# RESIDENTIAL APPRAISAL REPORT



| | |
|---|---|
| Property Location: | 288 Missouri Ln<br>3.30 AC Missouri Ln<br>Madison, NC 27025 |
| Borrower: | Austin Parrish |
| Client: | Wells Fargo Bank N.A.<br>2701 Wells Fargo Way<br>Minneapolis, MN 55467 |
| Effective Date: | 11/02/2023 |
| Prepared By: | Lori Mitchell<br>PO Box 9333<br>Greensboro, NC 27429 |



Lori Mitchell
Serial# 755286D6
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# Compliance Inspection Report

**Note:** Reports of Final and Repair Compliance Inspections left at site always require reviewer's signature to be Official. Consult mortgagee for official reports.

**U.S. Department of Housing and Urban Development**
Office of Housing
Federal Housing Commissioner

OMB No. 2502-0189
(exp. 01/31/2024)

387-6296524
15107480

Builder's Name and Address

a. ☐ Report not left at site.

b. ☐ Report not official without reviewer's signature.

FHA Case Number: 387-6296524

Date of Inspection (mm/dd/yyyy): 11/02/2023

Mortgagee's Name and Address:
ServiceLink Valuation Solutions, LLC
Wells Fargo Bank N.A.
2701 Wells Fargo Way
Minneapolis, MN 55467

Property Address:
288 Missouri Ln
Madison, NC 27025

I. Inspection of On-Site Improvements Reveals

1. Construction ☐ was, ☐ was not begun prior to the date of mortgage insurance approval shown on the commitment, statement of appraised value or "Early Start" letter. (Applies to the initial report on new construction)
2. ☐ Builder other than named in application
3. ☐ Unable to make inspection. (Explain below)
4. ☐ Accepted construction exhibits not available at site.
5. ☐ Individual Sewage disposal system; ☐ Individual Water supply system
   ☐ No noncompliance. ☐ Correction essential as explained below.
   ☐ Submit Health Department letter
6. ☐ Correction req'd. by rprt. dated _____ not acceptably completed
7. ☐ Repairs required by form HUD-92800.5B not acceptably completed.
8. ☐ Correction essential as explained below
   ☐ a. Will examine at next inspection
   ☐ b. Do not conceal until reinspected
9. ☐ No noncompliance observed
10. ☐ Acceptable variations as described below (Request for Change, form HUD-92577, may be submitted).
11. ☐ Extensive noncompliance as explained below (see IV. A below)
12. ☐ On-site improvements acceptably completed subject to receipt of certification that mortgagee's inspection reveals satisfactory completion of all items listed below.
13. ☐ On-site improvements acceptably completed except items listed below, completion of which is delayed by conditions beyond control of the builder (see IV. B below).
14. ☒ On-site improvements acceptably completed.
15. ☐ Off-site improvements:
    ☐ a. Correction/Completion essential as explained below.
    ☐ b. Completion assured by escrow agreement or governing authority.
    ☐ c. Acceptably completed.

II. Explanation of statements checked in Parts I and III

☐ Initial Inspection ☐ Framing Inspection ☒ Final Inspection ☐ Other (explain) ☐ Repair Inspection

Inspection Number

| No. | | No. | |
|---|---|---|---|
| | Crawl Space Doors Painted. | | |
| | Subject Meets Or Exceeds Minimum Guidelines For Existing | | |
| | Dwellings As OutLined In FHA/HUD Handbook 4000.1; The | | |
| | Appraiser Is A FHA Roster Appraiser | | |
| | | | |
| | | | |

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Certification: I certify that I have personally inspected the property on this date. I have no personal interest, present or prospective, in the property, applicant, or proceeds of the mortgage. To the best of my knowledge I have reported all noncompliance, work requiring correction, and unacceptable work.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 37 U.S.C. 3729, 3802)

Signature: Lori Mitchell — Date (mm/dd/yyyy): 11/02/2023

☐ Fee Inspector ☐ DE Staff Inspector ☒ Appraiser ☐ HUD Inspector

ID Number: A5119

III. Specific Conditions Required by the HUD-92800.5B, Not Requiring Field Inspection

16. ☐ Submit items or resubmit incomplete items as noted above.
17. ☐ Acceptable Compliance with all specific conditions not requiring field inspection.
18. ☐ Submit Termite Soil Treatment Guarantee. ☐ None

