de Sac <input type="checkbox"/> Underground Utilities <input type="checkbox"/> Other (describe)  |   
  |  |  |                                     |   |  |  |   |                         |                                  |   |  |   |                                     |                          |  |   |  |  |   |               |   |   |                          |  |  |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
  |                          |  |  |                                       |             |                          |  |   |             |                                     |                          |   |             |                                     |                          |                          |                                     |                             |   |  |                          |                                    |      |                          |                                 |   
  |                          |   |                          |                           |                          |                                   |                           |                          |   |  |          |   |                          |                                   |  |                |                |  |   |               |   |                                |                          |  |      |               |  |                          |   |             |        |                      |                          |                          |      |                                     |   |            |                 |   |                                     |                                    |  |  |                                 |                                     |   |                         |                         |                                   |                          |                               |             |  |  |                          |   |       |                  |                  |                          |                                     |             |                                   |                                  |                          |   
  |          |                |                |                          |                                     |                     |                                     |                                  |                          |                          |      |               |             |                          |                                     |  |  |                                   |                          |                          |  |                       |   |                 |                        |                       |                                    |                                 |      |                      |  |                     |   |                      |  |  |                                       |                                     |  |          |  |         |   |  |  |                             |  |  |  |                                    |  |       |  |         |   |   |  |                           |                     |                                   |                      |       |            |                  |   
   |                             |         |                                   |  |            |                                   |               |      |       |                       |                                |                 |  |                       |             |                                 |  |                      |  |                     |                      |                      |            |  |                                     |                                     |           |          |   |         |                                    |  |  |                                 |                |  |                         |                                    |                                   |       |                               |         |  |   |                   |                           |  |                                   |                  |       |                             |                  |                                   |                                  |      |                                   |  |            |         |               |                                    |       |                                     |                                  |       |  |  |             |        |  |                                     |  |  |                                |                         |            |  |                                     |                  |           |                        |   |                                    |                                    |      |  |                                 |                |                   |                         |  |                                   |                                       |                                   |  |  |  |                   |         |  |  |                  |  |                             |  |                                   |                                  |      |  |  |   |         |  |                                    |  |                                     |                                  |       |  |  |   |        |  |                                     |  |  |                                |                         |  |  |  |                  |  |                        |  |                                    |                                 |      |  |  |  |                   |  |  |  |                                       |                                   |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| FEMA Spec'l Flood Hazard Area <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No FEMA Flood Zone <b>X</b> FEMA Map # <b>51127C0200B</b> FEMA Map Date <b>9/25/2009</b>  |   
  |  |  |                                     |   |  |  |   |                         |                                  |   |  |   |                                     |                          |  |   |  |  |   |               |   |   |                          |  |  |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
  |                          |  |  |                                       |             |                          |  |   |             |                                     |                          |   |             |                                     |                          |                          |                                     |                             |   |  |                          |                                    |      |                          |                                 |   
  |                          |   |                          |                           |                          |                                   |                           |                          |   |  |          |   |                          |                                   |  |                |                |  |   |               |   |                                |                          |  |      |               |  |                          |   |             |        |                      |                          |                          |      |                                     |   |            |                 |   |                                     |                                    |  |  |                                 |                                     |   |                         |                         |                                   |                          |                               |             |  |  |                          |   |       |                  |                  |                          |                                     |             |                                   |                                  |                          |   
  |          |                |                |                          |                                     |                     |                                     |                                  |                          |                          |      |               |             |                          |                                     |  |  |                                   |                          |                          |  |                       |   |                 |                        |                       |                                    |                                 |      |                      |  |                     |   |                      |  |  |                                       |                                     |  |          |  |         |   |  |  |                             |  |  |  |                                    |  |       |  |         |   |   |  |                           |                     |                                   |                      |       |            |                  |   
   |                             |         |                                   |  |            |                                   |               |      |       |                       |                                |                 |  |                       |             |                                 |  |                      |  |                     |                      |                      |            |  |                                     |                                     |           |          |   |         |                                    |  |  |                                 |                |  |                         |                                    |                                   |       |                               |         |  |   |                   |                           |  |                                   |                  |       |                             |                  |                                   |                                  |      |                                   |  |            |         |               |                                    |       |                                     |                                  |       |  |  |             |        |  |                                     |  |  |                                |                         |            |  |                                     |                  |           |                        |   |                                    |                                    |      |  |                                 |                |                   |                         |  |                                   |                                       |                                   |  |  |  |                   |         |  |  |                  |  |                             |  |                                   |                                  |      |  |  |   |         |  |                                    |  |                                     |                                  |       |  |  |   |        |  |                                     |  |  |                                |                         |  |  |  |                  |  |                        |  |                                    |                                 |      |  |  |  |                   |  |  |  |                                       |                                   |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| Site Comments: <b>See attached addenda.</b>  |   
  |  |  |                                     |   |  |  |   |                         |                                  |   |  |   |                                     |                          |  |   |  |  |   |               |   |   |                          |  |  |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
  |                          |  |  |                                       |             |                          |  |   |             |                                     |                          |   |             |                                     |                          |                          |                                     |                             |   |  |                          |                                    |      |                          |                                 |   
  |                          |   |                          |                           |                          |                                   |                           |                          |   |  |          |   |                          |                                   |  |                |                |  |   |               |   |                                |                          |  |      |               |  |                          |   |             |        |                      |                          |                          |      |                                     |   |            |                 |   |                                     |                                    |  |  |                                 |                                     |   |                         |                         |                                   |                          |                               |             |  |  |                          |   |       |                  |                  |                          |                                     |             |                                   |                                  |                          |   
  |          |                |                |                          |                                     |                     |                                     |                                  |                          |                          |      |               |             |                          |                                     |  |  |                                   |                          |                          |  |                       |   |                 |                        |                       |                                    |                                 |      |                      |  |                     |   |                      |  |  |                                       |                                     |  |          |  |         |   |  |  |                             |  |  |  |                                    |  |       |  |         |   |   |  |                           |                     |                                   |                      |       |            |                  |   
   |                             |         |                                   |  |            |                                   |               |      |       |                       |                                |                 |  |                       |             |                                 |  |                      |  |                     |                      |                      |            |  |                                     |                                     |           |          |   |         |                                    |  |  |                                 |                |  |                         |                                    |                                   |       |                               |         |  |   |                   |                           |  |                                   |                  |       |                             |                  |                                   |                                  |      |                                   |  |            |         |               |                                    |       |                                     |                                  |       |  |  |             |        |  |                                     |  |  |                                |                         |            |  |                                     |                  |           |                        |   |                                    |                                    |      |  |                                 |                |                   |                         |  |                                   |                                       |                                   |  |  |  |                   |         |  |  |                  |  |                             |  |                                   |                                  |      |  |  |   |         |  |                                    |  |                                     |                                  |       |  |  |   |        |  |                                     |  |  |                                |                         |  |  |  |                  |  |                        |  |                                    |                                 |      |  |  |  |                   |  |  |  |                                       |                                   |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">General Description</td> <td colspan="2">Exterior Description</td> <td colspan="2">Foundation</td> <td colspan="2">Basement</td> <td colspan="2">Heating</td> </tr> <tr> <td># of Units <b>1</b> <input type="checkbox"/> Acc. Unit</td> <td></td> <td>Foundation <b>Brick/Block/Avg</b></td> <td></td> <td>Slab</td> <td></td> <td>Area Sq. Ft. <b>0</b></td> <td></td> <td>Type <b>FHA</b></td> <td></td> </tr> <tr> <td># of Stories <b>1</b></td> <td></td> <td>Exterior Walls <b>Brick/Avg</b></td> <td></td> <td>Crawl Space <b>X</b></td> <td></td> <td>% Finished <b>0</b></td> <td></td> <td>Fuel <b>Electric</b></td> <td></td> </tr> <tr> <td>Type <input checked="" type="checkbox"/> Det. <input type="checkbox"/> Att. <input type="checkbox"/></td> <td></td> <td>Roof Surface <b>Composition/Avg</b></td> <td></td> <td>Basement</td> <td></td> <td>Ceiling</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Design (Style) <b>Ranch</b></td> <td></td> <td>Gutters &amp; Dwnspts. <b>Aluminum/Avg</b></td> <td></td> <td>Sump Pump <input type="checkbox"/></td> <td></td> <td>Walls</td> <td></td> <td>Cooling</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Existing <input type="checkbox"/> Proposed <input type="checkbox"/> Und.Cons.</td> <td></td> <td>Window Type <b>DH/Avg</b></td> <td></td> <td>Dampness <input type="checkbox"/></td> <td></td> <td>Floor</td> <td></td> <td>Central <b>X</b></td> <td></td> </tr> <tr> <td>Actual Age (Yrs.) <b>25</b></td> <td></td> <td>Storm/Screens <b>Aluminum/Avg</b></td> <td></td> <td>Settlement</td> <td></td> <td>Outside Entry</td> <td></td> <td>Other</td> <td></td> </tr> <tr> <td>Effective Age (Yrs.) <b>10</b></td> <td></td> <td></td> <td></td> <td>Infestation</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">Interior Description</td> <td colspan="2">Appliances</td> <td colspan="2">Attic <input type="checkbox"/> None</td> <td colspan="2">Amenities</td> <td colspan="2">Car Storage <input type="checkbox"/> None</td> </tr> <tr> <td>Floors <b>Carpet/Vnl/Cnctr/Avg</b></td> <td></td> <td>Refrigerator <input checked="" type="checkbox"/></td> <td>Stairs <input type="checkbox"/></td> <td>Fireplace(s) #</td> <td></td> <td>Woodstove(s) # <b>1</b></td> <td></td> <td>Garage # of cars ( <b>5</b> Tot.)</td> <td></td> </tr> <tr> <td>Walls <b>Shtrck/Pnlng/Avg</b></td> <td></td> <td>Range/Oven <input checked="" type="checkbox"/></td> <td>Drop Stair <input checked="" type="checkbox"/></td> <td>Patio <b>Rear</b></td> <td></td> <td></td> <td></td> <td>Attach. <b>2</b></td> <td></td> </tr> <tr> <td>Trim/Finish <b>Wood/Avg</b></td> <td></td> <td>Disposal <input type="checkbox"/></td> <td>Scuttle <input type="checkbox"/></td> <td>Deck</td> <td></td> <td></td> <td></td> <td>Detach.</td> <td></td> </tr> <tr> <td>Bath Floor <b>Vinyl/Carpet/Avg</b></td> <td></td> <td>Dishwasher <input type="checkbox"/></td> <td>Doorway <input type="checkbox"/></td> <td>Porch</td> <td></td> <td></td> <td></td> <td>Bit-In</td> <td></td> </tr> <tr> <td>Bath Wainscot <b>Fiberglass/Avg</b></td> <td></td> <td>Fan/Hood <input checked="" type="checkbox"/></td> <td>Floor <input type="checkbox"/></td> <td>Fence <b>Chain Link</b></td> <td></td> <td></td> <td></td> <td>Carport <b>1</b></td> <td></td> </tr> <tr> <td>Doors <b>Wood/Good</b></td> <td></td> <td>Microwave <input type="checkbox"/></td> <td>Heated <input type="checkbox"/></td> <td>Pool</td> <td></td> <td></td> <td></td> <td>Driveway <b>2</b></td> <td></td> </tr> <tr> <td></td> <td></td> <td>Washer/Dryer <input type="checkbox"/></td> <td>Finished <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>Surface</td> <td></td> </tr> <tr> <td colspan="10">Finished area <b>above</b> grade contains: <b>8</b> Rooms <b>3</b> Bedrooms <b>2</b> Bath(s) <b>1,934</b> Square Feet of Gross Living Area Above Grade</td> </tr> <tr> <td colspan="10">Additional features: <b>Insulation, dimensional shingle roof replaced 5 years ago</b></td> </tr> <tr> <td colspan="10">Describe the condition of the property (including physical, functional and external obsolescence): <b>C3;--;--;Depreciation method is based on the age/life method utilizing the effective age and total economic life. The subject property reflects typical wear and tear for a property this age. The subject property has been well maintained. No functional problems are noted. The remaining economic life is 50 years. Appraiser notes a lack of finished flooring in Rec room area. Cost to cure to add carpet / pad is \$1000. This is not considered to effect the condition rating but will be considered in the final value conclusion. No significant pdating was noted to the subject kitchen and baths.</b></td> </tr> </table> |   
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  |                          | Crawl Space <b>X</b>   |  | % Finished <b>0</b>                   |             | Fuel <b>Electric</b>     |  | Type <input checked="" type="checkbox"/> Det. <input type="checkbox"/> Att. <input type="checkbox"/>                                    |             | Roof Surface <b>Composition/Avg</b> |                          | Basement  |             | Ceiling                             |                          |                          |                                     | Design (Style) <b>Ranch</b> |   | Gutters & Dwnspts. <b>Aluminum/Avg</b> |                          | Sump Pump <input type="checkbox"/> |      | Walls                    |                                 | Cooling   
  |                          | <input checked="" type="checkbox"/> Existing <input type="checkbox"/> Proposed <input type="checkbox"/> Und.Cons. |                          | Window Type <b>DH/Avg</b> |                          | Dampness <input type="checkbox"/> |                           | Floor                    |   | Central <b>X</b>                                       |          | Actual Age (Yrs.) <b>25</b>   |                          | Storm/Screens <b>Aluminum/Avg</b> |  | Settlement     |                | Outside Entry  |   | Other         |   | Effective Age (Yrs.) <b>10</b> |                          |  |      | Infestation   |  |                          |   |             |        | Interior Description |                          | Appliances               |      | Attic <input type="checkbox"/> None |   | Amenities  |                 | Car Storage <input type="checkbox"/> None |                                     | Floors <b>Carpet/Vnl/Cnctr/Avg</b> |  | Refrigerator <input checked="" type="checkbox"/> | Stairs <input type="checkbox"/> | Fireplace(s) #                      |   | Woodstove(s) # <b>1</b> |                         | Garage # of cars ( <b>5</b> Tot.) |                          | Walls <b>Shtrck/Pnlng/Avg</b> |             | Range/Oven <input checked="" type="checkbox"/> | Drop Stair <input checked="" type="checkbox"/> | Patio <b>Rear</b>        |   |       |                  | Attach. <b>2</b> |                          | Trim/Finish <b>Wood/Avg</b>         |             | Disposal <input type="checkbox"/> | Scuttle <input type="checkbox"/> | Deck                     |   
  |          |                | Detach.        |                          | Bath Floor <b>Vinyl/Carpet/Avg</b>  |                     | Dishwasher <input type="checkbox"/> | Doorway <input type="checkbox"/> | Porch                    |                          |      |               | Bit-In      |                          | Bath Wainscot <b>Fiberglass/Avg</b> |  | Fan/Hood <input checked="" type="checkbox"/> | Floor <input type="checkbox"/>    | Fence <b>Chain Link</b>  |                          |  |                       | Carport <b>1</b>  |                 | Doors <b>Wood/Good</b> |                       | Microwave <input type="checkbox"/> | Heated <input type="checkbox"/> | Pool |                      |  |                     | Driveway <b>2</b>   |                      |  |  | Washer/Dryer <input type="checkbox"/> | Finished <input type="checkbox"/>   |  |          |  |         | Surface                                     |  | Finished area <b>above</b> grade contains: <b>8</b> Rooms <b>3</b> Bedrooms <b>2</b> Bath(s) <b>1,934</b> Square Feet of Gross Living Area Above Grade |                             |  |  |  |                                    |  |       |  |         | Additional features: <b>Insulation, dimensional shingle roof replaced 5 years ago</b> |   |  |                           |                     |                                   |                      |       |            |                  | Describe the condition of the property (including physical, functional and external obsolescence): <b>C3;--;--;Depreciation method is based on the age/life method utilizing the effective age and total economic life. The subject property reflects typical wear and tear for a property this age. The subject
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| General Description  |   
  | Exterior Description                                   |  | Foundation                          |   | Basement                                       |  | Heating   |                         |                                  |   |  |   |                                     |                          |  |   |  |  |   |               |   |   |                          |  |  |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
