



# STATE OF NORTH CAROLINA MINERAL AND OIL AND GAS RIGHTS MANDATORY DISCLOSURE STATEMENT



## Instructions to Property Owners

1. The Residential Property Disclosure Act (G.S. 47E) ("Disclosure Act") requires owners of certain residential real estate such as single-family homes, individual condominiums, townhouses, and the like, and buildings with up to four dwelling units, to furnish purchasers a Mineral and Oil and Gas Rights Disclosure Statement ("Disclosure Statement"). This form is the only one approved for this purpose.
2. A disclosure statement is not required for some transactions. For a complete list of exemptions, see G.S. 47E-2(a). **A DISCLOSURE STATEMENT IS REQUIRED FOR THE TRANSFERS IDENTIFIED IN G.S. 47E-2(b)**, including transfers involving the first sale of a dwelling never inhabited, lease with option to purchase contracts where the lessee occupies or intends to occupy the dwelling, and transfers between parties when both parties agree not to provide the Residential Property and Owner's Association Disclosure Statement.
3. You must respond to each of the following by placing a check ☒ in the appropriate box.

## MINERAL AND OIL AND GAS RIGHTS DISCLOSURE

Mineral rights and/or oil and gas rights can be severed from the title to real property by conveyance (deed) of the mineral rights and/or oil and gas rights from the owner or by reservation of the mineral rights and/or oil and gas rights by the owner. If mineral rights and/or oil and gas rights are or will be severed from the property, the owner of those rights may have the perpetual right to drill, mine, explore, and remove any of the subsurface mineral and/or oil or gas resources on or from the property either directly from the surface of the property or from a nearby location. With regard to the severance of mineral rights and/or oil and gas rights, Seller makes the following disclosures:

|                                                                                                                                                                                                    | Yes                      | No                                  | No Representation                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|-------------------------------------|
| <div><div>Initial</div><div>Buyer Initials</div><div><input type="checkbox"/></div></div> 1. Mineral rights were severed from the property by a previous owner.                                    | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <div><div>Initial</div><div>Buyer Initials</div><div><input type="checkbox"/></div></div> 2. Seller has severed the mineral rights from the property.                                              | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                     |
| <div><div>Initial</div><div>Buyer Initials</div><div><input type="checkbox"/></div></div> 3. Seller intends to sever the mineral rights from the property prior to transfer of title to the Buyer. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                     |
| <div><div>Initial</div><div>Buyer Initials</div><div><input type="checkbox"/></div></div> 4. Oil and gas rights were severed from the property by a previous owner.                                | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <div><div>Initial</div><div>Buyer Initials</div><div><input type="checkbox"/></div></div> 5. Seller has severed the oil and gas rights from the property.                                          | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                     |
| <div><div>Initial</div><div>Buyer Initials</div><div><input type="checkbox"/></div></div> 6. Seller intends to sever the oil and gas rights from the property prior to transfer of title to Buyer. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                     |

## Note to Purchasers

If the owner does not give you a Mineral and Oil and Gas Rights Disclosure Statement by the time you make your offer to purchase the property, or exercise an option to purchase the property pursuant to a lease with an option to purchase, you may under certain conditions cancel any resulting contract without penalty to you as the purchaser. 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 this Disclosure 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.

Property Address: 111 Brooklynn Trail, Franklin, NC 28734

Owner's Name(s): Mildred Ruth McRee and Meredith Caryn Ledford

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: Mildred Ruth McRee

dotloop verified  
05/01/26 3:59 PM EDT  
ZG1R-M7ZL-6QHG-AUBE

Date

Owner Signature: Meredith Caryn Ledford

dotloop verified  
05/01/26 5:11 PM EDT  
QHRS-UPVY-MDSP-5LLM

Date

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; and that the representations are made by the owner and not the owner's agent(s) or subagent(s).

Purchaser Signature:

Signed by:

DC07901TA1314E0...

Date 6/11/2026

Purchaser Signature: Dawn Welch

2B10EF983084478...

Date 6/11/2026

# Certificate of Completion

## Macon County Health Department

Date 6-12-87

Time Called 11:25

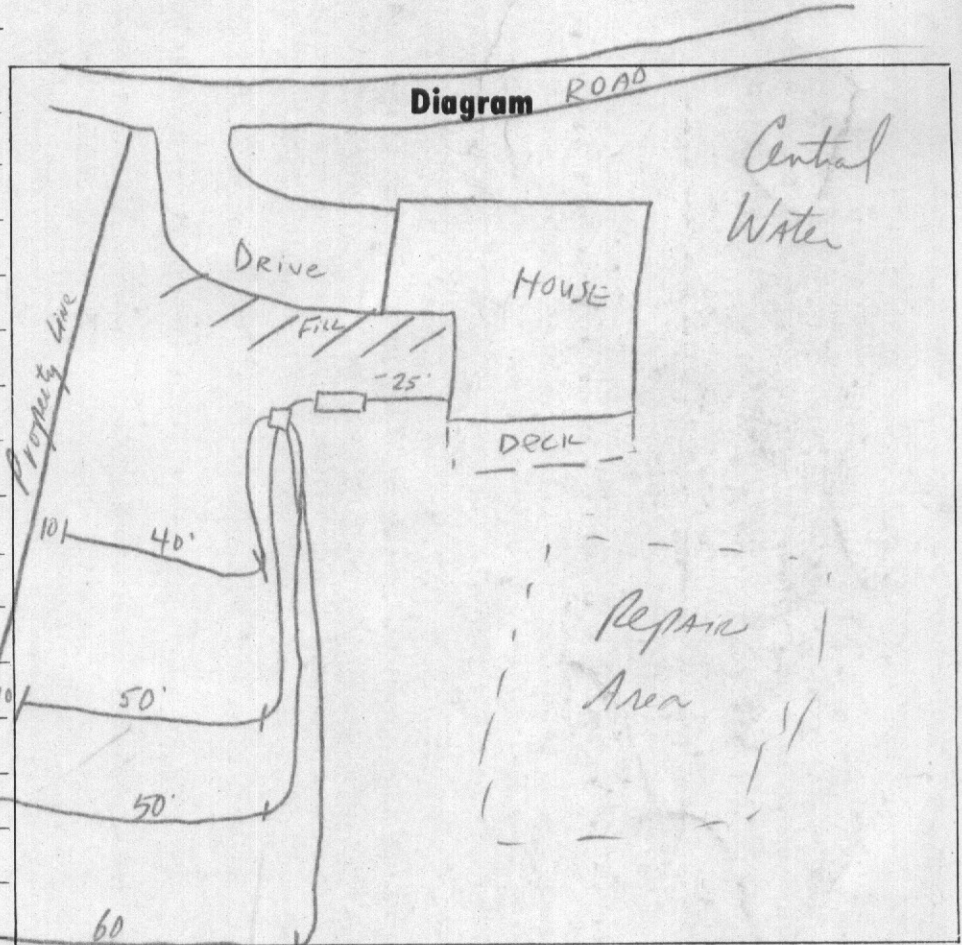
NAME OF OWNER Bill & Jill Lee

ADDRESS Lot 1 Block B Trimont Mtn. Estates

NAME OF INSTALLER Bill Lee

PERMIT NUMBER ✓

1. Site Permit Issued ✓
2. Septic Tank Properly Located ✓
3. Septic Tank Adequate Size ✓
4. Tank Meets Structural Requirements ✓
5. Tank Level ✓
6. Effluent Lower Than Influent ✓
7. Tank Has 9" Free Board ✓
8. Tank at Proper Depth ✓
9. All Ells 45 deg. or more with Cleanouts ✓
10. Dist. Box properly located and level ✓
11. All Solid Pipe of Approved Material ✓
12. Nitrification Line of Approved Material ✓
13. Lines of Sufficient Length and Width ✓
14. Lines have Approved Grade 1/4" in 10' ✓
15. Minimum of 8" gravel under and 2" over line ✓
16. Lines adequate distance apart ✓



