

2009004866
 TRANSYLVANIA CO, NC FEE \$20.00
 NO TAXABLE CONSIDERATION
 PRESENTED & RECORDED:
 08-20-2009 01:16:18 PM
 CINDY M OWNBEY
 REGISTER OF DEEDS
 BY: TERESA D MORTON
 DEPUTY REGISTER OF DEEDS
 BK: DOC 510
 PG: 694-696

NORTH CAROLINA GENERAL WARRANTY DEED

Excise Tax: -0-

Parcel Identifier No. _____ Verified by CBL County on the 20 day of Aug, 2009
By: _____

Mail/Box to: Neumann & Associates Law Firm, PLLC, 41 East Main Street, Brevard, NC 28712

This instrument was prepared by: David C. Neumann, Attorney at Law

Brief description for the Index: _____

THIS DEED made this 23rd day of July, 2009, by and between

GRANTOR

GRANTEE

James M. Kollisch and wife,
Karen L. Kollisch

James M. Kollisch and wife,
Karen L. Kollisch

900 Spanish Oak Drive

Cedar Mountain, NC 28718

Enter in appropriate block for each party: name, address, and if appropriate, character of entity, e.g. corporation or partnership.

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple, all that certain lot or parcel of land situated in the City of _____, Little River Township, Transylvania County, North Carolina and more particularly described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND INCORPORATED HEREIN BY REFERENCE

The property hereinabove described was acquired by Grantor by instrument recorded in Book _____ page _____

A map showing the above described property is recorded in Plat File 13 Slide 137.

TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple.

And the Grantor covenants with the Grantee, that Grantor is seized of the premises in fee simple, has the right to convey the same in fee simple, that title is marketable and free and clear of all encumbrances, and that Grantor will warrant and defend the title against the lawful claims of all persons whomsoever, other than the following exceptions:

IN WITNESS WHEREOF, the Grantor has duly executed the foregoing as of the day and year first above written.

(Entity Name)

James M. Kolisch _____ (SEAL)

By: _____

Karen L. Kolisch
Karen L. Kolisch _____ (SEAL)

Title: _____

By: _____

_____ (SEAL)

Title: _____

By: _____

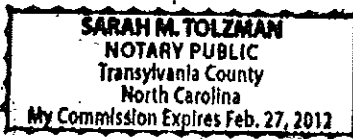
_____ (SEAL)

Title: _____

STATE OF North Carolina
COUNTY OF Transylvania

I, Sarah M. Tolzman, a Notary Public of the County and State aforesaid, certify that James M. Kolisch and wife, Karen L. Kolisch personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 23rd day of July 2009.

My Commission Expires: 02-27-2012



Sarah M. Tolzman
Notary Public

Prepared by: Neumann and Associates Law Firm, PLLC
David C. Neumann

EXHIBIT "A"

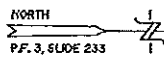
BEING all of that 13.02 acre parcel, plus or minus, designated Lot No. 31, Revised, as surveyed by E. Roger Raxter, PLS, and shown on a plat dated April 15, 2009 and recorded in Plat File 13, Slide 137, Transylvania County Registry.

SUBJECT to the right-of-way of Spanish Oak Drive, more particularly shown on the above referenced survey of E. Roger Raxter and subject to restrictive covenants and easements of record.