  |                          |  |  |                                       |             |                          |  |   |             |                                     |                          |   |             |                                     |                          |                          |                                     |                             |   |  |                          |                                    |      |                          |                                 |   
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  |          |                |                |                          |                                     |                     |                                     |                                  |                          |                          |      |               |             |                          |                                     |  |  |                                   |                          |                          |  |                       |   |                 |                        |                       |                                    |                                 |      |                      |  |                     |   |                      |  |  |                                       |                                     |  |          |  |         |   |  |  |                             |  |  |  |                                    |  |       |  |         |   |   |  |                           |                     |                                   |                      |       |            |                  |   
   |                             |         |                                   |  |            |                                   |               |      |       |                       |                                |                 |  |                       |             |                                 |  |                      |  |                     |                      |                      |            |  |                                     |                                     |           |          |   |         |                                    |  |  |                                 |                |  |                         |                                    |                                   |       |                               |         |  |   |                   |                           |  |                                   |                  |       |                             |                  |                                   |                                  |      |                                   |  |            |         |               |                                    |       |                                     |                                  |       |  |  |             |        |  |                                     |  |  |                                |                         |            |  |                                     |                  |           |                        |   |                                    |                                    |      |  |                                 |                |                   |                         |  |                                   |                                       |                                   |  |  |  |                   |         |  |  |                  |  |                             |  |                                   |                                  |      |  |  |   |         |  |                                    |  |                                     |                                  |       |  |  |   |        |  |                                     |  |  |                                |                         |  |  |  |                  |  |                        |  |                                    |                                 |      |  |  |  |                   |  |  |  |                                       |                                   |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| # of Units <b>1</b> <input type="checkbox"/> Acc. Unit   |   
  | Foundation <b>Brick/Block/Avg</b>                      |  | Slab                                |   | Area Sq. Ft. <b>0</b>                          |  | Type <b>FHA</b>   |                         |                                  |   |  |   |                                     |                          |  |   |  |  |   |               |   |   |                          |  |  |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
  |                          |  |  |                                       |             |                          |  |   |             |                                     |                          |   |             |                                     |                          |                          |                                     |                             |   |  |                          |                                    |      |                          |                                 |   
  |                          |   |                          |                           |                          |                                   |                           |                          |   |  |          |   |                          |                                   |  |                |                |  |   |               |   |                                |                          |  |      |               |  |                          |   |             |        |                      |                          |                          |      |                                     |   |            |                 |   |                                     |                                    |  |  |                                 |                                     |   |                         |                         |                                   |                          |                               |             |  |  |                          |   |       |                  |                  |                          |                                     |             |                                   |                                  |                          |   
  |          |                |                |                          |                                     |                     |                                     |                                  |                          |                          |      |               |             |                          |                                     |  |  |                                   |                          |                          |  |                       |   |                 |                        |                       |                                    |                                 |      |                      |  |                     |   |                      |  |  |                                       |                                     |  |          |  |         |   |  |  |                             |  |  |  |                                    |  |       |  |         |   |   |  |                           |                     |                                   |                      |       |            |                  |   
   |                             |         |                                   |  |            |                                   |               |      |       |                       |                                |                 |  |                       |             |                                 |  |                      |  |                     |                      |                      |            |  |                                     |                                     |           |          |   |         |                                    |  |  |                                 |                |  |                         |                                    |                                   |       |                               |         |  |   |                   |                           |  |                                   |                  |       |                             |                  |                                   |                                  |      |                                   |  |            |         |               |                                    |       |                                     |                                  |       |  |  |             |        |  |                                     |  |  |                                |                         |            |  |                                     |                  |           |                        |   |                                    |                                    |      |  |                                 |                |                   |                         |  |                                   |                                       |                                   |  |  |  |                   |         |  |  |                  |  |                             |  |                                   |                                  |      |  |  |   |         |  |                                    |  |                                     |                                  |       |  |  |   |        |  |                                     |  |  |                                |                         |  |  |  |                  |  |                        |  |                                    |                                 |      |  |  |  |                   |  |  |  |                                       |                                   |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| # of Stories <b>1</b>  |   
  | Exterior Walls <b>Brick/Avg</b>                        |  | Crawl Space <b>X</b>                |   | % Finished <b>0</b>                            |  | Fuel <b>Electric</b>  |                         |                                  |   |  |   |                                     |                          |  |   |  |  |   |               |   |   |                          |  |  |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
  |                          |  |  |                                       |             |                          |  |   |             |                                     |                          |   |             |                                     |                          |                          |                                     |                             |   |  |                          |                                    |      |                          |                                 |   
  |                          |   |                          |                           |                          |                                   |                           |                          |   |  |          |   |                          |                                   |  |                |                |  |   |               |   |                                |                          |  |      |               |  |                          |   |             |        |                      |                          |                          |      |                                     |   |            |                 |   |                                     |                                    |  |  |                                 |                                     |   |                         |                         |                                   |                          |                               |             |  |  |                          |   |       |                  |                  |                          |                                     |             |                                   |                                  |                          |   
  |          |                |                |                          |                                     |                     |                                     |                                  |                          |                          |      |               |             |                          |                                     |  |  |                                   |                          |                          |  |                       |   |                 |                        |                       |                                    |                                 |      |                      |  |                     |   |                      |  |  |                                       |                                     |  |          |  |         |   |  |  |                             |  |  |  |                                    |  |       |  |         |   |   |  |                           |                     |                                   |                      |       |            |                  |   
   |                             |         |                                   |  |            |                                   |               |      |       |                       |                                |                 |  |                       |             |                                 |  |                      |  |                     |                      |                      |            |  |                                     |                                     |           |          |   |         |                                    |  |  |                                 |                |  |                         |                                    |                                   |       |                               |         |  |   |                   |                           |  |                                   |                  |       |                             |                  |                                   |                                  |      |                                   |  |            |         |               |                                    |       |                                     |                                  |       |  |  |             |        |  |                                     |  |  |                                |                         |            |  |                                     |                  |           |                        |   |                                    |                                    |      |  |                                 |                |                   |                         |  |                                   |                                       |                                   |  |  |  |                   |         |  |  |                  |  |                             |  |                                   |                                  |      |  |  |   |         |  |                                    |  |                                     |                                  |       |  |  |   |        |  |                                     |  |  |                                |                         |  |  |  |                  |  |                        |  |                                    |                                 |      |  |  |  |                   |  |  |  |                                       |                                   |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| Type <input checked="" type="checkbox"/> Det. <input type="checkbox"/> Att. <input type="checkbox"/>   |   
  | Roof Surface <b>Composition/Avg</b>                    |  | Basement                            |   | Ceiling  |  |   |                         |                                  |   |  |   |                                     |                          |  |   |  |  |   |               |   |   |                          |  |  |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
  |                          |  |  |                                       |             |                          |  |   |             |                                     |                          |   |             |                                     |                          |                          |                                     |                             |   |  |                          |                                    |      |                          |                                 |   
  |                          |   |                          |                           |                          |                                   |                           |                          |   |  |          |   |                          |                                   |  |                |                |  |   |               |   |                                |                          |  |      |               |  |                          |   |             |        |                      |                          |                          |      |                                     |   |            |                 |   |                                     |                                    |  |  |                                 |                                     |   |                         |                         |                                   |                          |                               |             |  |  |                          |   |       |                  |                  |                          |                                     |             |                                   |                                  |                          |   
  |          |                |                |                          |                                     |                     |                                     |                                  |                          |                          |      |               |             |                          |                                     |  |  |                                   |                          |                          |  |                       |   |                 |                        |                       |                                    |                                 |      |                      |  |                     |   |                      |  |  |                                       |                                     |  |          |  |         |   |  |  |                             |  |  |  |                                    |  |       |  |         |   |   |  |                           |                     |                                   |                      |       |            |                  |   
   |                             |         |                                   |  |            |                                   |               |      |       |                       |                                |                 |  |                       |             |                                 |  |                      |  |                     |                      |                      |            |  |                                     |                                     |           |          |   |         |                                    |  |  |                                 |                |  |                         |                                    |                                   |       |                               |         |  |   |                   |                           |  |                                   |                  |       |                             |                  |                                   |                                  |      |                                   |  |            |         |               |                                    |       |                                     |                                  |       |  |  |             |        |  |                                     |  |  |                                |                         |            |  |                                     |                  |           |                        |   |                                    |                                    |      |  |                                 |                |                   |                         |  |                                   |                                       |                                   |  |  |  |                   |         |  |  |                  |  |                             |  |                                   |                                  |      |  |  |   |         |  |                                    |  |                                     |                                  |       |  |  |   |        |  |                                     |  |  |                                |                         |  |  |  |                  |  |                        |  |                                    |                                 |      |  |  |  |                   |  |  |  |                                       |                                   |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| Design (Style) <b>Ranch</b>  |   
  | Gutters & Dwnspts. <b>Aluminum/Avg</b>                 |  | Sump Pump <input type="checkbox"/>  |   | Walls  |  | Cooling   |                         |                                  |   |  |   |                                     |                          |  |   |  |  |   |               |   |   |                          |  |  |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
  |                          |  |  |                                       |             |                          |  |   |             |                                     |                          |   |             |                                     |                          |                          |                                     |                             |   |  |                          |                                    |      |                          |                                 |   
  |                          |   |                          |                           |                          |                                   |                           |                          |   |  |          |   |                          |                                   |  |                |                |  |   |               |   |                                |                          |  |      |               |  |                          |   |             |        |                      |                          |                          |      |                                     |   |            |                 |   |                                     |                                    |  |  |                                 |                                     |   |                         |                         |                                   |                          |                               |             |  |  |                          |   |       |                  |                  |                          |                                     |             |                                   |                                  |                          |   
  |          |                |                |                          |                                     |                     |                                     |                                  |                          |                          |      |               |             |                          |                                     |  |  |                                   |                          |                          |  |                       |   |                 |                        |                       |                                    |                                 |      |                      |  |                     |   |                      |  |  |                                       |                                     |  |          |  |         |   |  |  |                             |  |  |  |                                    |  |       |  |         |   |   |  |                           |                     |                                   |                      |       |            |                  |   
   |                             |         |                                   |  |            |                                   |               |      |       |                       |                                |                 |  |                       |             |                                 |  |                      |  |                     |                      |                      |            |  |                                     |                                     |           |          |   |         |                                    |  |  |                                 |                |  |                         |                                    |                                   |       |                               |         |  |   |                   |                           |  |                                   |                  |       |                             |                  |                                   |                                  |      |                                   |  |            |         |               |                                    |       |                                     |                                  |       |  |  |             |        |  |                                     |  |  |                                |                         |            |  |                                     |                  |           |                        |   |                                    |                                    |      |  |                                 |                |                   |                         |  |                                   |                                       |                                   |  |  |  |                   |         |  |  |                  |  |                             |  |                                   |                                  |      |  |  |   |         |  |                                    |  |                                     |                                  |       |  |  |   |        |  |                                     |  |  |                                |                         |  |  |  |                  |  |                        |  |                                    |                                 |      |  |  |  |                   |  |  |  |                                       |                                   |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| <input checked="" type="checkbox"/> Existing <input type="checkbox"/> Proposed <input type="checkbox"/> Und.Cons.  |   
