



SELLER'S CONDOMINIUM DISCLOSURE STATEMENT

EXHIBIT " A "



2007 Printing

For Unit # 243E in ATL LOFTS Condominium, Address 265 18TH STREET NW,
 City ATLANTA, Georgia, Zip Code 30363

NOTICE TO BUYER AND SELLER: This disclosure statement is designed to assist Seller in disclosing to prospective buyers all known material or adverse facts relating to the physical condition of Unit and Property that are not readily observable, disclosing historical information and past problems with Unit and Property and identifying those fixtures/items that are included with the sale of Unit. All questions are to be answered with respect to the above referenced Property. For the purposes of this Disclosure Statement, the term "Unit" shall not include any interest in the common elements (including limited common elements) assigned to Unit in the Declaration. The term "Association" shall mean the condominium or Unit owners' association for the above referenced condominiums. The term "Property" shall refer to all property made a part of the condominium in which Unit is located.

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

| | Yes | No | Don't Know |
|--|---|---|---|
| 1. OCCUPANCY: | | | |
| (a) Is Unit vacant? | _____ | _____ <input checked="" type="checkbox"/> | _____ |
| (b) If yes, how long has it been since Seller occupied Unit? <u>N/A</u> | _____ | _____ <input checked="" type="checkbox"/> | _____ |
| (c) Are there any leases, written or verbal, on Unit or any part thereof? | _____ | _____ <input checked="" type="checkbox"/> | _____ |
| 2. SOIL, TREES, SHRUBS AND BOUNDARIES: | | | |
| (a) Are there any landfills (other than foundation backfill), graves, mine shafts, trash dumps or wells (in use or abandoned) on Property? | _____ | _____ | _____ <input checked="" type="checkbox"/> |
| (b) Is there any sliding, settling (other than normal settling), earth movement, sinkholes, upheaval, or earth stability/expansive soil problems? | _____ | _____ | _____ <input checked="" type="checkbox"/> |
| (c) Are there any encroachments, unrecorded easements, or boundary line disputes with respect to Property? | _____ | _____ | _____ <input checked="" type="checkbox"/> |
| (d) Are there any encroachments or unrecorded easements with respect to Unit? | _____ | _____ | _____ <input checked="" type="checkbox"/> |
| 3. ROOF, GUTTERS AND DOWNSPOUTS: | | | |
| (a) Approximate age of roof on building in which Unit is located: <u>2-3</u> years. | _____ | _____ | _____ |
| (b) Has the roof on the building in which the Unit is located, or any part thereof, been repaired during your ownership? | _____ | _____ <input checked="" type="checkbox"/> | _____ <input checked="" type="checkbox"/> |
| (c) Are there any roof leaks into the Unit? | _____ | _____ <input checked="" type="checkbox"/> | _____ |
| 4. TERMITES, DRY ROT, PESTS, AND WOOD-DESTROYING ORGANISMS: | | | |
| (a) Is there any past or present damage to Property caused by infiltrating pests, termites, dry rot, or other wood-destroying organisms? | _____ | _____ | _____ <input checked="" type="checkbox"/> |
| (b) Is there any past or present damage to Unit caused by infiltrating pests, termites, dry rot, or other wood-destroying organisms? | _____ | _____ <input checked="" type="checkbox"/> | _____ |
| (c) Does the Association currently have Property under a transferable bond, warranty or other coverage for termites or other wood destroying organisms by a licensed pest control company? | _____ | _____ | _____ <input checked="" type="checkbox"/> |
| If yes, check type of coverage: <input type="checkbox"/> re-treatment and repair; or <input type="checkbox"/> re-treatment only | | | |
| (c) Have any termite/pest control reports or treatments for Property or Unit been done in the last five years? | _____ | _____ | _____ <input checked="" type="checkbox"/> |
| (d) Do any exterior portions or exterior improvements on Property have any untreated wood or exterior siding/cladding, such as rigid board insulation, foam plastic, synthetic stucco, hard coat stucco, wood or masonry siding (excluding brick), below grade or within six inches of finished grade? | _____ | _____ | _____ <input checked="" type="checkbox"/> |
| 5. STRUCTURAL ITEMS, ADDITIONS AND ALTERATIONS: | | | |
| (a) What year was Unit constructed? <u>2005-06</u> | _____ | _____ | _____ |
| (b) Is the condominium a condominium conversion? If yes, what year was it converted? _____ | _____ | _____ <input checked="" type="checkbox"/> | _____ |
| (c) Has there been any movement, shifting, settling (other than normal settling), cracking, deterioration, or other structural problems with any portion of Property? | _____ <input checked="" type="checkbox"/> | _____ | _____ |
| (d) Has there been any movement, shifting, settling (other than normal settling), cracking, deterioration, or other structural problems with any portion of Unit? | _____ <input checked="" type="checkbox"/> | _____ | _____ |
| (e) Has there been any additional structural bracing, underpinning, or other structural reinforcement been added to any portion of Property? | _____ | _____ | _____ <input checked="" type="checkbox"/> |