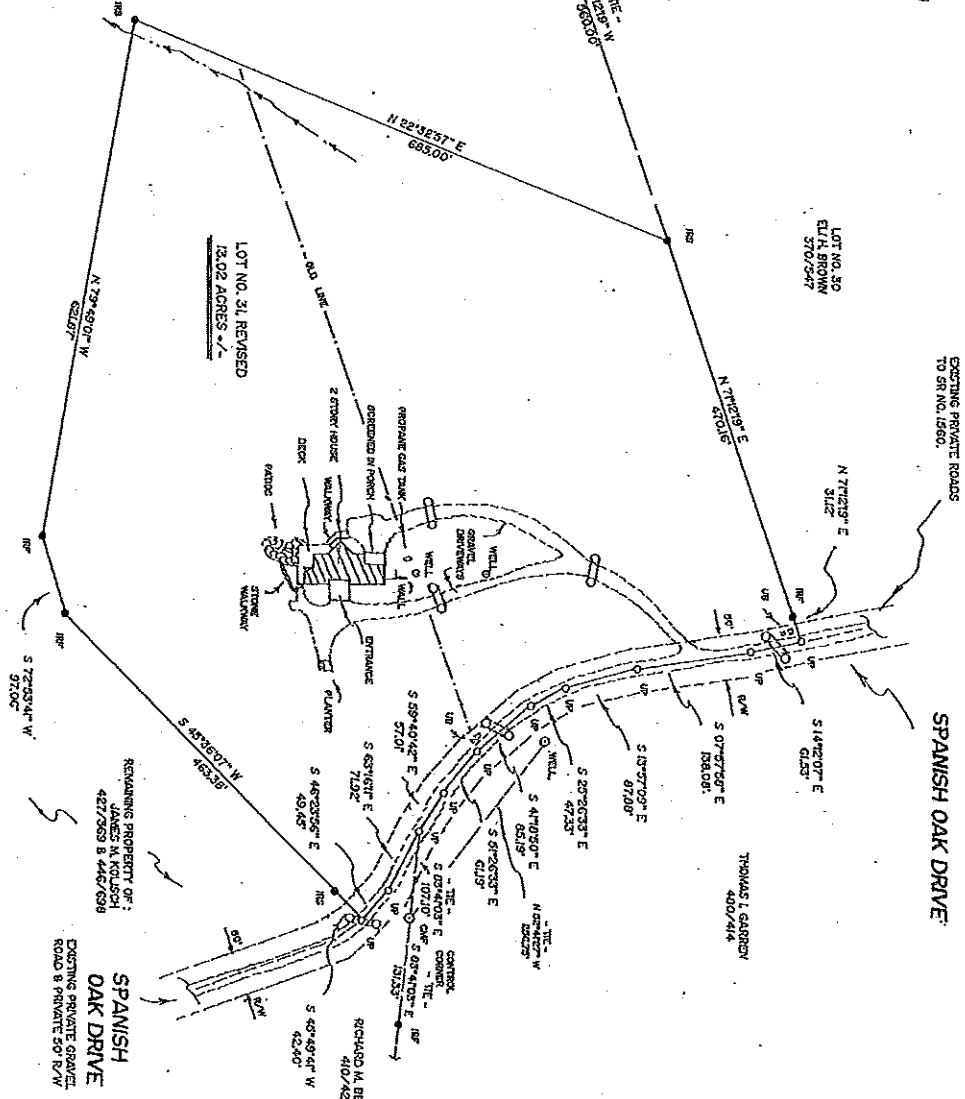
TOGETHER with the right to use said private subdivision roads and road rights-of-way for ingress, egress and regress transportation of all types, to and from said tract conveyed and the public road, together with obligation to pay pro-rata share of the maintenance of same.

The purpose of this deed is to make a boundary line adjustment to the Kollisch property.

LEGEND:
 3/4" W. RIGHT OF WAY
 1" W. RIGHT OF WAY
 2" W. RIGHT OF WAY
 3" W. RIGHT OF WAY
 4" W. RIGHT OF WAY
 5" W. RIGHT OF WAY
 6" W. RIGHT OF WAY
 7" W. RIGHT OF WAY
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 98" W. RIGHT OF WAY
 99" W. RIGHT OF WAY
 100" W. RIGHT OF WAY



REMAINING PROPERTY OF:
 JAMES M. KOLISCH
 427/269 & 446/639



RECONNOITER SURVEY OF:
**LOT NO. 31, REVISED OF
 IDLEWILD SUBDIVISION**

PROPERTY LOCATED IN:
 LITTLE RIVER TOWNSHIP
 TRANSYLVANIA COUNTY,
 NORTH CAROLINA
 DEED REFERENCES: DE 427, PAGE 369 & DE 446, PAGE 639
 SURVEY DATE: APRIL, 2009.

- NOTES:
- The property is located in zone X, as determined by the 50-foot contour line shown on the attached map.
 - This property is subject to the easement shown by the dashed line on the property and/or of record.
 - Restrictions, setback lines, roadways, zoning ordinances and right of ways appearing on the property and/or of record.
 - Area surveyed by the DND method, including all R/W's.
 - This survey is an occupation in the definition of subdivision under section 11 of the General Statutes of North Carolina.
 - Specialty Gas Order is an existing gas service line with a 60-foot R/W, twenty feet each side of the centerline.

OWNED BY:
 JAMES M. KOLISCH AND WIFE
 KAREN L. KOLISCH

2009003247
 TRANSYLVANIA CO. NC FILE 2410
 DEED BOOK 137 PAGE 137
 PG:137-137

I, E. ROBERT BAXTER, Professional Land Surveyor, certify that this plat was drawn under my supervision from information found in D.M.S. Plans, NOTES: That the boundaries and dimensions are shown on this plat and are based on measurements or calculations based on records of 72' or more in length or on calculations based on records of 72' or more in length or on calculations based on records of 72' or more in length. Witness my original signature, registration number and seal this 15th day of April, 2009.