  | Window Type <b>DH/Avg</b>                              |  | Dampness <input type="checkbox"/>   |   | Floor  |  | Central <b>X</b>  |                         |                                  |   |  |   |                                     |                          |  |   |  |  |   |               |   |   |                          |  |  |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
  |                          |  |  |                                       |             |                          |  |   |             |                                     |                          |   |             |                                     |                          |                          |                                     |                             |   |  |                          |                                    |      |                          |                                 |   
  |                          |   |                          |                           |                          |                                   |                           |                          |   |  |          |   |                          |                                   |  |                |                |  |   |               |   |                                |                          |  |      |               |  |                          |   |             |        |                      |                          |                          |      |                                     |   |            |                 |   |                                     |                                    |  |  |                                 |                                     |   |                         |                         |                                   |                          |                               |             |  |  |                          |   |       |                  |                  |                          |                                     |             |                                   |                                  |                          |   
  |          |                |                |                          |                                     |                     |                                     |                                  |                          |                          |      |               |             |                          |                                     |  |  |                                   |                          |                          |  |                       |   |                 |                        |                       |                                    |                                 |      |                      |  |                     |   |                      |  |  |                                       |                                     |  |          |  |         |   |  |  |                             |  |  |  |                                    |  |       |  |         |   |   |  |                           |                     |                                   |                      |       |            |                  |   
   |                             |         |                                   |  |            |                                   |               |      |       |                       |                                |                 |  |                       |             |                                 |  |                      |  |                     |                      |                      |            |  |                                     |                                     |           |          |   |         |                                    |  |  |                                 |                |  |                         |                                    |                                   |       |                               |         |  |   |                   |                           |  |                                   |                  |       |                             |                  |                                   |                                  |      |                                   |  |            |         |               |                                    |       |                                     |                                  |       |  |  |             |        |  |                                     |  |  |                                |                         |            |  |                                     |                  |           |                        |   |                                    |                                    |      |  |                                 |                |                   |                         |  |                                   |                                       |                                   |  |  |  |                   |         |  |  |                  |  |                             |  |                                   |                                  |      |  |  |   |         |  |                                    |  |                                     |                                  |       |  |  |   |        |  |                                     |  |  |                                |                         |  |  |  |                  |  |                        |  |                                    |                                 |      |  |  |  |                   |  |  |  |                                       |                                   |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| Actual Age (Yrs.) <b>25</b>  |   
  | Storm/Screens <b>Aluminum/Avg</b>                      |  | Settlement                          |   | Outside Entry                                  |  | Other   |                         |                                  |   |  |   |                                     |                          |  |   |  |  |   |               |   |   |                          |  |  |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
  |                          |  |  |                                       |             |                          |  |   |             |                                     |                          |   |             |                                     |                          |                          |                                     |                             |   |  |                          |                                    |      |                          |                                 |   
  |                          |   |                          |                           |                          |                                   |                           |                          |   |  |          |   |                          |                                   |  |                |                |  |   |               |   |                                |                          |  |      |               |  |                          |   |             |        |                      |                          |                          |      |                                     |   |            |                 |   |                                     |                                    |  |  |                                 |                                     |   |                         |                         |                                   |                          |                               |             |  |  |                          |   |       |                  |                  |                          |                                     |             |                                   |                                  |                          |   
  |          |                |                |                          |                                     |                     |                                     |                                  |                          |                          |      |               |             |                          |                                     |  |  |                                   |                          |                          |  |                       |   |                 |                        |                       |                                    |                                 |      |                      |  |                     |   |                      |  |  |                                       |                                     |  |          |  |         |   |  |  |                             |  |  |  |                                    |  |       |  |         |   |   |  |                           |                     |                                   |                      |       |            |                  |   
   |                             |         |                                   |  |            |                                   |               |      |       |                       |                                |                 |  |                       |             |                                 |  |                      |  |                     |                      |                      |            |  |                                     |                                     |           |          |   |         |                                    |  |  |                                 |                |  |                         |                                    |                                   |       |                               |         |  |   |                   |                           |  |                                   |                  |       |                             |                  |                                   |                                  |      |                                   |  |            |         |               |                                    |       |                                     |                                  |       |  |  |             |        |  |                                     |  |  |                                |                         |            |  |                                     |                  |           |                        |   |                                    |                                    |      |  |                                 |                |                   |                         |  |                                   |                                       |                                   |  |  |  |                   |         |  |  |                  |  |                             |  |                                   |                                  |      |  |  |   |         |  |                                    |  |                                     |                                  |       |  |  |   |        |  |                                     |  |  |                                |                         |  |  |  |                  |  |                        |  |                                    |                                 |      |  |  |  |                   |  |  |  |                                       |                                   |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| Effective Age (Yrs.) <b>10</b>   |   
  |  |  | Infestation                         |   |  |  |   |                         |                                  |   |  |   |                                     |                          |  |   |  |  |   |               |   |   |                          |  |  |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
  |                          |  |  |                                       |             |                          |  |   |             |                                     |                          |   |             |                                     |                          |                          |                                     |                             |   |  |                          |                                    |      |                          |                                 |   
  |                          |   |                          |                           |                          |                                   |                           |                          |   |  |          |   |                          |                                   |  |                |                |  |   |               |   |                                |                          |  |      |               |  |                          |   |             |        |                      |                          |                          |      |                                     |   |            |                 |   |                                     |                                    |  |  |                                 |                                     |   |                         |                         |                                   |                          |                               |             |  |  |                          |   |       |                  |                  |                          |                                     |             |                                   |                                  |                          |   
  |          |                |                |                          |                                     |                     |                                     |                                  |                          |                          |      |               |             |                          |                                     |  |  |                                   |                          |                          |  |                       |   |                 |                        |                       |                                    |                                 |      |                      |  |                     |   |                      |  |  |                                       |                                     |  |          |  |         |   |  |  |                             |  |  |  |                                    |  |       |  |         |   |   |  |                           |                     |                                   |                      |       |            |                  |   
   |                             |         |                                   |  |            |                                   |               |      |       |                       |                                |                 |  |                       |             |                                 |  |                      |  |                     |                      |                      |            |  |                                     |                                     |           |          |   |         |                                    |  |  |                                 |                |  |                         |                                    |                                   |       |                               |         |  |   |                   |                           |  |                                   |                  |       |                             |                  |                                   |                                  |      |                                   |  |            |         |               |                                    |       |                                     |                                  |       |  |  |             |        |  |                                     |  |  |                                |                         |            |  |                                     |                  |           |                        |   |                                    |                                    |      |  |                                 |                |                   |                         |  |                                   |                                       |                                   |  |  |  |                   |         |  |  |                  |  |                             |  |                                   |                                  |      |  |  |   |         |  |                                    |  |                                     |                                  |       |  |  |   |        |  |                                     |  |  |                                |                         |  |  |  |                  |  |                        |  |                                    |                                 |      |  |  |  |                   |  |  |  |                                       |                                   |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| Interior Description   |   
  | Appliances   |  | Attic <input type="checkbox"/> None |   | Amenities                                      |  | Car Storage <input type="checkbox"/> None   |                         |                                  |   |  |   |                                     |                          |  |   |  |  |   |               |   |   |                          |  |  |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
  |                          |  |  |                                       |             |                          |  |   |             |                                     |                          |   |             |                                     |                          |                          |                                     |                             |   |  |                          |                                    |      |                          |                                 |   
  |                          |   |                          |                           |                          |                                   |                           |                          |   |  |          |   |                          |                                   |  |                |                |  |   |               |   |                                |                          |  |      |               |  |                          |   |             |        |                      |                          |                          |      |                                     |   |            |                 |   |                                     |                                    |  |  |                                 |                                     |   |                         |                         |                                   |                          |                               |             |  |  |                          |   |       |                  |                  |                          |                                     |             |                                   |                                  |                          |   
  |          |                |                |                          |                                     |                     |                                     |                                  |                          |                          |      |               |             |                          |                                     |  |  |                                   |                          |                          |  |                       |   |                 |                        |                       |                                    |                                 |      |                      |  |                     |   |                      |  |  |                                       |                                     |  |          |  |         |   |  |  |                             |  |  |  |                                    |  |       |  |         |   |   |  |                           |                     |                                   |                      |       |            |                  |   
   |                             |         |                                   |  |            |                                   |               |      |       |                       |                                |                 |  |                       |             |                                 |  |                      |  |                     |                      |                      |            |  |                                     |                                     |           |          |   |         |                                    |  |  |                                 |                |  |                         |                                    |                                   |       |                               |         |  |   |                   |                           |  |                                   |                  |       |                             |                  |                                   |                                  |      |                                   |  |            |         |               |                                    |       |                                     |                                  |       |  |  |             |        |  |                                     |  |  |                                |                         |            |  |                                     |                  |           |                        |   |                                    |                                    |      |  |                                 |                |                   |                         |  |                                   |                                       |                                   |  |  |  |                   |         |  |  |                  |  |                             |  |                                   |                                  |      |  |  |   |         |  |                                    |  |                                     |                                  |       |  |  |   |        |  |                                     |  |  |                                |                         |  |  |  |                  |  |                        |  |                                    |                                 |      |  |  |  |                   |  |  |  |                                       |                                   |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| Floors <b>Carpet/Vnl/Cnctr/Avg</b>   |   
  | Refrigerator <input checked="" type="checkbox"/>       | Stairs <input type="checkbox"/>  | Fireplace(s) #                      |   | Woodstove(s) # <b>1</b>                        |  | Garage # of cars ( <b>5</b> Tot.)   |                         |                                  |   |  |   |                                     |                          |  |   |  |  |   |               |   |   |                          |  |  |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
  |                          |  |  |                                       |             |                          |  |   |             |                                     |                          |   |             |                                     |                          |                          |                                     |                             |   |  |                          |                                    |      |                          |                                 |   
  |                          |   |                          |                           |                          |                                   |                           |                          |   |  |          |   |                          |                                   |  |                |                |  |   |               |   |                                |                          |  |      |               |  |                          |   |             |        |                      |                          |                          |      |                                     |   |            |                 |   |                                     |                                    |  |  |                                 |                                     |   |                         |                         |                                   |                          |                               |             |  |  |                          |   |       |                  |                  |                          |                                     |             |                                   |                                  |                          |   
  |          |                |                |                          |                                     |                     |                                     |                                  |                          |                          |      |               |             |                          |                                     |  |  |                                   |                          |                          |  |                       |   |                 |                        |                       |                                    |                                 |      |                      |  |                     |   |                      |  |  |                                       |                                     |  |          |  |         |   |  |  |                             |  |  |  |                                    |  |       |  |         |   |   |  |                           |                     |                                   |                      |       |            |                  |   