A Representative of the Macon County Health Dept. has inspected this Sewage System and finds it  
☒ suitable ( ) unsuitable.

Date inspected 6-12-87  
 Time inspected 1:26

This conforms the State Guidelines and is not a Guarantee.

**SEPTIC SYSTEM FINAL**  
**Power Hook-up OK**  
**W. David Simpson**

DM

Sanitarian

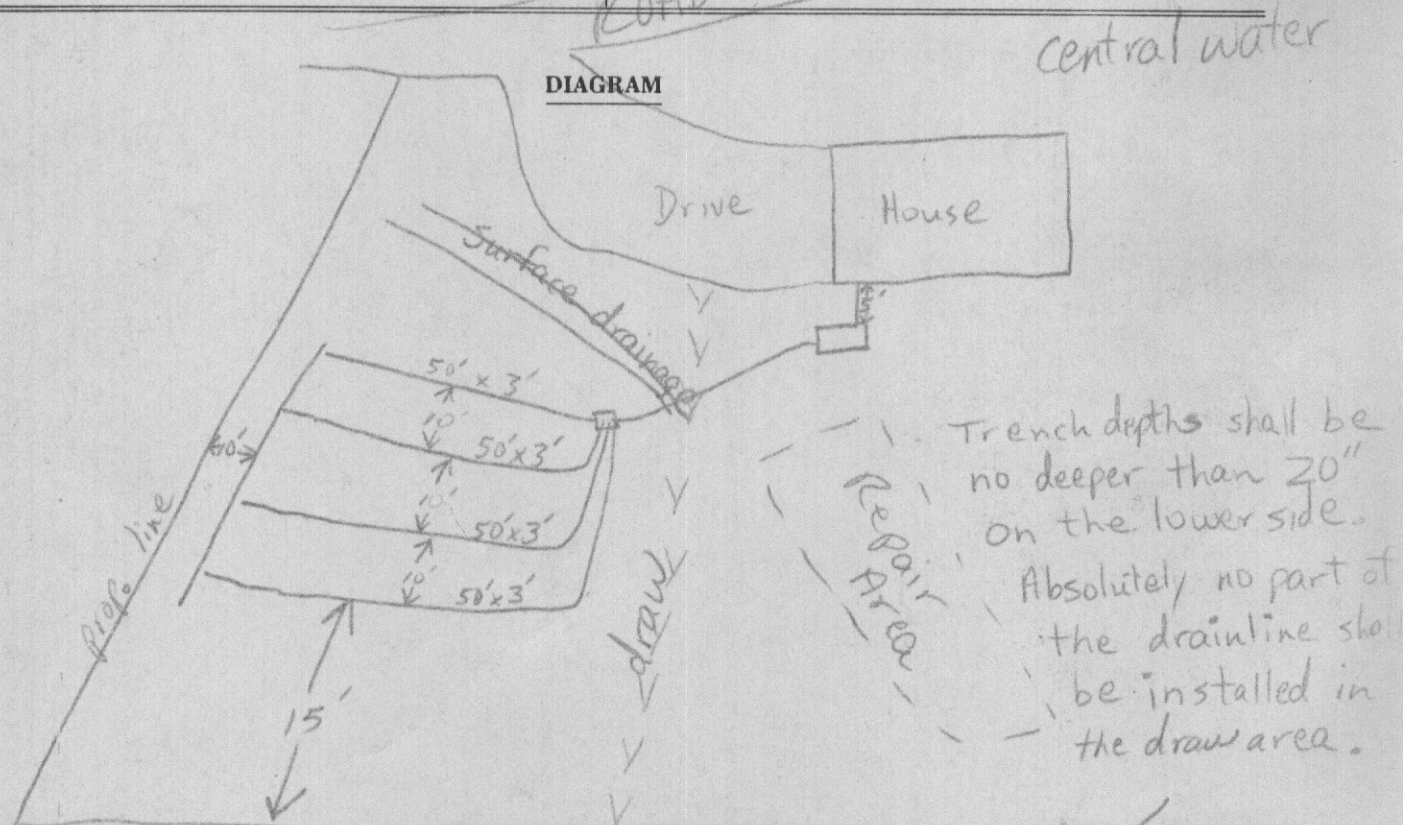
Jane B. Morgan

MACON COUNTY HEALTH DEPARTMENT  
FRANKLIN, N.C. 28734  
369-9526

IMPROVEMENTS PERMIT

|                                                 |                                    |
|-------------------------------------------------|------------------------------------|
| Owner <u>Bill &amp; Jill Lee</u>                | Number of Bedrooms <u>3</u>        |
| Location <u>Lot 1 Block 8 Trimont Mtn Est.</u>  | Number of Bathrooms <u>3</u>       |
| Area of Lot .....                               | Type of Tank (Size) <u>Precast</u> |
| Residential <input checked="" type="checkbox"/> | Drain Line Length <u>200'</u>      |
| Commercial <input type="checkbox"/>             | Drain Line Width <u>3'</u>         |
| Mobile Home <input type="checkbox"/> Size ..... | Size Tank (Gal.) <u>1000</u>       |
| Square Footage of House <u>2300</u>             | Stone Under Line <u>8"</u>         |
| SCS Soil Test .....                             | Stone Over Line <u>2"</u>          |

DIAGRAM



A representative of the Macon County Health Department has made a field investigation of this property and finds it ☐ suitable ☐ marginally suitable ☐ unsuitable for proposed installation. This permit is valid for 1 year after date of issue. Any alterations of this proposed installation as shown by this permit renders it invalid. If any soil restrictions are encountered during installation, contractor shall contact M.C.H.D.

This conforms to State Guidelines and is not a GUARANTEE.

DATE 1/12/87 SANITARIAN Patrick Murre Jane Maynor RS

I, Jill Lee state that the above information is correct to the best of my knowledge.