- | | Yes | No | Don't Know |
|--|-------|-------|------------|
| (f) Has there been any additional structural bracing, underpinning, or other structural reinforcement been added to any portion of Unit? | ✓ | _____ | _____ |
| (g) Are there any problems with driveways, walkways, patios, or retaining walls serving Unit? | _____ | _____ | ✓ |
| (h) Have there been any additions, structural changes, or any other major alterations to Unit subsequent to the time Property was submitted to the condominium form of ownership? | ✓ | _____ | _____ |
| (i) Have there been any instances where necessary permits and/or approvals were not obtained for work done in or to Unit? | _____ | _____ | ✓ |
| (j) Has there been any work done to Unit of the Condominium that was not in compliance with building codes or zoning regulations or for which a necessary permit was not obtained? | _____ | _____ | ✓ |
| (k) Does any of the exterior siding or cladding of any portion of Property contain synthetic stucco where the interior studs and windows are constructed of wood? | _____ | _____ | ✓ |

6. DRAINAGE, FLOODING AND MOISTURE:

- | | | | |
|--|-------|-------|-------|
| (a) Has there been any water leakage, accumulation, or dampness within Unit? | ✓ | _____ | _____ |
| (b) Have any repairs been made to control any water or dampness problems in the Unit? | ✓ | _____ | _____ |
| (c) Is Property or any portion thereof located in a flood zone? | _____ | _____ | ✓ |
| (d) Has there been any drainage problems or flooding on Property? | _____ | _____ | ✓ |
| (e) Are there any problems with siding or exterior cladding of any portion of Property retaining moisture, swelling, chipping or delaminating? | _____ | _____ | ✓ |
| (f) Does mold appear on interior portions of the Unit other than on the walls, floors or ceilings of showers/bathtubs or within common element walls adjacent to Unit? | _____ | ✓ | _____ |

7. PLUMBING RELATED ITEMS:

- | | | | |
|---|-------|-------|-------|
| (a) What is your drinking water source: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Well on Property | | | |
| (b) If your drinking water is from a well, has it been tested within the past twelve months? | _____ | _____ | _____ |
| (c) Do you have a water softener, filter or purifier? If yes, <input type="checkbox"/> Leased <input type="checkbox"/> Owned | _____ | ✓ | _____ |
| (d) What is the type of sewage system: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Septic Tank | | | |
| (e) Is Unit served by sewage pump or lift system? | _____ | ✓ | _____ |
| (f) Do you know if any septic tank or cesspool on Property has ever been professionally serviced? If yes, please give the date of last service: _____ | _____ | _____ | ✓ |
| (g) Do you know of any past or present leaks, backups, or other similar problems relating to any of the plumbing, water and/or sewage-related items? | _____ | ✓ | _____ |
| (h) Is there any polybutylene plumbing, other than primary service line, serving Unit? | _____ | _____ | ✓ |

8. OTHER SYSTEMS AND COMPONENTS:

- | | | | |
|---|-------|-------|-------|
| (a) What type of heating system(s) serve Unit? <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Other | | | |
| (b) Approximate age of heating system(s): <u>2</u> years | | | |
| (c) What type of air conditioning system(s) serve Unit? <u>Electric, Atlantic Station Air Chiller</u> | | | |
| (d) Approximate age of air conditioning system(s): <u>2</u> years | | | |
| (e) How is water heated in the Unit? <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Solar | | | |
| (f) Approximate age of water heater: <u>2</u> years | | | |
| (g) Does any system for heating and/or cooling Unit or heating water serve more than one Unit? | ✓ | _____ | _____ |
| (h) Does Unit have aluminum wiring other than the primary service line? | _____ | _____ | ✓ |
| (i) Are there any system(s) or appliance(s) which is leased or which has a fee associated with its use? | _____ | ✓ | _____ |
| (j) Are any fireplaces serving Unit not working fireplaces or not in good working order and repair? | _____ | ✓ | _____ |
| (k) When was the fireplace, wood stove or chimney/flue cleaned? Date: _____ | _____ | _____ | _____ |

9. TOXIC SUBSTANCES:

- | | | | |
|---|-------|-------|-------|
| (a) Are there any underground tanks, toxic or hazardous substances on or in the common elements (structure or soil) such as asbestos, urea-formaldehyde, methane gas, radioactive material, radon, mold, benzene or others or environmental contaminates? | _____ | _____ | ✓ |
| (b) Are there any toxic or hazardous substances in the Unit? | _____ | ✓ | _____ |