   |                             |         |                                   |  |            |                                   |               |      |       |                       |                                |                 |  |                       |             |                                 |  |                      |  |                     |                      |                      |            |  |                                     |                                     |           |          |   |         |                                    |  |  |                                 |                |  |                         |                                    |                                   |       |                               |         |  |   |                   |                           |  |                                   |                  |       |                             |                  |                                   |                                  |      |                                   |  |            |         |               |                                    |       |                                     |                                  |       |  |  |             |        |  |                                     |  |  |                                |                         |            |  |                                     |                  |           |                        |   |                                    |                                    |      |  |                                 |                |                   |                         |  |                                   |                                       |                                   |  |  |  |                   |         |  |  |                  |  |                             |  |                                   |                                  |      |  |  |   |         |  |                                    |  |                                     |                                  |       |  |  |   |        |  |                                     |  |  |                                |                         |  |  |  |                  |  |                        |  |                                    |                                 |      |  |  |  |                   |  |  |  |                                       |                                   |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| Walls <b>Shtrck/Pnlng/Avg</b>  |   
  | Range/Oven <input checked="" type="checkbox"/>         | Drop Stair <input checked="" type="checkbox"/>                           | Patio <b>Rear</b>                   |   |  |  | Attach. <b>2</b>  |                         |                                  |   |  |   |                                     |                          |  |   |  |  |   |               |   |   |                          |  |  |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
  |                          |  |  |                                       |             |                          |  |   |             |                                     |                          |   |             |                                     |                          |                          |                                     |                             |   |  |                          |                                    |      |                          |                                 |   
  |                          |   |                          |                           |                          |                                   |                           |                          |   |  |          |   |                          |                                   |  |                |                |  |   |               |   |                                |                          |  |      |               |  |                          |   |             |        |                      |                          |                          |      |                                     |   |            |                 |   |                                     |                                    |  |  |                                 |                                     |   |                         |                         |                                   |                          |                               |             |  |  |                          |   |       |                  |                  |                          |                                     |             |                                   |                                  |                          |   
  |          |                |                |                          |                                     |                     |                                     |                                  |                          |                          |      |               |             |                          |                                     |  |  |                                   |                          |                          |  |                       |   |                 |                        |                       |                                    |                                 |      |                      |  |                     |   |                      |  |  |                                       |                                     |  |          |  |         |   |  |  |                             |  |  |  |                                    |  |       |  |         |   |   |  |                           |                     |                                   |                      |       |            |                  |   
   |                             |         |                                   |  |            |                                   |               |      |       |                       |                                |                 |  |                       |             |                                 |  |                      |  |                     |                      |                      |            |  |                                     |                                     |           |          |   |         |                                    |  |  |                                 |                |  |                         |                                    |                                   |       |                               |         |  |   |                   |                           |  |                                   |                  |       |                             |                  |                                   |                                  |      |                                   |  |            |         |               |                                    |       |                                     |                                  |       |  |  |             |        |  |                                     |  |  |                                |                         |            |  |                                     |                  |           |                        |   |                                    |                                    |      |  |                                 |                |                   |                         |  |                                   |                                       |                                   |  |  |  |                   |         |  |  |                  |  |                             |  |                                   |                                  |      |  |  |   |         |  |                                    |  |                                     |                                  |       |  |  |   |        |  |                                     |  |  |                                |                         |  |  |  |                  |  |                        |  |                                    |                                 |      |  |  |  |                   |  |  |  |                                       |                                   |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| Trim/Finish <b>Wood/Avg</b>  |   
  | Disposal <input type="checkbox"/>                      | Scuttle <input type="checkbox"/>   | Deck                                |   |  |  | Detach.   |                         |                                  |   |  |   |                                     |                          |  |   |  |  |   |               |   |   |                          |  |  |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
  |                          |  |  |                                       |             |                          |  |   |             |                                     |                          |   |             |                                     |                          |                          |                                     |                             |   |  |                          |                                    |      |                          |                                 |   
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  |          |                |                |                          |                                     |                     |                                     |                                  |                          |                          |      |               |             |                          |                                     |  |  |                                   |                          |                          |  |                       |   |                 |                        |                       |                                    |                                 |      |                      |  |                     |   |                      |  |  |                                       |                                     |  |          |  |         |   |  |  |                             |  |  |  |                                    |  |       |  |         |   |   |  |                           |                     |                                   |                      |       |            |                  |   
   |                             |         |                                   |  |            |                                   |               |      |       |                       |                                |                 |  |                       |             |                                 |  |                      |  |                     |                      |                      |            |  |                                     |                                     |           |          |   |         |                                    |  |  |                                 |                |  |                         |                                    |                                   |       |                               |         |  |   |                   |                           |  |                                   |                  |       |                             |                  |                                   |                                  |      |                                   |  |            |         |               |                                    |       |                                     |                                  |       |  |  |             |        |  |                                     |  |  |                                |                         |            |  |                                     |                  |           |                        |   |                                    |                                    |      |  |                                 |                |                   |                         |  |                                   |                                       |                                   |  |  |  |                   |         |  |  |                  |  |                             |  |                                   |                                  |      |  |  |   |         |  |                                    |  |                                     |                                  |       |  |  |   |        |  |                                     |  |  |                                |                         |  |  |  |                  |  |                        |  |                                    |                                 |      |  |  |  |                   |  |  |  |                                       |                                   |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| Bath Floor <b>Vinyl/Carpet/Avg</b>   |   
  | Dishwasher <input type="checkbox"/>                    | Doorway <input type="checkbox"/>   | Porch                               |   |  |  | Bit-In  |                         |                                  |   |  |   |                                     |                          |  |   |  |  |   |               |   |   |                          |  |  |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
  |                          |  |  |                                       |             |                          |  |   |             |                                     |                          |   |             |                                     |                          |                          |                                     |                             |   |  |                          |                                    |      |                          |                                 |   
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  |          |                |                |                          |                                     |                     |                                     |                                  |                          |                          |      |               |             |                          |                                     |  |  |                                   |                          |                          |  |                       |   |                 |                        |                       |                                    |                                 |      |                      |  |                     |   |                      |  |  |                                       |                                     |  |          |  |         |   |  |  |                             |  |  |  |                                    |  |       |  |         |   |   |  |                           |                     |                                   |                      |       |            |                  |   
   |                             |         |                                   |  |            |                                   |               |      |       |                       |                                |                 |  |                       |             |                                 |  |                      |  |                     |                      |                      |            |  |                                     |                                     |           |          |   |         |                                    |  |  |                                 |                |  |                         |                                    |                                   |       |                               |         |  |   |                   |                           |  |                                   |                  |       |                             |                  |                                   |                                  |      |                                   |  |            |         |               |                                    |       |                                     |                                  |       |  |  |             |        |  |                                     |  |  |                                |                         |            |  |                                     |                  |           |                        |   |                                    |                                    |      |  |                                 |                |                   |                         |  |                                   |                                       |                                   |  |  |  |                   |         |  |  |                  |  |                             |  |                                   |                                  |      |  |  |   |         |  |                                    |  |                                     |                                  |       |  |  |   |        |  |                                     |  |  |                                |                         |  |  |  |                  |  |                        |  |                                    |                                 |      |  |  |  |                   |  |  |  |                                       |                                   |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| Bath Wainscot <b>Fiberglass/Avg</b>  |   
  | Fan/Hood <input checked="" type="checkbox"/>           | Floor <input type="checkbox"/>   | Fence <b>Chain Link</b>             |   |  |  | Carport <b>1</b>  |                         |                                  |   |  |   |                                     |                          |  |   |  |  |   |               |   |   |                          |  |  |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
  |                          |  |  |                                       |             |                          |  |   |             |                                     |                          |   |             |                                     |                          |                          |                                     |                             |   |  |                          |                                    |      |                          |                                 |   
  |                          |   |                          |                           |                          |                                   |                           |                          |   |  |          |   |                          |                                   |  |                |                |  |   |               |   |                                |                          |  |      |               |  |                          |   |             |        |                      |                          |                          |      |                                     |   |            |                 |   |                                     |                                    |  |  |                                 |                                     |   |                         |                         |                                   |                          |                               |             |  |  |                          |   |       |                  |                  |                          |                                     |             |                                   |                                  |                          |   
  |          |                |                |                          |                                     |                     |                                     |                                  |                          |                          |      |               |             |                          |                                     |  |  |                                   |                          |                          |  |                       |   |                 |                        |                       |                                    |                                 |      |                      |  |                     |   |                      |  |  |                                       |                                     |  |          |  |         |   |  |  |                             |  |  |  |                                    |  |       |  |         |   |   |  |                           |                     |                                   |                      |       |            |                  |   
   |                             |         |                                   |  |            |                                   |               |      |       |                       |                                |                 |  |                       |             |                                 |  |                      |  |                     |                      |                      |            |  |                                     |                                     |           |          |   |         |                                    |  |  |                                 |                |  |                         |                                    |                                   |       |                               |         |  |   |                   |                           |  |                                   |                  |       |                             |                  |                                   |                                  |      |                                   |  |            |         |               |                                    |       |                                     |                                  |       |  |  |             |        |  |                                     |  |  |                                |                         |            |  |                                     |                  |           |                        |   |                                    |                                    |      |  |                                 |                |                   |                         |  |                                   |                                       |                                   |  |  |  |                   |         |  |  |                  |  |                             |  |                                   |                                  |      |  |  |   |         |  |                                    |  |                                     |                                  |       |  |  |   |        |  |                                     |  |  |                                |                         |  |  |  |                  |  |                        |  |                                    |                                 |      |  |  |  |                   |  |  |  |                                       |                                   |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| Doors <b>Wood/Good</b>   |   
  | Microwave <input type="checkbox"/>                     | Heated <input type="checkbox"/>  | Pool                                |   |  |  | Driveway <b>2</b>   |                         |                                  |   |  |   |                                     |                          |  |   |  |  |   |               |   |   |                          |  |  |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
  |                          |  |  |                                       |             |                          |  |   |             |                                     |                          |   |             |                                     |                          |                          |                                     |                             |   |  |                          |                                    |      |                          |                                 |   
  |                          |   |                          |                           |                          |                                   |                           |                          |   |  |          |   |                          |                                   |  |                |                |  |   |               |   |                                |                          |  |      |               |  |                          |   |             |        |                      |                          |                          |      |                                     |   |            |                 |   |                                     |                                    |  |  |                                 |                                     |   |                         |                         |                                   |                          |                               |             |  |  |                          |   |       |                  |                  |                          |                                     |             |                                   |                                  |                          |   
  |          |                |                |                          |                                     |                     |                                     |                                  |                          |                          |      |               |             |                          |                                     |  |  |                                   |                          |                          |  |                       |   |                 |                        |                       |                                    |                                 |      |                      |  |                     |   |                      |  |  |                                       |                                     |  |          |  |         |   |  |  |                             |  |  |  |                                    |  |       |  |         |   |   |  |                           |                     |                                   |                      |       |            |                  |   