Initial Initial  
DW



**NORTH CAROLINA REAL ESTATE COMMISSION**

***Residential Property And Owners'  
Association Disclosure Statement***



***Protecting the Public Interest in Real Estate Brokerage Transactions***

Property Address/Description: 111 Brooklynn Trail, Franklin, NC 28734

Owner's Name(s): Mildred Ruth McRee and Meredith Caryn Ledford

North Carolina law [N.C.G.S. 47E](#) requires residential property owners to complete this Disclosure Statement and provide it to the buyer prior to any offer to purchase. There are limited exemptions for completing the form, such as new home construction that has never been occupied. Owners are advised to seek legal advice if they believe they are entitled to one of the limited exemptions contained in N.C.G.S. 47E-2.

An owner is required to provide a response to every question by selecting Yes (Y), No (N), No Representation (NR), or Not Applicable (NA). An owner is not required to disclose any of the material facts that have a NR option, even if they have knowledge of them. However, failure to disclose latent (hidden) defects may result in civil liability. The disclosures made in this Disclosure Statement are those of the owner(s), not the owner's broker.

- If an owner selects Y or N, the owner is only obligated to disclose information about which they have actual knowledge. If an owner selects Y in response to any question about a problem, the owner must provide a written explanation or attach a report from an attorney, engineer, contractor, pest control operator, or other expert or public agency describing it.
- If an owner selects N, the owner has no actual knowledge of the topic of the question, including any problem. If the owner selects N and the owner knows there is a problem or that the owner's answer is not correct, the owner may be liable for making an intentional misstatement.
- If an owner selects NR, it could mean that the owner (1) has knowledge of an issue and chooses not to disclose it; or (2) simply does not know.
- If an owner selects NA, it means the property does not contain a particular item or feature.

For purposes of completing this Disclosure Statement: **"Dwelling"** means any structure intended for human habitation, **"Property"** means any structure intended for human habitation and the tract of land, and **"Not Applicable"** means the item does not apply to the property or exist on the property.

**OWNERS:** The owner must give a completed and signed Disclosure Statement to the buyer no later than the time the buyer makes an offer to purchase property. If the owner does not, the buyer can, under certain conditions, cancel any resulting contract. An owner is responsible for completing and delivering the Disclosure Statement to the buyer even if the owner is represented in the sale of the property by a licensed real estate broker and the broker must disclose any material facts about the property that the broker knows or reasonably should know, regardless of the owner's response.

The owner should keep a copy signed by the buyer for their records. If something happens to make the Disclosure Statement incorrect or inaccurate (for example, the roof begins to leak), the owner must promptly give the buyer an updated Disclosure Statement or correct the problem. Note that some issues, even if repaired, such as structural issues and fire damage, remain material facts and must be disclosed by a broker even after repairs are made.

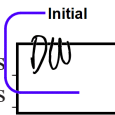
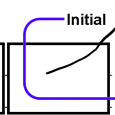
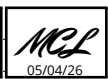
**BUYERS:** The owner's responses contained in this Disclosure Statement are not a warranty and should not be a substitute for conducting a careful and independent evaluation of the property. **Buyers are strongly encouraged to:**

- Carefully review the entire Disclosure Statement.
- Obtain their own inspections from a licensed home inspector and/or other professional.

DO NOT assume that an answer of N or NR is a guarantee of no defect. If an owner selects N, that means the owner has no actual knowledge of any defects. It does not mean that a defect does not exist. If an owner selects NR, it could mean the owner (1) has knowledge of an issue and chooses not to disclose it, or (2) simply does not know.

**BROKERS:** A licensed real estate broker shall furnish their seller-client with a Disclosure Statement for the seller to complete in connection with the transaction. A broker shall obtain a completed copy of the Disclosure Statement and provide it to their buyer-client to review and sign. All brokers shall (1) review the completed Disclosure Statement to ensure the seller responded to all questions, (2) take reasonable steps to disclose material facts about the property that the broker knows or reasonably should know regardless of the owner's responses or representations, and (3) explain to the buyer that this Disclosure Statement does not replace an inspection and encourage the buyer to protect their interests by having the property fully examined to the buyer's satisfaction.

- **Brokers are NOT permitted to complete this Disclosure Statement on behalf of their seller-clients.**
- Brokers who own the property may select NR in this Disclosure Statement but are obligated to disclose material facts they know or reasonably should know about the property.

Buyer Initials  Initial   
Owner Initials  Initial   
05/04/26 6:34 PM EDT 05/04/26 8:58 PM EDT

**SECTION A.**  
**STRUCTURE/FLOORS/WALLS/CEILING/WINDOW/ROOF**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Yes                                 | No                                  | NR                                  |                                     |          |                          |                          |                                     |                          |                         |                          |                          |                                     |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|----------|--------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| A1. Is the property currently owner-occupied?<br>Date owner acquired the property: <u>April 30, 2024</u><br>If not owner-occupied, how long has it been since the owner occupied the property? <u>N/A</u>                                                                                                                                                                                                                                                                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                                     |          |                          |                          |                                     |                          |                         |                          |                          |                                     |                          |
| A2. In what year was the dwelling constructed? <u>We believe 1987</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                     | <input type="checkbox"/>            |                                     |          |                          |                          |                                     |                          |                         |                          |                          |                                     |                          |
| A3. Have there been any structural additions or other structural or mechanical changes to the dwelling(s)?                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                     |          |                          |                          |                                     |                          |                         |                          |                          |                                     |                          |
| A4. The dwelling's exterior walls are made of what type of material? (Check all that apply)<br><input type="checkbox"/> Brick Veneer <input type="checkbox"/> Vinyl <input type="checkbox"/> Stone <input type="checkbox"/> Fiber Cement <input type="checkbox"/> Synthetic Stucco <input type="checkbox"/> Composition/Hardboard<br><input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Aluminum <input checked="" type="checkbox"/> Wood <input type="checkbox"/> Asbestos <input type="checkbox"/> Other: _____ |                                     |                                     | <input type="checkbox"/>            |                                     |          |                          |                          |                                     |                          |                         |                          |                          |                                     |                          |
| A5. In what year was the dwelling's roof covering installed? <u>We do not know</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                     | <input checked="" type="checkbox"/> |                                     |          |                          |                          |                                     |                          |                         |                          |                          |                                     |                          |
| A6. Is there a leakage or other problem with the dwelling's roof or related existing damage?                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                     |          |                          |                          |                                     |                          |                         |                          |                          |                                     |                          |
| A7. Is there water seepage, leakage, dampness, or standing water in the dwelling's basement, crawl space, or slab?                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                     |          |                          |                          |                                     |                          |                         |                          |                          |                                     |                          |
| A8. Is there an infestation present in the dwelling or damage from past infestations of wood destroying insects or organisms that has not been repaired?                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                     |          |                          |                          |                                     |                          |                         |                          |                          |                                     |                          |
| A9. Is there a problem, malfunction, or defect with the dwelling's:                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                     |                                     |                                     |          |                          |                          |                                     |                          |                         |                          |                          |                                     |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | NA                                  | Yes                                 | No                                  | NR                                  |          | NA                       | Yes                      | No                                  | NR                       |                         | NA                       | Yes                      | No                                  | NR                       |
| Foundation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Windows  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Attached Garage         | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Slab                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | Doors    | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Fireplace/Chimney       | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Patio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | Ceilings | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Interior/Exterior Walls | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Floors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Deck     | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Other: _____            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