10. FEES, ASSESSMENTS AND PROPERTY MANAGEMENT:

- | | | | |
|--|-------|-------|-------|
| (a) In purchasing Unit, will any initiation, transfer, or other similar fee be owed to the Association? If yes, what amount \$ <u>940.22</u> | _____ | _____ | _____ |
| (b) The Association fee for common expenses is: \$ <u>470.11</u> per <u>month</u> | | | |
| (c) Are there any special assessments approved by but yet not owing or due to the Association? If yes, what amount \$ _____? | _____ | _____ | ✓ |
| (d) Are there any delinquent fines or other assessments owing on Unit? If yes, state amount. \$ _____ | _____ | ✓ | _____ |
| (e) Has the annual assessment for Unit for the next fiscal year been approved? If yes, how much will the new assessment be? \$ _____ | _____ | _____ | ✓ |

| | Yes | No | Don't Know |
|--|-----|-------------------------------------|-------------------------------------|
| (f) Is the Association a defendant in any lawsuit? | | | <input checked="" type="checkbox"/> |
| (g) Is the Association self managed or not managed by a professional management company? | | <input checked="" type="checkbox"/> | |

Name and telephone number of Association or management company contact person:
Condominium Concepts (404) 272-8386

11. OTHER MATTERS:

| | Yes | No | Don't Know |
|---|-------------------------------------|-------------------------------------|-------------------------------------|
| (a) Have there been any inspections of Unit in the past year? | | | <input checked="" type="checkbox"/> |
| (b) Has Unit or the common elements of the condominium ever been, or is it currently, the subject of litigation or claim including, but not limited to, defective building products, construction defects, termites, and/or title problems? | | | <input checked="" type="checkbox"/> |
| (c) Has there been any award or payment of money in lieu of repairs for such a defective building product? | | | <input checked="" type="checkbox"/> |
| (d) Has any release been signed that would limit a future owner from making any claims in connection with Unit or Property? | | | <input checked="" type="checkbox"/> |
| (e) Is there any fire, flood or wind damage which required repairs to Unit in excess of \$500.00? | <input checked="" type="checkbox"/> | | |
| (f) Are there any fixtures or appliances included in the sale that are in need of repair? | | <input checked="" type="checkbox"/> | |
| (g) Have any repairs been made to the electrical, plumbing, or heating and air condition system, or any part thereof? | | <input checked="" type="checkbox"/> | |

12. FIXTURES/ITEMS: Check (✓) only those fixtures/items below that are included in the sale of Unit. Unless otherwise indicated, if there is more than one item (such as a second refrigerator or two chandeliers or three smoke detectors), all such fixtures/items checked are included in the sale of Unit. Those fixtures/items listed below that are not checked shall not be included in the sale of Unit.