   |                             |         |                                   |  |            |                                   |               |      |       |                       |                                |                 |  |                       |             |                                 |  |                      |  |                     |                      |                      |            |  |                                     |                                     |           |          |   |         |                                    |  |  |                                 |                |  |                         |                                    |                                   |       |                               |         |  |   |                   |                           |  |                                   |                  |       |                             |                  |                                   |                                  |      |                                   |  |            |         |               |                                    |       |                                     |                                  |       |  |  |             |        |  |                                     |  |  |                                |                         |            |  |                                     |                  |           |                        |   |                                    |                                    |      |  |                                 |                |                   |                         |  |                                   |                                       |                                   |  |  |  |                   |         |  |  |                  |  |                             |  |                                   |                                  |      |  |  |   |         |  |                                    |  |                                     |                                  |       |  |  |   |        |  |                                     |  |  |                                |                         |  |  |  |                  |  |                        |  |                                    |                                 |      |  |  |  |                   |  |  |  |                                       |                                   |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
|  |   
  | Washer/Dryer <input type="checkbox"/>                  | Finished <input type="checkbox"/>  |                                     |   |  |  | Surface   |                         |                                  |   |  |   |                                     |                          |  |   |  |  |   |               |   |   |                          |  |  |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
  |                          |  |  |                                       |             |                          |  |   |             |                                     |                          |   |             |                                     |                          |                          |                                     |                             |   |  |                          |                                    |      |                          |                                 |   
  |                          |   |                          |                           |                          |                                   |                           |                          |   |  |          |   |                          |                                   |  |                |                |  |   |               |   |                                |                          |  |      |               |  |                          |   |             |        |                      |                          |                          |      |                                     |   |            |                 |   |                                     |                                    |  |  |                                 |                                     |   |                         |                         |                                   |                          |                               |             |  |  |                          |   |       |                  |                  |                          |                                     |             |                                   |                                  |                          |   
  |          |                |                |                          |                                     |                     |                                     |                                  |                          |                          |      |               |             |                          |                                     |  |  |                                   |                          |                          |  |                       |   |                 |                        |                       |                                    |                                 |      |                      |  |                     |   |                      |  |  |                                       |                                     |  |          |  |         |   |  |  |                             |  |  |  |                                    |  |       |  |         |   |   |  |                           |                     |                                   |                      |       |            |                  |   
   |                             |         |                                   |  |            |                                   |               |      |       |                       |                                |                 |  |                       |             |                                 |  |                      |  |                     |                      |                      |            |  |                                     |                                     |           |          |   |         |                                    |  |  |                                 |                |  |                         |                                    |                                   |       |                               |         |  |   |                   |                           |  |                                   |                  |       |                             |                  |                                   |                                  |      |                                   |  |            |         |               |                                    |       |                                     |                                  |       |  |  |             |        |  |                                     |  |  |                                |                         |            |  |                                     |                  |           |                        |   |                                    |                                    |      |  |                                 |                |                   |                         |  |                                   |                                       |                                   |  |  |  |                   |         |  |  |                  |  |                             |  |                                   |                                  |      |  |  |   |         |  |                                    |  |                                     |                                  |       |  |  |   |        |  |                                     |  |  |                                |                         |  |  |  |                  |  |                        |  |                                    |                                 |      |  |  |  |                   |  |  |  |                                       |                                   |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| Finished area <b>above</b> grade contains: <b>8</b> Rooms <b>3</b> Bedrooms <b>2</b> Bath(s) <b>1,934</b> Square Feet of Gross Living Area Above Grade   |   
  |  |  |                                     |   |  |  |   |                         |                                  |   |  |   |                                     |                          |  |   |  |  |   |               |   |   |                          |  |  |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
  |                          |  |  |                                       |             |                          |  |   |             |                                     |                          |   |             |                                     |                          |                          |                                     |                             |   |  |                          |                                    |      |                          |                                 |   
  |                          |   |                          |                           |                          |                                   |                           |                          |   |  |          |   |                          |                                   |  |                |                |  |   |               |   |                                |                          |  |      |               |  |                          |   |             |        |                      |                          |                          |      |                                     |   |            |                 |   |                                     |                                    |  |  |                                 |                                     |   |                         |                         |                                   |                          |                               |             |  |  |                          |   |       |                  |                  |                          |                                     |             |                                   |                                  |                          |   
  |          |                |                |                          |                                     |                     |                                     |                                  |                          |                          |      |               |             |                          |                                     |  |  |                                   |                          |                          |  |                       |   |                 |                        |                       |                                    |                                 |      |                      |  |                     |   |                      |  |  |                                       |                                     |  |          |  |         |   |  |  |                             |  |  |  |                                    |  |       |  |         |   |   |  |                           |                     |                                   |                      |       |            |                  |   
   |                             |         |                                   |  |            |                                   |               |      |       |                       |                                |                 |  |                       |             |                                 |  |                      |  |                     |                      |                      |            |  |                                     |                                     |           |          |   |         |                                    |  |  |                                 |                |  |                         |                                    |                                   |       |                               |         |  |   |                   |                           |  |                                   |                  |       |                             |                  |                                   |                                  |      |                                   |  |            |         |               |                                    |       |                                     |                                  |       |  |  |             |        |  |                                     |  |  |                                |                         |            |  |                                     |                  |           |                        |   |                                    |                                    |      |  |                                 |                |                   |                         |  |                                   |                                       |                                   |  |  |  |                   |         |  |  |                  |  |                             |  |                                   |                                  |      |  |  |   |         |  |                                    |  |                                     |                                  |       |  |  |   |        |  |                                     |  |  |                                |                         |  |  |  |                  |  |                        |  |                                    |                                 |      |  |  |  |                   |  |  |  |                                       |                                   |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| Additional features: <b>Insulation, dimensional shingle roof replaced 5 years ago</b>  |   
  |  |  |                                     |   |  |  |   |                         |                                  |   |  |   |                                     |                          |  |   |  |  |   |               |   |   |                          |  |  |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
  |                          |  |  |                                       |             |                          |  |   |             |                                     |                          |   |             |                                     |                          |                          |                                     |                             |   |  |                          |                                    |      |                          |                                 |   
  |                          |   |                          |                           |                          |                                   |                           |                          |   |  |          |   |                          |                                   |  |                |                |  |   |               |   |                                |                          |  |      |               |  |                          |   |             |        |                      |                          |                          |      |                                     |   |            |                 |   |                                     |                                    |  |  |                                 |                                     |   |                         |                         |                                   |                          |                               |             |  |  |                          |   |       |                  |                  |                          |                                     |             |                                   |                                  |                          |   
  |          |                |                |                          |                                     |                     |                                     |                                  |                          |                          |      |               |             |                          |                                     |  |  |                                   |                          |                          |  |                       |   |                 |                        |                       |                                    |                                 |      |                      |  |                     |   |                      |  |  |                                       |                                     |  |          |  |         |   |  |  |                             |  |  |  |                                    |  |       |  |         |   |   |  |                           |                     |                                   |                      |       |            |                  |   
   |                             |         |                                   |  |            |                                   |               |      |       |                       |                                |                 |  |                       |             |                                 |  |                      |  |                     |                      |                      |            |  |                                     |                                     |           |          |   |         |                                    |  |  |                                 |                |  |                         |                                    |                                   |       |                               |         |  |   |                   |                           |  |                                   |                  |       |                             |                  |                                   |                                  |      |                                   |  |            |         |               |                                    |       |                                     |                                  |       |  |  |             |        |  |                                     |  |  |                                |                         |            |  |                                     |                  |           |                        |   |                                    |                                    |      |  |                                 |                |                   |                         |  |                                   |                                       |                                   |  |  |  |                   |         |  |  |                  |  |                             |  |                                   |                                  |      |  |  |   |         |  |                                    |  |                                     |                                  |       |  |  |   |        |  |                                     |  |  |                                |                         |  |  |  |                  |  |                        |  |                                    |                                 |      |  |  |  |                   |  |  |  |                                       |                                   |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| Describe the condition of the property (including physical, functional and external obsolescence): <b>C3;--;--;Depreciation method is based on the age/life method utilizing the effective age and total economic life. The subject property reflects typical wear and tear for a property this age. The subject property has been well maintained. No functional problems are noted. The remaining economic life is 50 years. Appraiser notes a lack of finished flooring in Rec room area. Cost to cure to add carpet / pad is \$1000. This is not considered to effect the condition rating but will be considered in the final value conclusion. No significant pdating was noted to the subject kitchen and baths.</b>  |   
  |  |  |                                     |   |  |  |   |                         |                                  |   |  |   |                                     |                          |  |   |  |  |   |               |   |   |                          |  |  |   | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
  |                          |  |  |                                       |             |                          |  |   |             |                                     |                          |   |             |                                     |                          |                          |                                     |                             |   |  |                          |                                    |      |                          |                                 |   
  |                          |   |                          |                           |                          |                                   |                           |                          |   |  |          |   |                          |                                   |  |                |                |  |   |               |   |                                |                          |  |      |               |  |                          |   |             |        |                      |                          |                          |      |                                     |   |            |                 |   |                                     |                                    |  |  |                                 |                                     |   |                         |                         |                                   |                          |                               |             |  |  |                          |   |       |                  |                  |                          |                                     |             |                                   |                                  |                          |   
  |          |                |                |                          |                                     |                     |                                     |                                  |                          |                          |      |               |             |                          |                                     |  |  |                                   |                          |                          |  |                       |   |                 |                        |                       |                                    |                                 |      |                      |  |                     |   |                      |  |  |                                       |                                     |  |          |  |         |   |  |  |                             |  |  |  |                                    |  |       |  |         |   |   |  |                           |                     |                                   |                      |       |            |                  |   
   |                             |         |                                   |  |            |                                   |               |      |       |                       |                                |                 |  |                       |             |                                 |  |                      |  |                     |                      |                      |            |  |                                     |                                     |           |          |   |         |                                    |  |  |                                 |                |  |                         |                                    |                                   |       |                               |         |  |   |                   |                           |  |                                   |                  |       |                             |                  |                                   |                                  |      |                                   |  |            |         |               |                                    |       |                                     |                                  |       |  |  |             |        |  |                                     |  |  |                                |                         |            |  |                                     |                  |           |                        |   |                                    |                                    |      |  |                                 |                |                   |                         |  |                                   |                                       |                                   |  |  |  |                   |         |  |  |                  |  |                             |  |                                   |                                  |      |  |  |   |         |  |                                    |  |                                     |                                  |       |  |  |   |        |  |                                     |  |  |                                |                         |  |  |  |                  |  |                        |  |                                    |                                 |      |  |  |  |                   |  |  |  |                                       |                                   |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |

File No.: LCT092017

3/2007

## RESIDENTIAL APPRAISAL REPORT

File No.: LCT092017

COST APPROACH	<b>COST APPROACH TO VALUE (if developed)</b> <input type="checkbox"/> The Cost Approach was not developed for this appraisal.	
	Provide adequate information for replication of the following cost figures and calculations. Support for the opinion of site value (summary of comparable land sales or other methods for estimating site value): <span style="float: right;">The extraction method was used to calculate land value.</span>	
	ESTIMATED <input type="checkbox"/> REPRODUCTION OR <input checked="" type="checkbox"/> REPLACEMENT COST NEW	
	Source of cost data: <u>local builders</u>	OPINION OF SITE VALUE -----=\$ 110,000
	Quality rating from cost service: <u>average</u> Effective date of cost data: <u>current</u>	DWELLING 1,934 Sq.Ft. @ \$ 100.00 -----=\$ 193,400
	Comments on Cost Approach (gross living area calculations, depreciation, etc.): <b>The cost approach is generally not considered a valid approach to value given the subject's age. The appraiser has completed the cost approach. No consideration is given to the cost approach.</b>	0 Sq.Ft. @ \$ -----=\$
		Sq.Ft. @ \$ -----=\$
		Sq.Ft. @ \$ -----=\$
		Sq.Ft. @ \$ -----=\$
		Patio, Carport -----=\$ 5,000
	Garage/Carport 840 Sq.Ft. @ \$ 35.00 -----=\$ 29,400	
	Total Estimate of Cost-New -----=\$ 227,800	
	Less Physical Functional External	
	Depreciation 37,974 6,834 =\$( 44,808)	
	Depreciated Cost of Improvements -----=\$ 182,992	
	"As-is" Value of Site Improvements -----=\$	
	-----=\$	
	-----=\$	
	Estimated Remaining Economic Life (if required): 50 Years <b>INDICATED VALUE BY COST APPROACH</b> -----=\$ 292,992	
INCOME APPROACH	<b>INCOME APPROACH TO VALUE (if developed)</b> <input checked="" type="checkbox"/> The Income Approach was not developed for this appraisal.	
	Estimated Monthly Market Rent \$ X Gross Rent Multiplier = \$ <span style="float: right;">Indicated Value by Income Approach</span>	
	Summary of Income Approach (including support for market rent and GRM):	
PUD	<b>PROJECT INFORMATION FOR PUDs (if applicable)</b> <input type="checkbox"/> The Subject is part of a Planned Unit Development.	
	Legal Name of Project:	
	Describe common elements and recreational facilities:	
RECONCILIATION	Indicated Value by: Sales Comparison Approach \$ 294,000 Cost Approach (if developed) \$ 292,992 Income Approach (if developed) \$	
	Final Reconciliation <u>Most consideration is afforded the sales comparison approach. The cost approach was completed, but no consideration was afforded the cost approach. The income approach was not completed due to a lack of relevance and rental data.</u>	
	This appraisal is made <input checked="" type="checkbox"/> "as is", <input type="checkbox"/> subject to completion per plans and specifications on the basis of a Hypothetical Condition that the improvements have been completed, <input type="checkbox"/> subject to the following repairs or alterations on the basis of a Hypothetical Condition that the repairs or alterations have been completed, <input type="checkbox"/> subject to the following required inspection based on the Extraordinary Assumption that the condition or deficiency does not require alteration or repair: <u>See attached addenda.</u>	
	<input type="checkbox"/> This report is also subject to other Hypothetical Conditions and/or Extraordinary Assumptions as specified in the attached addenda.	
	Based on the degree of inspection of the subject property, as indicated below, defined Scope of Work, Statement of Assumptions and Limiting Conditions, and Appraiser's Certifications, my (our) Opinion of the Market Value (or other specified value type), as defined herein, of the real property that is the subject of this report is: \$ 294,000 , as of: 08/01/2017 , which is the effective date of this appraisal. If indicated above, this Opinion of Value is subject to Hypothetical Conditions and/or Extraordinary Assumptions included in this report. See attached addenda.	
	A true and complete copy of this report contains <u>10</u> pages, including exhibits which are considered an integral part of the report. This appraisal report may not be properly understood without reference to the information contained in the complete report.	
	Attached Exhibits:	
<input checked="" type="checkbox"/> Scope of Work <input checked="" type="checkbox"/> Limiting Cond./Certifications <input checked="" type="checkbox"/> Narrative Addendum <input checked="" type="checkbox"/> Photograph Addenda <input checked="" type="checkbox"/> Sketch Addendum <input checked="" type="checkbox"/> Map Addenda <input checked="" type="checkbox"/> Additional Sales <input checked="" type="checkbox"/> Cost Addendum <input type="checkbox"/> Flood Addendum <input type="checkbox"/> Manuf. House Addendum <input type="checkbox"/> Hypothetical Conditions <input checked="" type="checkbox"/> Extraordinary Assumptions <input type="checkbox"/>		
SIGNATURES	Client Contact: <u>Richard Bryan</u> Client Name: <u>Motleys</u>	
	E-Mail: <u>rbryan@svn.com</u> Address: <u>3600 Deepwater Terminal Rd Richmond, VA 23234</u>	
	APPRAISER <span style="float: right;">SUPERVISORY APPRAISER (if required) or CO-APPRAISER (if applicable)</span>	
	Appraiser Name: <u>Lucas Cullen Tucker</u>	
	Company: <u>Commonwealth Real Estate Appraisals, LLC</u>	
	Phone: <u>8043879995</u> Fax: _____	
	E-Mail: <u>commonwealth.appraisals@gmail.com</u>	
	Date of Report (Signature): <u>08/08/2017</u>	
	License or Certification #: <u>4001008355</u> State: <u>VA</u>	
Designation: <u>Certified Residential</u>		
Expiration Date of License or Certification: <u>04/30/2018</u>		
Inspection of Subject: <input checked="" type="checkbox"/> Interior & Exterior <input type="checkbox"/> Exterior Only <input type="checkbox"/> None		
Date of Inspection: <u>08/01/2017</u>		
Supervisory or Co-Appraiser Name: _____		
Company: _____		
Phone: _____ Fax: _____		
E-Mail: _____		
Date of Report (Signature): _____		
License or Certification #: _____ State: _____		
Designation: _____		
Expiration Date of License or Certification: _____		
Inspection of Subject: <input type="checkbox"/> Interior & Exterior <input type="checkbox"/> Exterior Only <input type="checkbox"/> None		
Date of Inspection: _____		

**INVOICE****FROM:**

Commonwealth Real Estate Appraisals, LLC.  
Commonwealth Real Estate Appraisals, LLC.  
10363 Atlee Station Road  
Mechanicsville, VA 23116

Telephone Number: (804) 387-9995

Fax Number: (804) 779-2295

**TO:**

Motleys  
3600 Deepwater Terminal Rd Richmond, VA 23234

**E-Mail:**

Telephone Number:

Fax Number:

Alternate Number:

**INVOICE NUMBER**

LCT092017

**DATES**

Invoice Date:

Due Date:

**REFERENCE**

Internal Order #:

Lender Case #:

Client File #:

FHA/VA Case #:

Main File # on form: LCT092017

Other File # on form:

Federal Tax ID:

Employer ID:

**DESCRIPTION**

Lender:

Client:

Motleys

Purchaser/Borrower:

Property Address: 5840 Pocahontas Trl

City: Providence Forge

County: New Kent

State: VA

Zip: 23140

Legal Description: TIMBERLAKES 13 AC DB 138/625 148/469 WB 15/534

**FEES****AMOUNT**

1004 GP

400.00

SUBTOTAL

400.00

**PAYMENTS****AMOUNT**

Check #:

Date:

Description:

Check #:

Date:

Description:

Check #:

Date:

Description:

SUBTOTAL

TOTAL DUE

\$

400.00

# **ADDITIONAL COMPARABLE SALES**

File No.: LCT092017

FEATURE		SUBJECT		COMPARABLE SALE # 4				COMPARABLE SALE # 5				COMPARABLE SALE # 6					
Address		5840 Pocahontas Trl Providence Forge, VA 23140		5600 Mountcastle Rd Providence Forge, VA 23140				5600 Pine Fork Rd Quinton, VA 23141				7440 Airport Rd Quinton, VA 23141					
Proximity to Subject				0.47 miles N				2.68 miles N				2.89 miles NW					
Sale Price		\$				\$ 310,500				\$ 295,000				\$ 350,000			
Sale Price/GLA		\$ /sq.ft.		\$ 126.73 /sq.ft.				\$ 158.43 /sq.ft.				\$ 159.67 /sq.ft.					
Data Source(s)		Inspection		CVRMLS#1629802;DOM 27				CVRMLS#1618504;DOM 11				CVRMLS#1723449;DOM 24					
Verification Source(s)		Public Records		County Tax Data / LP\$289,900				County Tax Data / LP\$295,000				County Tax Data / LP \$350,000					
VALUE ADJUSTMENTS		DESCRIPTION		DESCRIPTION		+(-) \$ Adjust.		DESCRIPTION		+(-) \$ Adjust.		DESCRIPTION		+(-) \$ Adjust.			
Sales or Financing Concessions				REO FHA;0				ArmLth Conv;5000				Listing					
Date of Sale/Time				s11/16;c09/16				s08/16;c06/16				c07/17					
Rights Appraised		Fee Simple		Fee Simple				Fee Simple				Fee Simple					
Location		A;BsyRd;		N;Semi Busy;				N;BsyRd;				N;BsyRd;					
Site		13.0 ac		25.54 ac		-36,000		19.90 ac		-18,000		15.00 ac		-6,000			
View		N;Res;		N;Res;				N;Res;				N;Res;					
Design (Style)		Ranch		Colonial				Ranch				DT1;Ranch					
Quality of Construction		Q4		Q4				Q4				Q4					
Age		25		10				27				27					
Condition		C3		C3				C3				C3					
Above Grade		Total	Bdrms	Baths	Total	Bdrms	Baths	Total	Bdrms	Baths	Total	Bdrms	Baths	Total	Bdrms	Baths	
Room Count		8	3	2	8	3	2.1	-1,500	6	3	2	6	3	2.1	-1,500		
Gross Living Area		1,934 sq.ft.		2,450 sq.ft.		-20,640		1,862 sq.ft.				2,192 sq.ft.		-10,320			
Basement & Finished Rooms Below Grade		0sf		0sf				0sf				0sf					
Functional Utility		Average		Average				Average				Average					
Heating/Cooling		FHA Elec/C/Air		FHA Elec/C/Air				FHA Elec/C/Air				FHA Elec/C/Air					
Energy Efficient Items		Insulation		Insulation				Insulation				Insulation					
Garage/Carport		2gd1cp2dw		2dw		+13,000		2dw		+13,000		1ga2gd1dw		-2,000			
Porch/Patio/Deck		Patio		Porch, Deck				-2,000		Por,Deck,Sc Por		+4,000		Porch, Patio		-2,000	
F/P		1 W/S		None				0 1 F/P		0 2 F/P		0				0	
COE DATE		n/a		11/08/2016				09/01/2016				n/a					
Upgrades to Kitchen/Bath		No/No		No/No				No/No				No/No					
Net Adjustment (Total)				<input type="checkbox"/> + <input checked="" type="checkbox"/> -		\$ -47,140		<input type="checkbox"/> + <input checked="" type="checkbox"/> -		\$ -1,000		<input type="checkbox"/> + <input checked="" type="checkbox"/> -		\$ -25,320			
Adjusted Sale Price of Comparables						\$ 263,360				\$ 294,000				\$ 324,680			

APPROACH

SALES COMPARISON APPROACH

**Supplemental Addendum**

File No. LCT092017

Borrower					
Property Address	5840 Pocahontas Trl				
City	Providence Forge	County	New Kent	State	VA
				Zip Code	23140
Lender/Client					

• **GP Residential : Neighborhood - Market Conditions**

Multiple types of financing is currently available with none offering any particular advantage. Points and closing costs are a point of negotiation. Over recent years decline has been noted throughout the Richmond area with recent activity stabilizing as interest rates are low. The typical marketing period is between 30 - 90 days. Homes which are competitively priced continue to market within 3 months. The current market is considered increasing.

**Appraiser has analyzed all Active, Pending, and closed sales between 1800 - 2400 sq ft within 5 miles of the subject property and within the past 24 months.** In the past 12 months, there have been 51 sales and there are currently 30 pending listings, resulting in an absorption rate of 6-7 sales per month. Based on the current number of Active listings, there is a 4-5 month housing supply. This research indicates that supply and demand are currently in balance. From 08/15 - 08/16, there were 32 sales ranging from \$119,500 - \$315,000 with a median sales price of \$250,975. From 08/16 - 08/17, there were 51 sales ranging from \$142,460 - \$360,381 with a median sales price of \$262,000. This research indicates that prices have increased by 4% annually. The typical area sales to list price ratio of 99% has been applied to the listings utilized.

• **GP Residential : Site - Adverse Conditions or External Factors**

The site size has been estimated by appraiser as no survey was provided and estimated by public record. The flood zone data provided was obtained by published maps and is not guaranteed, it is recommended that a flood certification be obtained to determine specific zone and to determine if flood insurance is required.

• **GP Residential: Sales Comparison Analysis - Summary of Sales Comparison Approach**

In selecting sales for the subject property the multiple listings systems and city/county public records of transactions in the area were researched and the search expanded to competing neighborhoods when there is a lack of activity within the subject subdivision. All sales resulted in cash to the sellers and are considered to be cash equivalent. COE dates were utilized.

Due to the rural nature of the subject market area, comparable sale distances exceeding 7 miles is considered typical.

Acreage adjustments have been calculated at \$3,000 per acre for sales with lot sizes more than 1 acre outside subject lot size. Adjustments are based on random match paired analysis and rounded to the nearest thousand.

The search was expanded beyond 6 months to include a proximate sale within 1 mile of the subject property.

Adjustments were extracted from market data analysis and in accordance with listing realtor photo/comments.

Due to a lack of perfect sales it may have been necessary to utilize sales outside 15% of the subject's age and size.

If the search was expanded across what the lender perceives as a major border no market division or barrier was noted.

No contributory value afforded items of personal property which can be moved from site for example sheds without a permanent foundation system.

No mechanical concession adjustments were made unless concessions reported were more than typical for the segment. Appraiser also notes these concessions reported are subject to realtor entry.

Sensitivity analysis was conducted to determine the subject's GLA adjustment.

7300 Egypt Rd has been adjusted \$20,000 for having an apartment over garage. Adjustment is based on match paired analysis.

6650 New Kent Hwy has been adjusted \$10,000 for an inground swimming pool based on match paired analysis.

Decks, patios, porches, and screened porches have all been valued at \$2,000 based on random match paired analysis.

Basement area adjustments have been calculated at \$10 per unfinished square foot and \$15 per finished square foot for sales with basements more than 100 sq ft outside subject basement size. Adjustment is based on matched pair analysis.

The comparable sales utilized represent the best indicator of value for the subject property.

Equal consideration has been afforded each sale utilized and comparables were placed in no particular order. Appraiser professional opinion was based on numerous market characteristics within the adjusted sale prices.

Appraiser notes a lack of perfect sales to weight one more than another. A range was also necessary to display the current risk tolerance within the neighborhood. Due to a noted lack of perfect sales appraiser places most weight on proximity in the selection process of sales.

Due to the subject's acreage and the comparable sales utilized, the subject property has appraised for more than the predominant sale price. The subject property is not over built, no adverse market reaction is anticipated.