*Explanations for questions in Section A (identify the specific question for each explanation):*

**SECTION B.**  
**HVAC/ELECTRICAL**

|                                                                                                                                                      | Yes                      | No                                  | NR                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|-------------------------------------|
| B1. Is there a problem, malfunction, or defect with the dwelling's electrical system (outlets, wiring, panels, switches, fixtures, generator, etc.)? | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| B2. Is there a problem, malfunction, or defect with the dwelling's heating and/or air conditioning?                                                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| B3. What is the dwelling's heat source? (Check all that apply; indicate the year of each system manufacture)                                         |                          |                                     | <input type="checkbox"/>            |
| <input type="checkbox"/> Furnace [ _____ # of units] Year: _____                                                                                     |                          |                                     |                                     |
| <input checked="" type="checkbox"/> Heat Pump [ <u>2</u> # of units] Year: <u>?</u>                                                                  |                          |                                     |                                     |
| <input type="checkbox"/> Baseboard [ _____ # of bedrooms with units] Year: _____                                                                     |                          |                                     |                                     |
| <input type="checkbox"/> Other: _____ Year: _____                                                                                                    |                          |                                     |                                     |

Yes No NR

B4. What is the dwelling's cooling source? (Check all that apply; indicate the year of each system manufacture)

☒ Central Forced Air: \_\_\_\_\_ Year: ? ☐ Wall/Windows Unit(s): \_\_\_\_\_ Year: \_\_\_\_\_  
☐ Other: \_\_\_\_\_ Year: \_\_\_\_\_

B5. What is the dwelling's fuel source? (Check all that apply)

☒ Electricity ☐ Natural Gas ☐ Solar ☒ Propane ☐ Oil ☐ Other: \_\_\_\_\_

Explanations for questions in Section B (identify the specific question for each explanation):

SECTION C.  
PLUMBING/WATER SUPPLY/SEWER/SEPTIC

Yes No NR

C1. What is the dwelling's water supply source? (Check all that apply)

☐ City/County ☐ Shared well ☒ Community System ☐ Private well ☐ Other: \_\_\_\_\_

If the dwelling's water supply source is supplied by a private well, identify whether the private well has been tested for: (Check all that apply).

☐ Quality ☐ Pressure ☐ Quantity

If the dwelling's water source is supplied by a private well, what was the date of the last water quality/quantity test? \_\_\_\_\_

C2. The dwelling's water pipes are made of what type of material? (Check all that apply)

☐ Copper ☐ Galvanized ☒ Plastic ☐ Polybutylene ☐ Other: \_\_\_\_\_

C3. What is the dwelling's water heater fuel source? (Check all that apply; indicate the year of each system manufacture) ☐ Gas: \_\_\_\_\_ ☒ Electric: ? ☐ Solar: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

C4. What is the dwelling's sewage disposal system? (Check all that apply)

☐ Septic tank with pump ☐ Community system ☒ Septic tank ☐ Drip system  
☐ Connected to City/County System ☐ City/County system available ☐ Other: \_\_\_\_\_  
☐ Straight pipe (wastewater does not go into a septic or other sewer system) \*Note: Use of this type of system violates State Law.

If the dwelling is serviced by a septic system, how many bedrooms are allowed by the septic system permit? We think 3 ☐ No Records Available

Date the septic system was last pumped: 07/09/2024

C5. Is there a problem, malfunction, or defect with the dwelling's:

|               | NA                                  | Yes                      | No                                  | NR                       |                                                       | NA                       | Yes                      | No                                  | NR                       |
|---------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| Septic system | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Plumbing system (pipes, fixtures, water heater, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Sewer system  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Water supply (water quality, quantity, or pressure)   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Explanations for questions in Section C (identify the specific question for each explanation):

SECTION D.  
FIXTURES/APPLIANCES

|                                                                                                                                               | Yes                                 | No                                  | NR                                  |                          |                                   |                                     |                          |                          |                          |                |                                     |                          |                                     |                          |                    |                                     |                          |                                     |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|-----------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|----------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| D1. Is the dwelling equipped with an elevator system?<br>If yes, when was it last inspected? _____<br>Date of last maintenance service: _____ | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |                                   |                                     |                          |                          |                          |                |                                     |                          |                                     |                          |                    |                                     |                          |                                     |                          |
| D2. Is there a problem, malfunction, or defect with the dwelling's:                                                                           |                                     |                                     |                                     |                          |                                   |                                     |                          |                          |                          |                |                                     |                          |                                     |                          |                    |                                     |                          |                                     |                          |
|                                                                                                                                               | NA                                  | Yes                                 | No                                  | NR                       |                                   | NA                                  | Yes                      | No                       | NR                       |                | NA                                  | Yes                      | No                                  | NR                       |                    | NA                                  | Yes                      | No                                  | NR                       |
| Attic fan, exhaust fan, ceiling fan                                                                                                           | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Irrigation system                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sump pump      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Garage door system | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Elevator system or component                                                                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | Pool/hot tub /spa                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Gas logs       | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Security system    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Appliances to be conveyed                                                                                                                     | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | TV cable wiring or satellite dish | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Central vacuum | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Other:             | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

Explanations for questions in Section D (identify the specific question for each explanation):

SECTION E.  
LAND/ZONING

|                                                                                                                                                                                                              | Yes                                 | No                                  | NR                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| E1. Is there a problem, malfunction, or defect with the drainage, grading, or soil stability of the property?                                                                                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| E2. Is the property in violation of any local zoning ordinances, restrictive covenants, or local land-use restrictions (including setback requirements?)                                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| E3. Is the property in violation of any building codes (including the failure to obtain required permits for room additions or other changes/improvements?)                                                  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| E4. Is the property subject to any utility or other easements, shared driveways, party walls, encroachments from or on adjacent property, or other land use restrictions?                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| E5. Does the property abut or adjoin any private road(s) or street(s)?                                                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| E6. If there is a private road or street adjoining the property, are there any owners' association or maintenance agreements dealing with the maintenance of the road or street? <input type="checkbox"/> NA | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |

Explanations for questions in Section E (identify the specific question for each explanation):

With respect to question E4, according to our homeowners' title policy from the closing attorney, the property is subject to the standard utility easements of record.