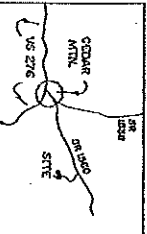
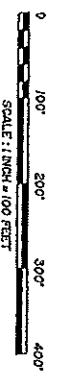
SURVEYOR L-2938 REGISTRATION NUMBER

State of North Carolina County of Transylvania

The foregoing certificate of E. Robert Baxter, Professional Land Surveyor, is true and correct to the best of his knowledge and belief and he is duly licensed in the State of North Carolina.

State of North Carolina County of Transylvania

The foregoing certificate of E. Robert Baxter, Professional Land Surveyor, is true and correct to the best of his knowledge and belief and he is duly licensed in the State of North Carolina.



VISUALLY MAP 1:1 INCH = 2 MILES +/-
 E. ROBERT BAXTER, INC. P.L.S. NO. L-2938
 100 SILVERSTEIN ROAD
 LAKE TOXAWAY, N.C. 28747
 PHONE: (828) 366-4399
 DATE: APRIL 15, 2009
 DRAWING NUMBER: 910374

13,137



**STATE OF NORTH CAROLINA
RESIDENTIAL PROPERTY AND
OWNERS' ASSOCIATION DISCLOSURE STATEMENT**

Instructions to Property Owners

1. G.S. 47E requires owners of residential real estate (single-family homes, individual condominiums, townhouses, and the like, and buildings with up to four dwelling units) to furnish purchasers a Residential Property and Owners' Association Disclosure Statement ("Disclosure Statement"). This form is the only one approved for this purpose. A disclosure statement must be furnished in connection with the sale, exchange, option and sale under a lease with option to purchase (unless the tenant is already occupying or intends to occupy the dwelling). A disclosure statement is not required for some transactions, including the first sale of a dwelling which has never been inhabited and transactions of residential property made pursuant to a lease with option to purchase where the lessee occupies or intends to occupy the dwelling. For a complete list of exemptions, see G.S. 47E-2.
2. You must respond to each of the questions on the following pages of this form by filling in the requested information or by placing a check in the appropriate box.
 - a. If you check "Yes" for any question, you must explain your answer and either describe any problem or attach a report from an engineer, contractor, pest control operator or other expert or public agency describing it. If you attach a report, you will not be liable for any inaccurate or incomplete information contained in it so long as you were not grossly negligent in obtaining or transmitting the information.
 - b. If you check "No", you are stating that you have no actual knowledge of any problem. If you check "No" and you know there is a problem, you may be liable for making an intentional misstatement.
 - c. If you check "No Representation", you have no duty to disclose the conditions or characteristics of the property, even if you should have known of them.
- * If you check "Yes" or "No" and something happens to the property to make your Disclosure Statement incorrect or inaccurate (for example, the roof begins to leak), you must promptly give the purchaser a corrected Disclosure Statement or correct the problem.
3. If you are assisted in the sale of your property by a licensed real estate broker, you are still responsible for completing and delivering the Statement to the purchasers; and the broker must disclose any material facts about your property which they know or reasonably should know, regardless of your responses on the Statement.
4. You must give the completed Disclosure Statement to the purchaser no later than the time the purchaser makes an offer to purchase your property. If you do not, the purchaser can, under certain conditions, cancel any resulting contract (See "Note to Purchasers" below). You should give the purchaser a copy of the Disclosure Statement containing your signature and keep a copy signed by the purchaser for your records.

Note to Purchasers: If the owner does not give you a Residential Property Disclosure Statement by the time you make your offer to purchase the property, you may under certain conditions cancel any resulting contract and be entitled to a refund of any deposit monies you may have paid. To cancel the contract, you must personally deliver or mail written notice of your decision to cancel to the owner or the owner's agent within three calendar days following your receipt of the Statement, or three calendar days following the date of the contract, whichever occurs first. However, in no event does the Disclosure Act permit you to cancel a contract after settlement of the transaction or (in the case of a sale or exchange) after you have occupied the property, whichever occurs first.

5. In the space below, type or print in ink the address of the property (sufficient to identify it) and your name. Then sign and date.

Property Address: 900 Spanish Oak Drive, Cedar Mountain, NC 28718

Owner's Name(s): James Kolisch, Karen Kolisch

Owner(s) acknowledge having examined this Disclosure Statement before signing and that all information is true and correct as of the date signed.