No adjustment could be proven for being located along a busy road but exterior noise was noted and appraiser expects a slight negative impact and has leaned slightly to the lower end of the range in addition to the noted repairs.

No increasing time adjustments were made due to contradicting trends as it applies to comparables within this report.

Excessive gross and net adjustments were necessary due to a general lack of more similar sales in the subject's market area. Due to a lack of more comparable sales it was necessary to utilize sales which sold outside of 10% net/gross adjustment and appraiser additionally notes Fannie Mae no longer requires use of comparables within any adjustment percentage.

No fireplace adjustment were made due to matched paired analysis.

• **GP Residential : Conditions of Appraisal**

The Intended User of this appraisal report is Motleys. Unless specifically stated within the report, there are no additional Intended Users. The intended use is to establish an asking price for a pre listing appraisal.

I have performed no other services, as an appraiser or in any other capacity, regarding the property that is the subject of the

**Supplemental Addendum**

File No. LCT092017

Borrower					
Property Address	5840 Pocahontas Trl				
City	Providence Forge	County	New Kent	State	VA Zip Code 23140
Lender/Client					

work under review within the three-year period immediately preceding acceptance of this assignment.

No repairs or conditions required. This is an appraisal report. All utilities were turned on at the time of inspection. The appraiser has sole control over affixing the electronic signature contained in this report.

Marketing time and reasonable exposure time are similar between 0 - 90 days.

If a discrepancy was noted in the borrower name vs. owner name, appraiser notes borrower name was copied verbatim from lender and owner name reported was copied from public record verbatim.

Appraiser fee for this assignment is \$400.

Appraiser address cited is office as appraiser resides in the local market and possesses the appropriate geographical competence to complete appraisal assignments.

This appraisal was ordered in compliance with Appraisal Independence "AIR" and Mortgagee Letter 2009-28.

## Market Conditions Addendum to the Appraisal Report

File No.

LCT092017

The purpose of this addendum is to provide the lender/client with a clear and accurate understanding of the market trends and conditions prevalent in the subject neighborhood. This is a required addendum for all appraisal reports with an effective date on or after April 1, 2009.

Property Address **5840 Pocahontas Trl** City **Providence Forge** State **VA** ZIP Code **23140**

Borrower

**Instructions:** The appraiser must use the information required on this form as the basis for his/her conclusions, and must provide support for those conclusions, regarding housing trends and overall market conditions as reported in the Neighborhood section of the appraisal report form. The appraiser must fill in all the information to the extent it is available and reliable and must provide analysis as indicated below. If any required data is unavailable or is considered unreliable, the appraiser must provide an explanation. It is recognized that not all data sources will be able to provide data for the shaded areas below; if it is available, however, the appraiser must include the data in the analysis. If data sources provide the required information as an average instead of the median, the appraiser should report the available figure and identify it as an average. Sales and listings must be properties that compete with the subject property, determined by applying the criteria that would be used by a prospective buyer of the subject property. The appraiser must explain any anomalies in the data, such as seasonal markets, new construction, foreclosures, etc.

Inventory Analysis	Prior 7-12 Months	Prior 4-6 Months	Current - 3 Months	Overall Trend		
Total # of Comparable Sales (Settled)	26	11	14	<input type="checkbox"/> Increasing	<input checked="" type="checkbox"/> Stable	<input type="checkbox"/> Declining
Absorption Rate (Total Sales/Months)	4.33	3.67	4.67	<input type="checkbox"/> Increasing	<input checked="" type="checkbox"/> Stable	<input type="checkbox"/> Declining
Total # of Comparable Active Listings	0	0	23	<input type="checkbox"/> Declining	<input type="checkbox"/> Stable	<input type="checkbox"/> Increasing
Months of Housing Supply (Total Listings/Ab.Rate)	0	0	4.9	<input type="checkbox"/> Declining	<input type="checkbox"/> Stable	<input type="checkbox"/> Increasing
Median Sale & List Price, DOM, Sale/List %	Prior 7-12 Months	Prior 4-6 Months	Current - 3 Months	Overall Trend		
Median Comparable Sale Price	264,750	289,330	261,700	<input checked="" type="checkbox"/> Increasing	<input type="checkbox"/> Stable	<input type="checkbox"/> Declining
Median Comparable Sales Days on Market	55	21	41	<input type="checkbox"/> Declining	<input type="checkbox"/> Stable	<input type="checkbox"/> Increasing
Median Comparable List Price	0	0	279,900	<input type="checkbox"/> Increasing	<input type="checkbox"/> Stable	<input type="checkbox"/> Declining
Median Comparable Listings Days on Market	0	0	75	<input type="checkbox"/> Declining	<input type="checkbox"/> Stable	<input type="checkbox"/> Increasing
Median Sale Price as % of List Price	100	99	99	<input type="checkbox"/> Increasing	<input checked="" type="checkbox"/> Stable	<input type="checkbox"/> Declining

Seller-(developer, builder, etc.) paid financial assistance prevalent?

☒ Yes ☐ No

Explain in detail the seller concessions trends for the past 12 months (e.g., seller contributions increased from 3% to 5%, increasing use of buydowns, closing costs, condo fees, options, etc.).

Seller concessions typically accepted at 3%. This data is subject to realtor entry.

Are foreclosure sales (REO sales) a factor in the market? ☐ Yes ☒ No If yes, explain (including the trends in listings and sales of foreclosed properties).

Foreclosure inventory remains a factor in the Richmond area but not considered a direct factor to the subject property.

Cite data sources for above information. **MLS, Public Records**

Summarize the above information as support for your conclusions in the Neighborhood section of the appraisal report form. If you used any additional information, such as an analysis of pending sales and/or expired and withdrawn listings, to formulate your conclusions, provide both an explanation and support for your conclusions.

Central Virginia's MLS system excludes expired/released listings from this median/average. The median DOM and sale to list price provided above is not considered an accurate reflection unless it took 1 listing attempt by seller. Only ending asking price and and most recent listing calculated. Total number of active listings, months of housing supply, median comparable list price, and median comparable list price was not provided as this data is not available through local MLS and considered irrelevant. Appraiser has analyzed all Active, Pending, and closed sales between 1800 - 2400 sq ft within 5 miles of the subject property and within the past 24 months. In the past 12 months, there have been 51 sales and there are currently 30 pending listings, resulting in an absorption rate of 6-7 sales per month. Based on the current number of Active listings, there is a 4-5 month housing supply. This research indicates that supply and demand are currently in balance. From 08/15 - 08/16, there were 32 sales ranging from \$119,500 - \$315,000 with a median sales price of \$250,975. From 08/16 - 08/17, there were 51 sales ranging from \$142,460 - \$360,381 with a median sales price of \$262,000. This research indicates that prices have increased by 4% annually. The typical area sales to list price ratio of 99% has been applied to the listings utilized.

If the subject is a unit in a condominium or cooperative project, complete the following:

Project Name:

Subject Project Data	Prior 7-12 Months	Prior 4-6 Months	Current - 3 Months	Overall Trend		
Total # of Comparable Sales (Settled)				<input type="checkbox"/> Increasing	<input type="checkbox"/> Stable	<input type="checkbox"/> Declining
Absorption Rate (Total Sales/Months)				<input type="checkbox"/> Increasing	<input type="checkbox"/> Stable	<input type="checkbox"/> Declining
Total # of Active Comparable Listings				<input type="checkbox"/> Declining	<input type="checkbox"/> Stable	<input type="checkbox"/> Increasing
Months of Unit Supply (Total Listings/Ab.Rate)				<input type="checkbox"/> Declining	<input type="checkbox"/> Stable	<input type="checkbox"/> Increasing

Are foreclosure sales (REO sales) a factor in the project? ☐ Yes ☐ No If yes, indicate the number of REO listings and explain the trends in listings and sales of foreclosed properties.

Summarize the above trends and address the impact on the subject unit and project.

Signature

Appraiser Name **Lucas Cullen Tucker**Company Name **Commonwealth Real Estate Appraisals, LLC**Company Address **10363 Alee Station Rd., Mechanicsville, VA 23116**State License/Certification # **4001008355** State **VA**Email Address **commonwealth.appraisals@gmail.com**

Signature

Supervisory Appraiser Name

Company Name

Company Address

State License/Certification # State

Email Address



**Subject Photo Page**

<b>Borrower</b>					
Property Address	5840 Pocahontas Trl				
City	Providence Forge	County	New Kent	State	VA Zip Code 23140
<b>Lender/Client</b>					

**Subject Front**

5840 Pocahontas Trl

Sales Price

Gross Living Area 1,934

Total Rooms 8

Total Bedrooms 3

Total Bathrooms 2

Location A;BsyRd;

View N;Res;

Site 13.0 ac

Quality Q4

Age 25

**Subject Rear****Subject Street**

**Comparable Photo Page**

<b>Borrower</b>						
Property Address	5840 Pocahontas Trl					
City	Providence Forge	County	New Kent	State	VA	Zip Code 23140
<b>Lender/Client</b>						

**Comparable 1**

9440 Crumps Mill Rd	
Prox. to Subject	5.32 miles N
Sales Price	280,000
Gross Living Area	1,904
Total Rooms	7
Total Bedrooms	3
Total Bathrooms	3.1
Location	N;Res;
View	N;Res;
Site	5.50 ac
Quality	Q4
Age	14

**Comparable 2**

6650 New Kent Hwy	
Prox. to Subject	4.19 miles N
Sales Price	290,000
Gross Living Area	2,080
Total Rooms	7
Total Bedrooms	4
Total Bathrooms	3
Location	A;BsyRd;
View	N;Res;
Site	5.00 ac
Quality	Q4
Age	20

**Comparable 3**

7300 Egypt Rd	
Prox. to Subject	7.29 miles E
Sales Price	299,950
Gross Living Area	1,808
Total Rooms	6
Total Bedrooms	3
Total Bathrooms	3.0
Location	N;Adj School;
View	N;Res;
Site	5.00 ac
Quality	Q4
Age	27

**Comparable Photo Page**

<b>Borrower</b>					
Property Address	5840 Pocahontas Trl				
City	Providence Forge	County	New Kent	State	VA Zip Code 23140
<b>Lender/Client</b>					

**Comparable 4**

5600 Mountcastle Rd

Prox. to Subject 0.47 miles N

Sale Price 310,500

Gross Living Area 2,450

Total Rooms 8

Total Bedrooms 3

Total Bathrooms 2.1

Location N;Semi Busy;

View N;Res;

Site 25.54 ac

Quality Q4

Age 10

**Comparable 5**

5600 Pine Fork Rd

Prox. to Subject 2.68 miles N

Sale Price 295,000

Gross Living Area 1,862

Total Rooms 6

Total Bedrooms 3

Total Bathrooms 2

Location N;BsyRd;

View N;Res;

Site 19.90 ac

Quality Q4

Age 27

**Comparable 6**

7440 Airport Rd

Prox. to Subject 2.89 miles NW

Sale Price 350,000

Gross Living Area 2,192

Total Rooms 6

Total Bedrooms 3

Total Bathrooms 2.1

Location N;BsyRd;

View N;Res;

Site 15.00 ac

Quality Q4

Age 27



**Interior Photos**

Borrower					
Property Address	5840 Pocahontas Trl				
City	Providence Forge	County	New Kent	State	VA
				Zip Code	23140
Lender/Client					

**Garage****View towards busy road****Rear****Mechanicals****Rec room****Concrete floor in rec room**

# Photograph Addendum

Borrower				
Property Address 5840 Pocahontas Trl				
City	Providence Forge	County	New Kent	State VA Zip Code 23140
Lender/Client				



**Laundry**



**Kitchen**



**Main Living Area**



**Dining**



**Living**



**Bath**



**Bedroom**



**Bedroom**



**Bedroom**



**Bath**



**Side**



## UNIFORM APPRAISAL DATASET (UAD) DEFINITIONS ADDENDUM

(Source: Fannie Mae UAD Appendix D: UAD Field-Specific Standardization Requirements)

### Condition Ratings and Definitions

#### C1

The improvements have been recently constructed and have not been previously occupied. The entire structure and all components are new and the dwelling features no physical depreciation.

Note: Newly constructed improvements that feature recycled or previously used materials and/or components can be considered new dwellings provided that the dwelling is placed on a 100 percent new foundation and the recycled materials and the recycled components have been rehabilitated/remanufactured into like-new condition. Improvements that have not been previously occupied are not considered "new" if they have any significant physical depreciation (that is, newly constructed dwellings that have been vacant for an extended period of time without adequate maintenance or upkeep).