SECTION F.  
ENVIRONMENTAL/FLOODING

|                                                                                                                                                                                                                                       | Yes                      | No                       | NR                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|-------------------------------------|
| F1. Is there hazardous or toxic substance, material, or product (such as asbestos, formaldehyde, radon gas, methane gas, lead-based paint) that exceed government safety standards located on or which otherwise affect the property? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

|                                                                                                                                                                                                                                                      | Yes                      | No                                  | NR                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|-------------------------------------|
| F2. Is there an environmental monitoring or mitigation device or system located on the property?                                                                                                                                                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| F3. Is there debris (whether buried or covered), an underground storage tank, or an environmentally hazardous condition (such as contaminated soil or water or other environmental contamination) located on or which otherwise affect the property? | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| F4. Is there any noise, odor, smoke, etc., from commercial, industrial, or military sources that affects the property?                                                                                                                               | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| F5. Is the property located in a federal or other designated flood hazard zone?                                                                                                                                                                      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| F6. Has the property experienced damage due to flooding, water seepage, or pooled water attributable to a natural event such as heavy rainfall, coastal storm surge, tidal inundation, or river overflow?                                            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| F7. Have you ever filed a claim for flood damage to the property with any insurance provider, including the National Flood Insurance Program?                                                                                                        | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| F8. Is there a current flood insurance policy covering the property?                                                                                                                                                                                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| F9. Have you received assistance from FEMA, U.S. Small Business Administration, or any other federal disaster flood assistance for flood damage to the property?                                                                                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| F10. Is there a flood or FEMA elevation certificate for the property?                                                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

**NOTE:** An existing flood insurance policy may be assignable to a buyer at a lesser premium than a new policy. For properties that have received disaster assistance, the requirement to obtain flood insurance passes down to all future owners. Failure to obtain flood insurance can result in an owner being ineligible for future assistance.

*Explanations for questions in Section F (identify the specific question for each explanation):*

SECTION G.  
MISCELLANEOUS

|                                                                                                                                                                                                                                            | Yes                      | No                                  | NR                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|--------------------------|
| G1. Is the property subject to any lawsuits, foreclosures, bankruptcy, judgments, tax liens, proposed assessments, mechanics' liens, materialmens' liens, or notices from any governmental agency that could affect title to the property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| G2. Is the property subject to a lease or rental agreement?                                                                                                                                                                                | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| G3. Is the property subject to covenants, conditions, or restrictions or to governing documents separate from an owners' association that impose various mandatory covenants, conditions, and or restrictions upon the lot or unit?        | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

*Explanations for question in Section G (identify the specific question for each explanation):*

## SECTION H. OWNERS' ASSOCIATION DISCLOSURE

If you answer 'Yes' to question H1, you must complete the remaining questions in Section H. If you answered 'No' or 'No Representation' to question H1, you do not need to answer the remaining questions in Section H.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Yes                                 | No                                  | NR                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| H1. Is the property subject to regulation by one or more owners' association(s) including, but not limited to, obligations to pay regular assessments or dues and special assessments?<br>If "yes," please provide the information requested below as to each owners' association to which the property is subject [insert N/A into any blank that does not apply]:<br>a. (specify name) <u>Trimont Mtn Estates Community Assoc.</u> whose regular assessments ("dues") are \$ <u>300</u> per year.<br>The name, address, telephone number, and website of the president of the owners' association or the association manager are: <u>Preston Hays, 46 Rabbit Ln, Franklin, NC 28734, trimontmountainestates.org</u><br>b. (specify name) <u>no other HOA</u> whose regular assessments ("dues") are \$ <u>N/A</u> per N/a.<br>The name, address, telephone number, and website of the president of the owners' association or the association manager are: <u>N/A</u><br>c. Are there any changes to dues, fees, or special assessment which have been duly approved and to which the lot is subject?<br>If "yes," state the nature and amount of the dues, fees, or special assessments to which the property is subject: <u>No</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| H2. Is there any fee charged by the association or by the association's management company in connection with the conveyance or transfer of the lot or property to a new owner?<br>If "yes," state the amount of the fees: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| H3. Is there any unsatisfied judgment against, pending lawsuit, or existing or alleged violation of the association's governing documents involving the property?<br>If "yes," state the nature of each pending lawsuit, unsatisfied judgment, or existing or alleged violation: <u>We are not aware of any pending claim against the association's governing documents</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| H4. Is there any unsatisfied judgment or pending lawsuits against the association?<br>If "yes," state the nature of each unsatisfied judgment or pending lawsuit: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

### Explanations for questions in Section H (identify the specific question for each explanation):

With respect to question H4, we are not aware of any litigation against the association.

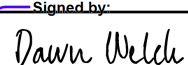
Owner(s) acknowledge(s) having reviewed this Disclosure Statement before signing and that all information is true and correct to the best of their knowledge as of the date signed.

Owner Signature: Mildred Ruth McRee dotloop verified  
05/04/26 6:34 PM EDT  
RJTZ-PFJU-8HLY-MMXH Date 05/04/2026

Owner Signature: Meredith Caryn Sedford dotloop verified  
05/04/26 8:58 PM EDT  
G4OV-LC8P-TEKA-IOUI Date \_\_\_\_\_

Buyers(s) acknowledge(s) receipt of a copy of this Disclosure Statement and that they have reviewed it before signing.

Buyer Signature:  Signed by: DC879011A1314E0... Date 6/11/2026

Buyer Signature:  Signed by: 2B10EF983084478... Date 6/11/2026

BOOK U-31  
PAGE(S) 350-351

**STATE OF NORTH CAROLINA  
COUNTY OF MACON**

Presented for registration and recorded in the office  
of the Register of Deeds for Macon County, North Carolina,  
in Book U-31, page (s) 350 - 351.  
this 15th day of OCTOBER, 2007,  
at 2:13 o'clock P. M.

NORTH CAROLINA  
MACON COUNTY

**TODD RABY, REGISTER OF DEEDS**

**DECLARATION**

THIS DECLARATION made and entered into this the 6 day of Sept, 2007, by and between  
Patricia Tuscany (Owners") and **TRIMONT MOUNTAIN**  
**ESTATES COMMUNITY ASSOCIATION, INC.** (Association);

**WITNESSETH:**

THAT WHEREAS, the Owners own Lot 1, Block B (re-plat) and Lot 2, Block B (re-plat), Trimont  
Mountain Estates Subdivision, as shown on the plat recorded in Plat Cabinet 1, Slide 83, Page 5, Macon  
County Public Registry, as described in the deeds to the Owners dated 7 day of 7, 1998 from  
William B. Blackwell, Jr. Trustee et al., recorded in Book 222 at Pages 139,  
Macon County Public Registry (the Lots).

NOW THEREFORE, the Owners hereby declare and the Owners and the Association hereby agree as  
follows:

1. The Lots are hereby consolidated into a single parcel of land and may not henceforth be re-subdivided.
2. For the purposes of payment of assessments and other sums of money due and owing attributable to Lots,  
the Lots shall be treated as one single improved lot by the Association.
3. It is the intention of the parties that this agreement be appurtenant to the land of the Lots; touch and  
concern and run with the land; binding the heirs, successors and assigns of the Owners.

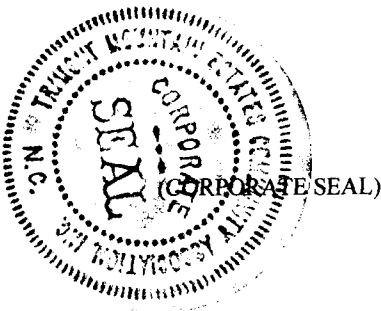
IN TESTIMONY WHEREOF, the parties have caused these presents to be properly executed, this the day  
and year first above written.