Approved ☐ as modified by me — Signature — Date (mm/dd/yyyy) — ☐ Direct Endorsement Underwriter ☐ Chief Architect ☐ Deputy — ID Number

IV. To Mortgagee: When signed below, refer to the statement on the back corresponding to the designation checked.

☐ A. Noncompliance
   ☐ (a) Variations from exhibits.
   ☐ (b) Unacceptable construction.
   ☐ (c) Premature construction.

☐ B. Compliance -- Incomplete Items. "Mortgagee's Assurance of Completion", HUD-92300, may be submitted.
$ _____ for completion not later than: (mm/dd/yyyy) _____

☐ C. Final Acceptance. Closing papers may be submitted provided mortgage credit analysis is acceptable

Signature — Date (mm/dd/yyyy)

☐ Direct Endorsement Underwriter ☐ Director of Housing Development ☐ Deputy

ID Number

For HUD Use Only for concurrence of Direct Endorsement Processing of this Compliance Inspection Report. If signed, this final report is considered processed by HUD and, thereby, convertible to the Veterans Administration.

Signature of HUD Authorized Agent — Date (mm/dd/yyyy)

Previous editions are obsolete. form HUD-92051 (7/87)
Retain this record for 30 years or the life of the file. Submit an Original and four copies. ref. Handbooks 4000, 4115.3, 4145, 4165, 4190, & 4240.4

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection information unless that collecton displays a valid OMB control number.

See the statement below that corresponds to the designation checked on the front of the form under section "IV. To Mortgagee".

A. Noncompliance. Construction is not acceptable or all specific conditions have not been fulfilled in accordance with the terms of the related commitment because of:

(a) Variations from Exhibits. Inspection reveals extensive non compliance, involving variations from accepted construction exhibits. The property will be considered ineligible for mortgage insurance (1) unless the work has been corrected so as to effect compliance, or (2) unless reprocessing is requested on the basis of the mortgage security as it is now being constructed, and this is found to be acceptable. Requests for reprocessing must be accompanied by a letter, in duplicate, fully describing the work as now being constructed, signed by the mortgagor and approved by the mortgagee. Where the plan arrangement, or either the exterior or interior appearance is affected, the mortgagor's letter must be accompanied by drawings, in duplicate, fully indicating the variations and signed by both the mortgagor and the mortgagee.

(b) Unacceptable Construction. Construction reveals extensive noncompliance with applicable FHA requirements or good construction practice. The property will be considered ineligible for mortgage insurance until construction has been corrected so as to effect compliance.

(c) Premature Construction. Inspection reveals that construction was begun prior to the date of approval for mortgage insurance (in noncompliance with the commitment or statement of appraised value).

B. Compliance. (with incomplete terms)
Construction of on-site improvements has been acceptably completed except for any items listed on the front of this form. Completion of those items is delayed by conditions beyond the parties' control. The property will be considered acceptable for mortgage insurance and and closing papers may be submitted, provided:

(a) All required off-site improvements have been acceptably completed and so reported, or their completion has been assured by an acceptable "Mortgagee's Assurance of Completion" form, and;

(b) All specific conditions not requiring field inspection as indidicated on the front of this form have been acceptably fulfilled or evidence of compliance is submitted with the closing papers, and;

(c) The closing papers are accompanied by form HUD-92300, "Mortgagee's Assurance of Completion", properly executed and providing for withholding the sum indicated, or by indicating the sum is available on a commercial letter of credit, and for completion of construction not later than the date stated on the front of this form.

C. Final Acceptance

Construction has been completed and all specific conditions have been acceptably fulfilled. Closing papers may be submitted provided the mortgagee's credit analysis of the borrower is acceptably completed. Evidence of Compliance with specific conditions not requiring field inspection as indicated on the front of this form may be submitted with the closing papers.