- | | | |
|---|--|---|
| <input type="checkbox"/> Air Conditioning Window Unit | <input type="checkbox"/> Garage Door Opener | <input checked="" type="checkbox"/> Sprinkler System <i>Fire Sprinklers</i> |
| <input type="checkbox"/> Air Purifier | <input type="checkbox"/> Remote Control | <input type="checkbox"/> Statuary |
| <input checked="" type="checkbox"/> Alarm System (Burglar) | <input checked="" type="checkbox"/> Garbage Disposal | <input type="checkbox"/> Stepping Stones |
| <input type="checkbox"/> Leased <input checked="" type="checkbox"/> Owned | <input checked="" type="checkbox"/> Built-In <input type="checkbox"/> Free Standing | <input checked="" type="checkbox"/> Stove |
| <input checked="" type="checkbox"/> Alarm System (Smoke/Fire) | <input type="checkbox"/> Hot Tub | <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Electric |
| <input type="checkbox"/> Leased <input checked="" type="checkbox"/> Owned | <input type="checkbox"/> Humidifier | <input checked="" type="checkbox"/> Built-In <input type="checkbox"/> Free Standing |
| <input type="checkbox"/> Awning | <input checked="" type="checkbox"/> Ice Maker in refrigerator | <input type="checkbox"/> Sump Pump |
| <input type="checkbox"/> Carbon Monoxide Detector | <input checked="" type="checkbox"/> Built-In <input type="checkbox"/> Free Standing | <input checked="" type="checkbox"/> Surface Unit Cook Top |
| <input checked="" type="checkbox"/> Ceiling Fan | <input type="checkbox"/> Intercom | <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Electric |
| <input type="checkbox"/> Chandelier | <input type="checkbox"/> Jetted Tub | <input checked="" type="checkbox"/> Switch Plate Covers |
| <input checked="" type="checkbox"/> Closet Shelving System | <input checked="" type="checkbox"/> Light Fixtures | <input checked="" type="checkbox"/> Telephone Jacks/Wires |
| <input checked="" type="checkbox"/> Built-In <input type="checkbox"/> Free Standing | (Except Chandeliers) | <input type="checkbox"/> Television Antenna |
| <input type="checkbox"/> Dehumidifier | <input type="checkbox"/> Mailbox | <input checked="" type="checkbox"/> Television Cable/Jacks |
| <input type="checkbox"/> Built-In <input type="checkbox"/> Free Standing | <input checked="" type="checkbox"/> Microwave Oven | <input checked="" type="checkbox"/> Thermostat (Programmable) |
| <input checked="" type="checkbox"/> Dishwasher | <input checked="" type="checkbox"/> Built-In <input type="checkbox"/> Free Standing | <input type="checkbox"/> Trash Compactor |
| <input checked="" type="checkbox"/> Built-In <input type="checkbox"/> Free Standing | <input checked="" type="checkbox"/> Mirror (Attached) in bedrooms | <input type="checkbox"/> Built-In <input type="checkbox"/> Free Standing |
| <input checked="" type="checkbox"/> Door & Window Hardware | <input type="checkbox"/> Radio (Built-In) | <input type="checkbox"/> Vacuum System (Built-In) |
| <input checked="" type="checkbox"/> Dryer | <input checked="" type="checkbox"/> Refrigerator | <input type="checkbox"/> Vacuum Attachments |
| <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Electric | <input type="checkbox"/> Satellite Dish/Receiver | <input type="checkbox"/> Vent Hood |
| <input type="checkbox"/> Fireplace | <input type="checkbox"/> Sauna | <input checked="" type="checkbox"/> Washing Machine |
| <input type="checkbox"/> Gas Logs | <input checked="" type="checkbox"/> Shelving Unit & System in kitchen | <input type="checkbox"/> Water Purification System |
| <input type="checkbox"/> Screen/Door | <input checked="" type="checkbox"/> Built-In <input type="checkbox"/> Free Standing | <input type="checkbox"/> Water Softener System |
| <input type="checkbox"/> Wood Burning Insert | <input checked="" type="checkbox"/> Shower Head/Sprayer | <input type="checkbox"/> Weather Vane |
| <input type="checkbox"/> Flag Pole | <input checked="" type="checkbox"/> Smoke Detector | <input checked="" type="checkbox"/> Window Screens |
| | <input checked="" type="checkbox"/> Battery Operated <input type="checkbox"/> Hard Wired | <input checked="" type="checkbox"/> Window Treatments |
| | <input type="checkbox"/> Speakers (Built-In) | <input type="checkbox"/> Wine Cooler |

Other fixtures/items included in the sale of Unit:

Other fixtures/items not included in the sale of Unit:

The common law of fixtures shall apply to fixtures not addressed herein. Those fixtures/items that are not included in the sale of Unit shall remain property of Seller and shall be removed prior to closing or the transfer of possession of Unit to Buyer, whichever is later. Seller shall lose the right to remove any such fixtures/items not timely removed. In removing all fixtures/items, Seller shall use reasonable care to prevent damage and, if necessary, to restore Unit to its original condition.

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

Yes No Don't Know (If no, proceed to paragraph 14.)

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

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

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

15. ADDITIONAL EXPLANATIONS OR DISCLOSURES:

5D: Balcony was totally stripped and refinished to lower and help reduce water intrusion into units below. Balcony drains were repaired.
5C: Balcony and siding were removed and replaced and refinished
5F: Structure of 2nd story floor removed and replaced
6A/6B: Water came into unit from patio. All flooring, baseboards, and tile floors replaced. All water intrusion ~~was~~ problems were professionally fixed by AIG, and no water intrusion issues since

Mark box if additional pages are attached.

16. SELLER'S REPRESENTATION:

In this disclosure, Seller warrants that to the best of Seller's knowledge and belief, the information contained herein with respect to the condition of Property and Unit is accurate and complete as of the date signed by Seller. It is not a substitute for any inspections or warranties that Buyer may wish to obtain. Buyer should consult the Association for additional information regarding the common elements of the Condominium and the operation of the Association. Seller hereby authorizes Broker to provide this information to prospective buyers of Unit and to real estate brokers and their affiliated licensees. Seller agrees to promptly update this Seller's Condominium Disclosure Statement and to provide any Buyer and Brokers with a revised copy of the same if there are any material changes in the answers to the questions contained herein.

Is each individual named below a U. S. Citizen or resident alien?

Has each individual named below been a Georgia resident for the past two years?

Has Unit been Seller's primary residence for at least two of the last five years?

Yes No
Keith Yes No Amanda Yes No

Seller: [Signature]

Date: 11, 2008

Seller: Amanda [Signature]

Date: 1-7, 2008

17. RECEIPTS AND ACKNOWLEDGMENT BY BUYER:

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

Buyer: _____

Date: _____, 20____

Buyer: _____

Date: _____, 20____