Patricia Tuscany (SEAL)  
Print Name Patricia Tuscany

\_\_\_\_ (SEAL)  
Print Name \_\_\_\_\_

**TRIMONT MOUNTAIN ESTATES COMMUNITY  
ASSOCIATION, INC.**

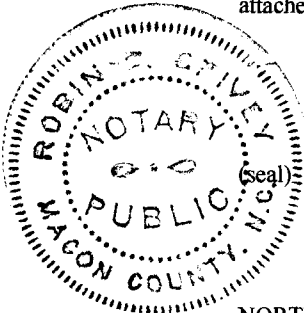
By: Keith Kochler  
Its President Keith Kochler



000350

NORTH CAROLINA  
MACON COUNTY

I, Robin D. Spivey, a Notary Public, do hereby certify that  
(type or print name of Notary)  
Patricia Tuscany, each  
personally appeared before me and acknowledged the due execution by them of the foregoing and  
attached instrument for the purposes therein expressed.



WITNESS my hand and Notarial Seal, this 6<sup>th</sup> day of Sept, 2007.

Robin D. Spivey  
Notary Public

My commission expires: 09-04-2010

NORTH CAROLINA  
MACON COUNTY

I, Janice J. Stough, a Notary Public, do hereby certify that  
**KEITH KOCHLER**, personally appeared before me this day and acknowledged that he/she is  
President of **TRIMONT MOUNTAIN ESTATES COMMUNITY ASSOCIATION, INC.**, a  
North Carolina corporation, and that by authority duly given and as the act of the corporation, the  
foregoing instrument was signed and sealed with its corporate seal, and attested by him/her as its  
President.

WITNESS my hand and Notarial Seal, this 12 day of Oct, 2007

(seal)

Janice J. Stough  
Notary Public

My commission expires: 8-21-2010

NORTH CAROLINA  
MACON COUNTY

The foregoing or annexed certificates of \_\_\_\_\_, and  
\_\_\_\_\_, Notary Public is certified to be correct. This  
instrument was presented for registration and recorded in this office in Book \_\_\_\_\_ At  
Pages \_\_\_\_\_.

This \_\_\_\_\_ Day of \_\_\_\_\_, 200\_\_\_\_, at \_\_\_\_\_ clock \_\_\_\_\_ M.

REGISTER OF DEEDS

Initial  
DW

Initial  
/

000351



# STATE OF NORTH CAROLINA MINERAL AND OIL AND GAS RIGHTS MANDATORY DISCLOSURE STATEMENT



## Instructions to Property Owners

- The Residential Property Disclosure Act (G.S. 47E) ("Disclosure Act") requires owners of certain residential real estate such as single-family homes, individual condominiums, townhouses, and the like, and buildings with up to four dwelling units, to furnish purchasers a Mineral and Oil and Gas Rights Disclosure Statement ("Disclosure Statement"). This form is the only one approved for this purpose.
- A disclosure statement is not required for some transactions. For a complete list of exemptions, see G.S. 47E-2(a). **A DISCLOSURE STATEMENT IS REQUIRED FOR THE TRANSFERS IDENTIFIED IN G.S. 47E-2(b)**, including transfers involving the first sale of a dwelling never inhabited, lease with option to purchase contracts where the lessee occupies or intends to occupy the dwelling, and transfers between parties when both parties agree not to provide the Residential Property and Owner's Association Disclosure Statement.
- You must respond to each of the following by placing a check ☒ in the appropriate box.

## MINERAL AND OIL AND GAS RIGHTS DISCLOSURE

Mineral rights and/or oil and gas rights can be severed from the title to real property by conveyance (deed) of the mineral rights and/or oil and gas rights from the owner or by reservation of the mineral rights and/or oil and gas rights by the owner. If mineral rights and/or oil and gas rights are or will be severed from the property, the owner of those rights may have the perpetual right to drill, mine, explore, and remove any of the subsurface mineral and/or oil or gas resources on or from the property either directly from the surface of the property or from a nearby location. With regard to the severance of mineral rights and/or oil and gas rights, Seller makes the following disclosures:

|                                                                                                                                                                                                         | Yes                      | No                                  | No Representation                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|-------------------------------------|
| <div><div>Initial</div><div><div>Initial</div><div>Buyer Initials</div></div></div> <div>1. Mineral rights were severed from the property by a previous owner.</div>                                    | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <div><div>Initial</div><div><div>Initial</div><div>Buyer Initials</div></div></div> <div>2. Seller has severed the mineral rights from the property.</div>                                              | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                     |
| <div><div>Initial</div><div><div>Initial</div><div>Buyer Initials</div></div></div> <div>3. Seller intends to sever the mineral rights from the property prior to transfer of title to the Buyer.</div> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                     |
| <div><div>Initial</div><div><div>Initial</div><div>Buyer Initials</div></div></div> <div>4. Oil and gas rights were severed from the property by a previous owner.</div>                                | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <div><div>Initial</div><div><div>Initial</div><div>Buyer Initials</div></div></div> <div>5. Seller has severed the oil and gas rights from the property.</div>                                          | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                     |
| <div><div>Initial</div><div><div>Initial</div><div>Buyer Initials</div></div></div> <div>6. Seller intends to sever the oil and gas rights from the property prior to transfer of title to Buyer.</div> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                     |

## Note to Purchasers

If the owner does not give you a Mineral and Oil and Gas Rights Disclosure Statement by the time you make your offer to purchase the property, or exercise an option to purchase the property pursuant to a lease with an option to purchase, you may under certain conditions cancel any resulting contract without penalty to you as the purchaser. 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 this Disclosure 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.

Property Address: 111 Brooklynn Trail, Franklin, NC 28734

Owner's Name(s): Mildred Ruth McRee and Meredith Caryn Ledford

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: Mildred Ruth McRee

dotloop verified  
05/01/26 3:59 PM EDT  
ZG1R-M7ZL-6QHG-AUBE

Date

Owner Signature: Meredith Caryn Ledford

dotloop verified  
05/01/26 5:11 PM EDT  
QHRS-UPVY-MDSP-5LLM

Date

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; and that the representations are made by the owner and not the owner's agent(s) or subagent(s).

Purchaser Signature: Dawn Welch

Signature ID: 1A1314E0...

Date 6/11/2026

Purchaser Signature: Dawn Welch

Signature ID: ZB10EF983084478...