Owner Signature: *James Kolisch* Date 1/1/12

Owner Signature: *Karen Kolisch* Date 1/1/12


Purchaser(s) acknowledge receipt of a copy of this Disclosure Statement; that they have examined it before signing; that they understand that this is not a warranty by owner or owner's agent; that it is not a substitute for any inspections they may wish to obtain; and that the representations are made by the owner and not the owner's agent(s) or subagent(s). Purchaser(s) are encouraged to obtain their own inspection from a licensed home inspector or other professional.

Purchaser Signature: _____ Date _____

Purchaser Signature: _____ Date _____

Regarding the property identified above, including the dwelling unit(s) and lot to be conveyed, and not sheds, detached garages or other buildings, to your knowledge is there any problem (malfunction or defect) with any of the following:

	Yes*	No	No Representation
1. FOUNDATION, SLAB, FIREPLACES/CHIMNEYS, FLOORS, WINDOWS (INCLUDING STORM WINDOWS AND SCREENS), DOORS, CEILINGS, INTERIOR AND EXTERIOR WALLS, ATTACHED GARAGE, PATIO, DECK OR OTHER STRUCTURAL COMPONENTS including any modifications to them?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a. Siding is: <input type="checkbox"/> Masonry <input type="checkbox"/> Wood <input type="checkbox"/> Composition/Hardboard <input type="checkbox"/> Vinyl <input type="checkbox"/> Synthetic Stucco <input type="checkbox"/> Other _____.....			<input checked="" type="checkbox"/>
b. Approximate age of structure? _____.....			<input checked="" type="checkbox"/>
2. ROOF (leakage or other problem)?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a. Approximate age of roof covering? _____.....			<input checked="" type="checkbox"/>
3. WATER SEEPAGE, LEAKAGE, DAMPNES OR STANDING WATER in the basement, crawl space or slab?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. ELECTRICAL SYSTEM (outlets, wiring, panel, switches, fixtures etc.)?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. PLUMBING SYSTEM (pipes, fixtures, water heater, etc.)?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. HEATING AND/OR AIR CONDITIONING?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a. Heat Source is: <input type="checkbox"/> Furnace <input type="checkbox"/> Heat Pump <input type="checkbox"/> Baseboard <input type="checkbox"/> Other _____.....			<input checked="" type="checkbox"/>
b. Cooling Source is: <input type="checkbox"/> Central Forced Air <input type="checkbox"/> Wall/Window Unit(s) <input type="checkbox"/> Other _____.....			<input checked="" type="checkbox"/>
c. Fuel Source is: <input type="checkbox"/> Electricity <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Oil <input type="checkbox"/> Other _____.....			<input checked="" type="checkbox"/>
7. WATER SUPPLY (including water quality, quality and water pressure)?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a. Water supply is: <input type="checkbox"/> City/County <input type="checkbox"/> Community System <input type="checkbox"/> Private Well <input type="checkbox"/> Other _____.....			<input checked="" type="checkbox"/>
b. Water pipes are: <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Plastic <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown.....			<input checked="" type="checkbox"/>
8. SEWER AND/OR SEPTIC SYSTEM?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a. Sewage disposal system is: <input type="checkbox"/> Septic Tank <input type="checkbox"/> Septic Tank with Pump <input type="checkbox"/> Community System <input type="checkbox"/> Connected to City/County System <input type="checkbox"/> City/County System available <input type="checkbox"/> Straight pipe (wastewater does not go into a septic or other sewer system [note: use of this type of system violates state law]) <input type="checkbox"/> Other _____.....			<input checked="" type="checkbox"/>
9. BUILT-IN APPLIANCES (RANGE/OVEN, ATTACHED MICROWAVE, HOOD/FAN, DISHWASHER, DISPOSAL, etc.)?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. PRESENT INFESTATION, OR DAMAGE FROM PAST INFESTATION OF WOOD DESTROYING INSECTS OR ORGANISMS which has not been repaired?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. DRAINAGE, GRADING OR SOIL STABILITY OF LOT?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. OTHER SYSTEMS AND FIXTURES: CENTRAL VACUUM, POOL, HOT TUB, SPA, ATTIC FAN, EXHAUST FAN, CEILING FAN, SUMP PUMP, IRRIGATION SYSTEM, TV CABLE WIRING OR SATELLITE DISH, OR OTHER SYSTEMS?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Owner(s) Initials and Date  1/1/12 Purchaser(s) Initials and Date _____

Also regarding the property identified above, including the lot, other improvements, and fixtures located thereon, do you have any