#### C2

The improvements feature no deferred maintenance, little or no physical depreciation, and require no repairs. Virtually all building components are new or have been recently repaired, refinished, or rehabilitated. All outdated components and finishes have been updated and/or replaced with components that meet current standards. Dwellings in this category are either almost new or have been recently completely renovated and are similar in condition to new construction.

Note: The improvements represent a relatively new property that is well maintained with no deferred maintenance and little or no physical depreciation, or an older property that has been recently completely renovated.

#### C3

The improvements are well maintained and feature limited physical depreciation due to normal wear and tear. Some components, but not every major building component, may be updated or recently rehabilitated. The structure has been well maintained.

Note: The improvement is in its first-cycle of replacing short-lived building components (appliances, floor coverings, HVAC, etc.) and is being well maintained. Its estimated effective age is less than its actual age. It also may reflect a property in which the majority of short-lived building components have been replaced but not to the level of a complete renovation.

#### C4

The improvements feature some minor deferred maintenance and physical deterioration due to normal wear and tear. The dwelling has been adequately maintained and requires only minimal repairs to building components/mechanical systems and cosmetic repairs. All major building components have been adequately maintained and are functionally adequate.

Note: The estimated effective age may be close to or equal to its actual age. It reflects a property in which some of the short-lived building components have been replaced, and some short-lived building components are at or near the end of their physical life expectancy; however, they still function adequately. Most minor repairs have been addressed on an ongoing basis resulting in an adequately maintained property.

#### C5

The improvements feature obvious deferred maintenance and are in need of some significant repairs. Some building components need repairs, rehabilitation, or updating. The functional utility and overall livability is somewhat diminished due to condition, but the dwelling remains useable and functional as a residence.

Note: Some significant repairs are needed to the improvements due to the lack of adequate maintenance. It reflects a property in which many of its short-lived building components are at the end of or have exceeded their physical life expectancy but remain functional.

#### C6

The improvements have substantial damage or deferred maintenance with deficiencies or defects that are severe enough to affect the safety, soundness, or structural integrity of the improvements. The improvements are in need of substantial repairs and rehabilitation, including many or most major components.

Note: Substantial repairs are needed to the improvements due to the lack of adequate maintenance or property damage. It reflects a property with conditions severe enough to affect the safety, soundness, or structural integrity of the improvements.

### Quality Ratings and Definitions

#### Q1

Dwellings with this quality rating are usually unique structures that are individually designed by an architect for a specified user. Such residences typically are constructed from detailed architectural plans and specifications and feature an exceptionally high level of workmanship and exceptionally high-grade materials throughout the interior and exterior of the structure. The design features exceptionally high-quality exterior refinements and ornamentation, and exceptionally high-quality interior refinements. The workmanship, materials, and finishes throughout the dwelling are of exceptionally high quality.

#### Q2

Dwellings with this quality rating are often custom designed for construction on an individual property owner's site. However, dwellings in this quality grade are also found in high-quality tract developments featuring residence constructed from individual plans or from highly modified or upgraded plans. The design features detailed, high quality exterior ornamentation, high-quality interior refinements, and detail. The workmanship, materials, and finishes throughout the dwelling are generally of high or very high quality.

# UNIFORM APPRAISAL DATASET (UAD) DEFINITIONS ADDENDUM

(Source: Fannie Mae UAD Appendix D: UAD Field-Specific Standardization Requirements)

File No.

## Quality Ratings and Definitions (continued)

### Q3

Dwellings with this quality rating are residences of higher quality built from individual or readily available designer plans in above-standard residential tract developments or on an individual property owner's site. The design includes significant exterior ornamentation and interiors that are well finished. The workmanship exceeds acceptable standards and many materials and finishes throughout the dwelling have been upgraded from "stock" standards.

### Q4

Dwellings with this quality rating meet or exceed the requirements of applicable building codes. Standard or modified standard building plans are utilized and the design includes adequate fenestration and some exterior ornamentation and interior refinements. Materials, workmanship, finish, and equipment are of stock or builder grade and may feature some upgrades.

### Q5

Dwellings with this quality rating feature economy of construction and basic functionality as main considerations. Such dwellings feature a plain design using readily available or basic floor plans featuring minimal fenestration and basic finishes with minimal exterior ornamentation and limited interior detail. These dwellings meet minimum building codes and are constructed with inexpensive, stock materials with limited refinements and upgrades.

### Q6

Dwellings with this quality rating are of basic quality and lower cost; some may not be suitable for year-round occupancy. Such dwellings are often built with simple plans or without plans, often utilizing the lowest quality building materials. Such dwellings are often built or expanded by persons who are professionally unskilled or possess only minimal construction skills. Electrical, plumbing, and other mechanical systems and equipment may be minimal or non-existent. Older dwellings may feature one or more substandard or non-conforming additions to the original structure

## Definitions of Not Updated, Updated, and Remodeled

### Not Updated

Little or no updating or modernization. This description includes, but is not limited to, new homes.

Residential properties of fifteen years of age or less often reflect an original condition with no updating, if no major components have been replaced or updated. Those over fifteen years of age are also considered not updated if the appliances, fixtures, and finishes are predominantly dated. An area that is 'Not Updated' may still be well maintained and fully functional, and this rating does not necessarily imply deferred maintenance or physical/functional deterioration.

### Updated

The area of the home has been modified to meet current market expectations. These modifications are limited in terms of both scope and cost.

An updated area of the home should have an improved look and feel, or functional utility. Changes that constitute updates include refurbishment and/or replacing components to meet existing market expectations. Updates do not include significant alterations to the existing structure.

### Remodeled

Significant finish and/or structural changes have been made that increase utility and appeal through complete replacement and/or expansion.

A remodeled area reflects fundamental changes that include multiple alterations. These alterations may include some or all of the following: replacement of a major component (cabinet(s), bathtub, or bathroom tile), relocation of plumbing/gas fixtures/appliances, significant structural alterations (relocating walls, and/or the addition of) square footage). This would include a complete gutting and rebuild.

## Explanation of Bathroom Count


Three-quarter baths are counted as a full bath in all cases. Quarter baths (baths that feature only a toilet) are not included in the bathroom count. The number of full and half baths is reported by separating the two values using a period, where the full bath count is represented to the left of the period and the half bath count is represented to the right of the period.

Example:

3.2 indicates three full baths and two half baths.





<p><b>COMMONWEALTH of VIRGINIA</b>                  Department of Professional and Occupational Regulation                  9960 Mayland Drive, Suite 400, Richmond, VA 23233                  Telephone: (804) 367-8500</p>		<p><b>NUMBER</b>                  4001008355</p>
<p><b>EXPIRES ON</b>                  04-30-2018</p>	<p><b>REAL ESTATE APPRAISER BOARD</b>  <b>CERTIFIED RESIDENTIAL REAL ESTATE APPRAISER</b></p>	
<p><b>LUCAS CULLEN TUCKER</b>                  8084 BEATTIEMILL DR                  MECHANICSVILLE, VA 23111</p>		<p><b>DPOR</b></p>
<p></p>		<p><i>James W. Tucker</i>                  James W. Tucker, Director</p>
<p>Status can be verified at <a href="http://www.dpor.virginia.gov">http://www.dpor.virginia.gov</a></p>		<p>DPOR-LIC (05/2015)</p>
<p>(SEE REVERSE SIDE FOR PRIVILEGES AND INSTRUCTIONS)</p>		



General Star National Insurance Company  
P O Box 10360 (Attn: GSN)  
Stamford, Connecticut 06904

## REAL ESTATE APPRAISERS ERRORS & OMISSIONS INSURANCE POLICY

### DECLARATIONS PAGE

This is a claims made and reported policy. Please read this policy and all endorsements and attachments carefully.

Policy Number: NJA301549C

Renewal of Number: NJA301549B

1. NAMED INSURED: Lucas C. Tucker

STREET ADDRESS:

10363 Atlee Station Road  
Mechanicsville, VA 23116

2. POLICY PERIOD: Inception Date: 12/01/2016 Expiration Date: 12/01/2017  
Effective 12:01 a.m. Standard Time at the address of the Named Insured.

3. LIMITS OF LIABILITY:

Each Claim: \$1,000,000

Aggregate: \$2,000,000

Claim Expenses have a separate Limit of Liability:

Each Claim: \$1,000,000

Aggregate: \$2,000,000

4. DEDUCTIBLE: Each Claim: \$0 Aggregate: \$0

5. RETROACTIVE DATE: 12/01/2013

If a date is indicated, this policy will not provide coverage for any Claim arising out of any act, error, omission or personal injury which occurred before such date.

6. ANNUAL PREMIUM: \$649.00

TOTAL Premium and Taxes/Surcharge : \$649.00

7. ENDORSEMENTS:

This policy is made and accepted subject to the printed policy form together with the following form(s) or endorsement(s).

AP 00 0001 (06/11), AP 04 0001 (06/11), AP 04 0003 (07/14), AP 04 0004 (07/14), AP 21 0002 (06/11),  
SGN 90 0001 (07/10), AP 01 0040VA (06/11), AP 95 0007VA (06/11),  
AP 08 0046VA (06/11),

8. PRODUCER NAME: Mercer Consumer

STREET ADDRESS: P. O. Box 8146

Des Moines, IA 50306-8146

Authorized Representative

Producer Code: 26460

Class Code: 73128

Date: 11/10/2016

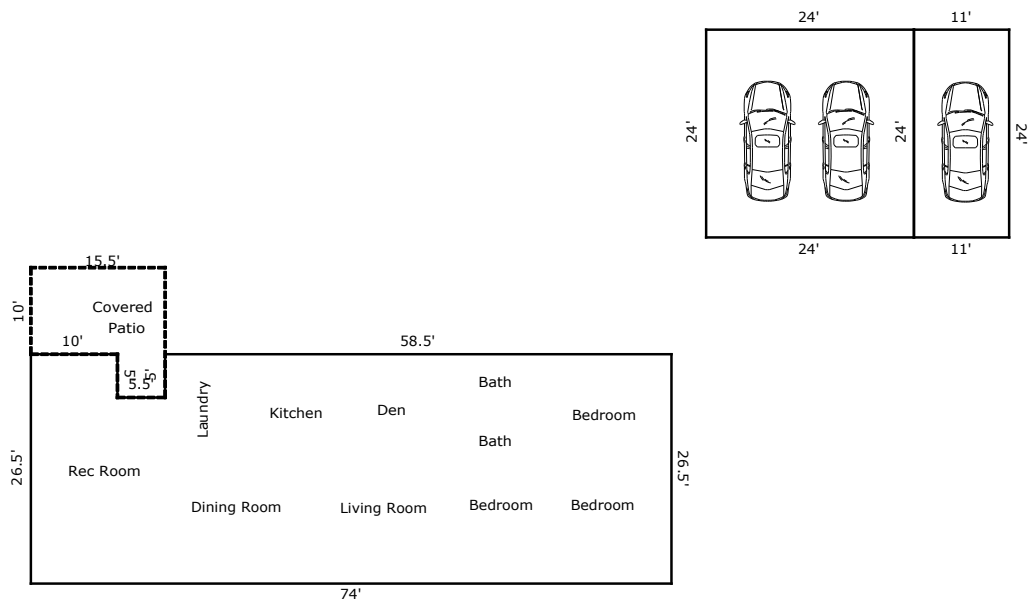
AP 10 0001 06 11

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Page 1 of 1

## Building Sketch

Borrower					
Property Address	5840 Pocahontas Trl				
City	Providence Forge	County	New Kent	State	VA Zip Code 23140
Lender/Client					



TOTAL Sketch by a la mode, inc.

### Area Calculations Summary

Living Area		Calculation Details
First Floor	1933.5 Sq ft	$74 \times 21.5 = 1591$ $5 \times 10 = 50$ $5 \times 58.5 = 292.5$
<b>Total Living Area (Rounded):</b>		<b>1934 Sq ft</b>
Non-living Area		
Concrete Patio	182.5 Sq ft	$10 \times 10 = 100$ $5.5 \times 15 = 82.5$
2 Car Detached	576 Sq ft	$24 \times 24 = 576$
1 Car Detached	264 Sq ft	$24 \times 11 = 264$

## Location Map

Borrower					
Property Address	5840 Pocahontas Trl				
City	Providence Forge	County	New Kent	State	VA
				Zip Code	23140
Lender/Client					





**Location Map**

Borrower					
Property Address	5840 Pocahontas Trl				
City	Providence Forge	County	New Kent	State	VA Zip Code 23140
Lender/Client					