Date 6/11/2026

MACON COUNTY TAX COLLECTOR  
5 WEST MAIN ST.  
FRANKLIN, NC 28734

[www.maconnc.org](http://www.maconnc.org)



## 2025 PROPERTY TAX NOTICE

**PLEASE READ BACK PAGE**

### For Questions Only

General Inquiry..... (828) 349-2146  
Payment Plan ..... (828) 349-2142  
Business & Personal Property.... (828) 349-2144  
Appraisal & Assessment ..... (828) 349-2143

17974611-9768-1 2 2



MCREE, MILDRED RUTH  
LEDFOORD, MEREDITH CARYN  
111 BROOKLYNN TRL  
FRANKLIN NC 28734-0239



2.9% fee based on Total Amount Paid, minimum \$1.95  
EFT \$1.95 flat fee  
Phone Payments additional 95¢ to above fees

| JAN 1 Owner         | Site Address      | Acres |
|---------------------|-------------------|-------|
| MCREE, MILDRED RUTH | 111 BROOKLYNN TRL | 0.45  |

| Tax Year | Parcel No. | Account No. | Bill No. | Bill Date | Due Date | Delinquent |
|----------|------------|-------------|----------|-----------|----------|------------|
| 2025     | 6585311872 | 157493      | 73919    | 07/22/25  | 09/01/25 | 01/06/26   |

| Description of Property             | Taxable Value | Description of Charges     | Rate Per \$100 | Amount Due |
|-------------------------------------|---------------|----------------------------|----------------|------------|
| BUILDING VALUE                      | 427,540       | GENERAL COUNTY TAX         | .2700          | 1,262.36   |
| LAND VALUE                          | 40,000        | FRANKLIN FIRE DISTRICT TAX | .0700          | 327.28     |
| REAL ESTATE TOTAL VALUE             | 467,540       | LANDFILL FEE RESIDENTIAL   |                | 120.00     |
| LESS AGE/DISABILITY/EXCLUSION VALUE | 0             | LATE LISTING PENALTY       | 10%            | 0.00       |
| LESS DEFERRED VALUE                 | 0             | PRIOR YEAR TAXES:          |                | 0.00       |
| TOTAL TAXABLE VALUE                 | 467,540       |                            |                |            |
| TOTAL DUE                           |               |                            |                | \$1,709.64 |

To receive, pay or review your bill  
electronically visit: [maconnc.org/Tax.html](http://maconnc.org/Tax.html)  
Pay by Phone: (888) 879-1232



Please scan to  
access payment  
portal

DETACH AND RETAIN THIS PORTION FOR YOUR RECORDS

### THIS PORTION MUST BE RETURNED WITH PAYMENT

| Tax Year    | Parcel No. | Account No. | Bill No. | Due Date | Delinquent | Amount Due |
|-------------|------------|-------------|----------|----------|------------|------------|
| 2025        | 6585311872 | 157493      | 73919    | 09/01/25 | 01/06/26   | \$1,709.64 |
| Amount Paid |            |             |          |          |            |            |

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_



Retain the top portion of this statement and  
your canceled check for proof of payment.

MAKE CHECK PAYABLE & REMIT TO:

MCREE, MILDRED RUTH  
LEDFOORD, MEREDITH CARYN  
111 BROOKLYNN TRL  
FRANKLIN NC 28734-0239



MACON COUNTY TAX COLLECTOR  
PO BOX 71059  
CHARLOTTE NC 28272-1059

2510000000739190001709647

11743PPTN 6/25/25 PMS 286, Y, K 3.5

**FREQUENTLY ASKED QUESTIONS – PROPERTY ANNUAL BILLING**

1. **RECEIPTS:** Receipts will not be sent for mail payments. For proof of payment and income tax purposes retain the top portion of this bill for your records or visit [maconnc.org/Tax.html](http://maconnc.org/Tax.html).
2. **APPEALS:** Appeals relating to the value, situs or taxability of Personal Property must be received within 30 days of the date of this notice. Personal Property is considered to be the following: boats, boat motors, manufactured homes, jet skis, aircraft, campers and untagged vehicles, farm equipment or Business Personal Property such as furniture, fixtures, and equipment used for a trade or business. Real property appeals ended April 25, 2025.  
  
All questions regarding real property or personal property tax values should be directed to the Tax Assessor's office at 828-349-2143.
3. **SOLD PROPERTY:** If you transferred ownership of real property after January 1st, and you are no longer the recorded owner of real property, please forward this notice to the new owner or disregard. Personal Property is still due and payable as of January 1st.
4. **BANKRUPTCY:** If for any reason the above named taxpayer is in bankruptcy, please disregard this notice, however, it would be appreciated if you would ask your trustee to advise as to the status of your account.
5. **DUE DATE:** Property taxes are due and payable Sept. 1 and must be paid by Jan. 5. Interest begins Jan. 6 at a rate of 2% and 3/4 of 1% each month thereafter. Delinquent taxes are subject to Levy, Foreclosure and/or Garnishment of bank deposits, state refunds and wages - with a \$60.00 fee applied.
6. **INTEREST:** Interest accrues at the rate of 2% the first month past due and ¾% added the first day of each month thereafter until paid in full. Interest is determined by the U.S. Postal Postmark - not postage meter date.
7. **FAILURE TO PAY:** Past due taxes are subject to enforcement measures and will begin immediately after the past due date. Unpaid tax bills are subject to garnishment, attachment of bank accounts, rents, state refunds or lottery winnings, levy or other legal action after January 5th, and any collection cost will be added to the tax bill. Please contact the office for legal ramifications of non payment.
8. **ESCROW/MORTGAGE ACCOUNTS:** The property owner is responsible for full payment of this bill. If your property tax bill is escrowed (paid by your mortgage lender), you are responsible to notify them and verify payment has been received by the Tax Department. It is the taxpayer's sole responsibility to ensure that your mortgage lender has submitted payment of your taxes.
9. **eSTATEMENTS:** In an effort to be environmentally friendly, we invite you to email a request for an electronic statement. The email address is [collections@maconnc.org](mailto:collections@maconnc.org). Please include Account #, or Parcel #, or property address or name on the account.
10. **SMARTPHONE USERS:** Scan the QRcode on the front of this statement with your smartphone to access the Macon County Tax Office payment portal.
11. **RETURN CHECK FEE:** If your check is dishonored or returned for any reason, you will be charged a fee. This fee will include the amount of the returned check, plus ten percent (10%) of the amount of the returned check up to a maximum of one thousand dollars (\$1,000) or a \$25.00 processing fee, whichever is greater as required by the North Carolina General Statute §105-357(b)(2). Tax receipts are null and void if payment is made with a check that fails to clear the bank. Return checks are subject to criminal prosecution.
12. **PARTIAL PAYMENTS:** Will be accepted for the current year and must be paid in full by the time the next years taxes are created. For questions, call (828) 349-2142.