Form CI3M - "TOTAL" appraisal software by a la mode, inc. - 1-800-ALAMODE

Serial# 755286D6
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FHA/VA Case No. 387-6296524

# Subject Photo Page

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Borrower | Austin Parrish | | | | | | |
| Property Address | 288 Missouri Ln | | | | | | |
| City | Madison | County | Rockingham | State | NC | Zip Code | 27025 |
| Lender/Client | Wells Fargo Bank N.A. | | | | | | |



## Subject Front

288 Missouri Ln

| | |
|---|---|
| Sales Price | 65,000 |
| Gross Living Area | 910 |
| Total Rooms | 5 |
| Total Bedrooms | 2 |
| Total Bathrooms | 1 |
| Location | N;Res; |
| View | N;Res; |
| Site | 3.30 ac |
| Quality | Average |
| Age | 34 |



## Subject Street



## Subject Street

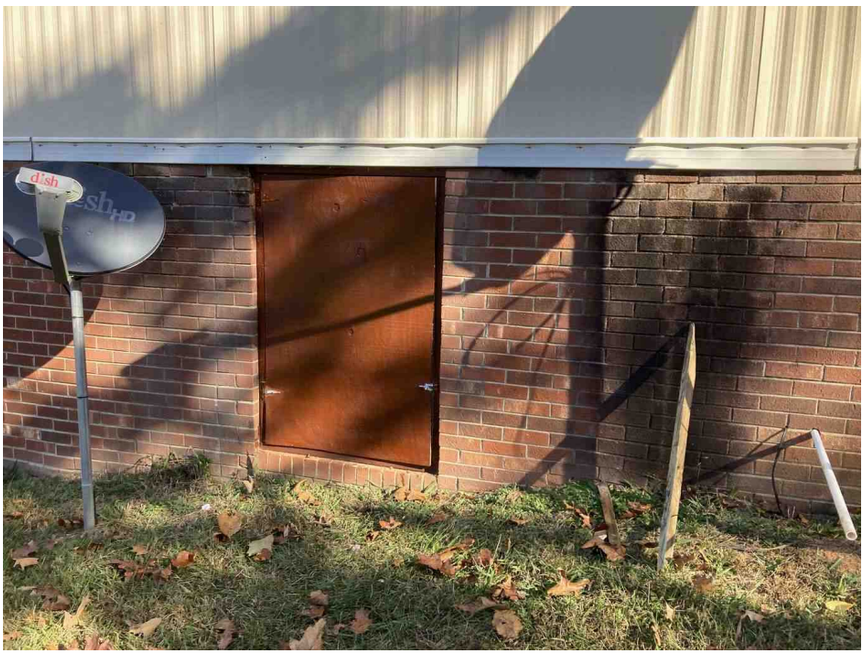


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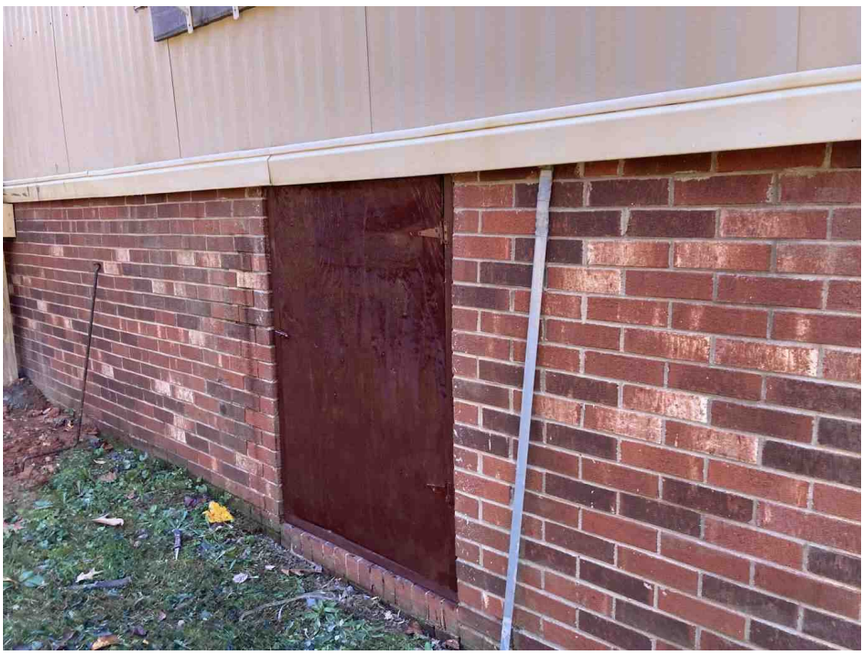
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| City | Madison | County | Rockingham | State | NC | Zip Code | 27025 |
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**Front Crawl Space Door**
288 Missouri Ln