- 13. ROOM ADDITIONS OR OTHER STRUCTURAL CHANGES?.....
- 14. ENVIROMENTAL HAZARDS (substances, materials or products) including asbestos, formaldehyde, radon gas, methane gas, lead-based paint, underground storage tank, or other hazardous or toxic material (whether buried or covered), contaminated soil or water, or other environmental contamination?.....
- 15. COMMERCIAL, INDUSTRIAL, OR MILITARY NOISE, ODOR, SMOKE, ETC. AFFECTING THE PROPERTY?.....
- 16. VIOLATIONS OF ZONING, ORDINANCES, RESTRICTIVE COVENANTS OR OTHER LAND-USE RESTRICTIONS, OR BUILDING CODES INCLUDING THE FAILURE TO OBTAIN PROPER PERMITS FOR ROOM ADDITIONS OR OTHER STRUCTURAL CHANGES?
- 17. UTILITY OR OTHER EASEMENTS, SHARED DRIVEWAYS, PARTY WALLS OR ENCROACHMENTS FROM OR ON ADJACENT PROPERTY?.....
- 18. LAWSUITS, FORCLOSURES, BANKRUPTCY, TENANCIES, JUDGMENTS, TAX LIENS, PROPOSED ASSESSMENTS, MECHANICS' LIENS, MATERIALMENS' LIENS, OR NOTICE FROM ANY GOVERNMENTAL AGENCY that could affect title to the property?.....
- 19. FLOOD HAZARD or that the property is in a FEDERALLY-DESIGNATED FLOODPLAIN?....
- 20. PRIVATE ROAD(S) OR STREET(S) adjoining the property?.....
 - a. If yes, do you know of an existing owners' association or maintenance agreement to maintain the road or street?

* If you answered "Yes" to any of the above questions, please explain (Attach additional sheets, if necessary):

In lieu of providing a written explanation, you may attach a written report to this Disclosure Statement by a public agency, engineer, land surveyor, geologist, pest control operator, contractor, home inspector or other expert, dealing with matters within the scope of that public agency's functions or the expert's license or expertise.

Also regarding the property identified above, including the dwelling unit(s), any sheds, detached garages, other buildings or the lot to be conveyed, answer each of the questions below based on your actual knowledge:

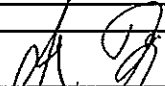
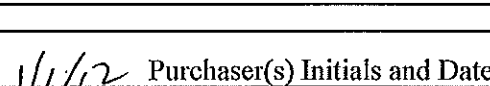
21. Is the property subject to regulation by one or more owners' association(s) and governing documents which impose various mandatory covenants, conditions, and restrictions upon the lot, including, but not limited to obligations to pay regular assessments or dues and special assessments? Yes* No Representation

*If you answer "No" or "No Representations" to question 21 above, you do not need to answer the remaining questions on this Disclosure Statement. If answered "Yes" to question 21 above, you must complete the remainder of this Disclosure Statement.

22. The property is subject to the following owners' association(s) [insert N/A into any blank that does not apply]:
 (specify name) _____ whose regular assessments ("dues") are \$ _____ per _____. The name, address, and telephone number of the president of owners' association or the association manager are: _____

(specify name) _____ whose regular assessments ("dues") are \$ _____ per _____. The name, address, and telephone number of the president of owners' association or the association manager are: _____

23. As of the date this Disclosure Statement is signed, there are no other dues, fees, or special assessments which have been duly approved as required by the applicable declaration or bylaws, payable to an association to which the lot is subject, except: _____

Owner(s) Initials and Date  Purchaser(s) Initials and Date 

24. As of the date this Disclosure Statement is signed, there are no unsatisfied judgments against or pending lawsuits involving the property or lot to be conveyed, the planned community or the association to which the property and lot are subject, with the exception of any action filed by the association for the collection of delinquent assessments on lots other than the property and lot to be conveyed, except: _____

25. The following services and amenities are paid for by the above owners' association(s) from the regular assessments ("dues"): (Check all that apply).

	Yes*	No	No Representation
Management Fees	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Exterior Building Maintenance of Property to be Conveyed	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Exterior Yard/Landscaping Maintenance of Lot to be Conveyed	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Common Areas Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Trash Removal	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recreational Amenity Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pest Treatment/Extermination	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Street Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Water	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sewer	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Stormwater Management/Drainage/Ponds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Internet Service	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cable	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Private Road Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Parking Area Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Gate and/or Security	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other (specify) _____

Owner(s) Initials and Date

1/1/12 Purchaser(s) Initials and Date