**Please mail bottom portion with payment to address on front of the tax bill.**

**Payments may also be made in person at the Tax Collector's Office, 5 West Main Street, Franklin, N.C. 28734.**

**To pay by credit card go to the website at [maconnc.org/Tax.html](http://maconnc.org/Tax.html). A convenience fee of 2.9%, min. \$1.95 is charged for credit cards and \$1.95 for ACH payments.**

**Collection Hours: Monday - Friday 8:00 a.m. - 5:00 p.m. There is a white drop box outside, next to the tax office, for use after hours.**

17974611-9768-1-2

MACON COUNTY TAX COLLECTOR  
5 WEST MAIN ST.  
FRANKLIN, NC 28734  
[www.maconnc.org](http://www.maconnc.org)



## 2025 PROPERTY TAX NOTICE

**PLEASE READ BACK PAGE**

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17974611-9768-1 1 2 9768 1 AV 0.593 31



MCREE, MILDRED RUTH  
LEDFOORD, MEREDITH CARYN  
111 BROOKLYNN TRL  
FRANKLIN NC 28734-0239



2.9% fee based on Total Amount Paid, minimum \$1.95  
EFT \$1.95 flat fee  
Phone Payments additional 95¢ to above fees

| JAN 1 Owner         |  | Site Address  |  | Acres |  |
|---------------------|--|---------------|--|-------|--|
| MCREE, MILDRED RUTH |  | BROOKLYNN TRL |  | 0.54  |  |

| Tax Year | Parcel No. | Account No. | Bill No. | Bill Date | Due Date | Delinquent |
|----------|------------|-------------|----------|-----------|----------|------------|
| 2025     | 6585321004 | 157493      | 73939    | 07/22/25  | 09/01/25 | 01/06/26   |

| Description of Property             |  | Taxable Value | Description of Charges     |                |            |
|-------------------------------------|--|---------------|----------------------------|----------------|------------|
| BUILDING VALUE                      |  | 0             | Tax District               | Rate Per \$100 | Amount Due |
| LAND VALUE                          |  | 12,000        | GENERAL COUNTY TAX         | .2700          | 32.40      |
| REAL ESTATE TOTAL VALUE             |  | 12,000        | FRANKLIN FIRE DISTRICT TAX | .0700          | 8.40       |
| LESS AGE/DISABILITY/EXCLUSION VALUE |  | 0             | LATE LISTING PENALTY       | 10%            | 0.00       |
| LESS DEFERRED VALUE                 |  | 0             | PRIOR YEAR TAXES:          |                | 0.00       |
| TOTAL TAXABLE VALUE                 |  | 12,000        |                            |                |            |
| TOTAL DUE                           |  |               |                            |                | \$40.80    |

To receive, pay or review your bill  
electronically visit: [maconnc.org/Tax.html](http://maconnc.org/Tax.html)  
Pay by Phone: (888) 879-1232



Please scan to  
access payment  
portal

DETACH AND RETAIN THIS PORTION FOR YOUR RECORDS

### THIS PORTION MUST BE RETURNED WITH PAYMENT

| Tax Year    | Parcel No. | Account No. | Bill No. | Due Date | Delinquent | Amount Due |
|-------------|------------|-------------|----------|----------|------------|------------|
| 2025        | 6585321004 | 157493      | 73939    | 09/01/25 | 01/06/26   | \$40.80    |
| Amount Paid |            |             |          |          |            |            |

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_



Retain the top portion of this statement and  
your canceled check for proof of payment.

MAKE CHECK PAYABLE & REMIT TO:

MCREE, MILDRED RUTH  
LEDFOORD, MEREDITH CARYN  
111 BROOKLYNN TRL  
FRANKLIN NC 28734-0239



MACON COUNTY TAX COLLECTOR  
PO BOX 71059  
CHARLOTTE NC 28272-1059

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WP DW KB

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**FREQUENTLY ASKED QUESTIONS – PROPERTY ANNUAL BILLING**

1. **RECEIPTS:** Receipts will not be sent for mail payments. For proof of payment and income tax purposes retain the top portion of this bill for your records or visit [maconnc.org/Tax.html](http://maconnc.org/Tax.html).
2. **APPEALS:** Appeals relating to the value, situs or taxability of Personal Property must be received within 30 days of the date of this notice. Personal Property is considered to be the following: boats, boat motors, manufactured homes, jet skis, aircraft, campers and untagged vehicles, farm equipment or Business Personal Property such as furniture, fixtures, and equipment used for a trade or business. Real property appeals ended April 25, 2025.  
  
All questions regarding real property or personal property tax values should be directed to the Tax Assessor's office at 828-349-2143.
3. **SOLD PROPERTY:** If you transferred ownership of real property after January 1st, and you are no longer the recorded owner of real property, please forward this notice to the new owner or disregard. Personal Property is still due and payable as of January 1st.
4. **BANKRUPTCY:** If for any reason the above named taxpayer is in bankruptcy, please disregard this notice, however, it would be appreciated if you would ask your trustee to advise as to the status of your account.
5. **DUE DATE:** Property taxes are due and payable Sept. 1 and must be paid by Jan. 5. Interest begins Jan. 6 at a rate of 2% and 3/4 of 1% each month thereafter. Delinquent taxes are subject to Levy, Foreclosure and/or Garnishment of bank deposits, state refunds and wages - with a \$60.00 fee applied.
6. **INTEREST:** Interest accrues at the rate of 2% the first month past due and ¾% added the first day of each month thereafter until paid in full. Interest is determined by the U.S. Postal Postmark - not postage meter date.
7. **FAILURE TO PAY:** Past due taxes are subject to enforcement measures and will begin immediately after the past due date. Unpaid tax bills are subject to garnishment, attachment of bank accounts, rents, state refunds or lottery winnings, levy or other legal action after January 5th, and any collection cost will be added to the tax bill. Please contact the office for legal ramifications of non payment.
8. **ESCROW/MORTGAGE ACCOUNTS:** The property owner is responsible for full payment of this bill. If your property tax bill is escrowed (paid by your mortgage lender), you are responsible to notify them and verify payment has been received by the Tax Department. It is the taxpayer's sole responsibility to ensure that your mortgage lender has submitted payment of your taxes.
9. **eSTATEMENTS:** In an effort to be environmentally friendly, we invite you to email a request for an electronic statement. The email address is [collections@maconnc.org](mailto:collections@maconnc.org). Please include Account #, or Parcel #, or property address or name on the account.
10. **SMARTPHONE USERS:** Scan the QRcode on the front of this statement with your smartphone to access the Macon County Tax Office payment portal.
11. **RETURN CHECK FEE:** If your check is dishonored or returned for any reason, you will be charged a fee. This fee will include the amount of the returned check, plus ten percent (10%) of the amount of the returned check up to a maximum of one thousand dollars (\$1,000) or a \$25.00 processing fee, whichever is greater as required by the North Carolina General Statute §105-357(b)(2). Tax receipts are null and void if payment is made with a check that fails to clear the bank. Return checks are subject to criminal prosecution.
12. **PARTIAL PAYMENTS:** Will be accepted for the current year and must be paid in full by the time the next years taxes are created. For questions, call (828) 349-2142.

**Please mail bottom portion with payment to address on front of the tax bill.**

**Payments may also be made in person at the Tax Collector's Office, 5 West Main Street, Franklin, N.C. 28734.**

**To pay by credit card go to the website at [maconnc.org/Tax.html](http://maconnc.org/Tax.html). A convenience fee of 2.9%, min. \$1.95 is charged for credit cards and \$1.95 for ACH payments.**

**Collection Hours: Monday - Friday 8:00 a.m. - 5:00 p.m. There is a white drop box outside, next to the tax office, for use after hours.**