**Rear Crawl Space Door**



Serial# 755286D6
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# USPAP ADDENDUM

387-6296524
File No. 15107480

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Borrower | Austin Parrish | | | | | | |
| Property Address | 288 Missouri Ln | | | | | | |
| City | Madison | County | Rockingham | State | NC | Zip Code | 27025 |
| Lender | Wells Fargo Bank N.A. | | | | | | |

This report was prepared under the following USPAP reporting option:

☒ Appraisal Report — This report was prepared in accordance with USPAP Standards Rule 2-2(a).

☐ Restricted Appraisal Report — This report was prepared in accordance with USPAP Standards Rule 2-2(b).

Reasonable Exposure Time

My opinion of a reasonable exposure time for the subject property at the market value stated in this report is: Currently 0-3 months, however it is not uncommon for manufactured homes marketing times to extend to over 120 days.

Additional Certifications

I certify that, to the best of my knowledge and belief:

☐ I have NOT performed services, as an appraiser or in any other capacity, regarding the property that is the subject of this report within the three-year period immediately preceding acceptance of this assignment.

☒ I HAVE performed services, as an appraiser or in another capacity, regarding the property that is the subject of this report within the three-year period immediately preceding acceptance of this assignment. Those services are described in the comments below.

- The statements of fact contained in this report are true and correct.
- The reported analyses, opinions, and conclusions are limited only by the reported assumptions and limiting conditions and are my personal, impartial, and unbiased professional analyses, opinions, and conclusions.
- Unless otherwise indicated, I have no present or prospective interest in the property that is the subject of this report and no personal interest with respect to the parties involved.
- I have no bias with respect to the property that is the subject of this report or the parties involved with this assignment.
- My engagement in this assignment was not contingent upon developing or reporting predetermined results.
- My compensation for completing this assignment is not contingent upon the development or reporting of a predetermined value or direction in value that favors the cause of the client, the amount of the value opinion, the attainment of a stipulated result, or the occurrence of a subsequent event directly related to the intended use of this appraisal.
- My analyses, opinions, and conclusions were developed, and this report has been prepared, in conformity with the Uniform Standards of Professional Appraisal Practice that were in effect at the time this report was prepared.
- Unless otherwise indicated, I have made a personal inspection of the property that is the subject of this report.
- Unless otherwise indicated, no one provided significant real property appraisal assistance to the person(s) signing this certification (if there are exceptions, the name of each individual providing significant real property appraisal assistance is stated elsewhere in this report).

--I performed a full appraisal on Subject property on 10/13/2023

Additional Comments

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**APPRAISER:**

Signature: Lori Mitchell
Name: Lori Mitchell
Date Signed: 11/02/2023
State Certification #: A5119
or State License #:
State: NC
Expiration Date of Certification or License: 06/30/2024
Effective Date of Appraisal: 11/02/2023

**SUPERVISORY APPRAISER: (only if required)**

Signature:
Name:
Date Signed:
State Certification #:
or State License #:
State:
Expiration Date of Certification or License:
Supervisory Appraiser Inspection of Subject Prope
☐ Did Not ☐ Exterior-only from Street terior



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# License

NORTH CAROLINA
APPRAISAL BOARD

**APPRAISER QUALIFICATION CARD**

REGISTRATION / LICENSE / CERTIFICATE HOLDER

**LORI L MITCHELL**

23 24

| A5119 | C | Y |
|---|---|---|
| APPRAISER NUMBER | TYPE | NATIONAL REGISTRY |

Appraiser's Signature

Executive Director

**EXPIRES JUNE 30, 2024**



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**E&O**

**HUDSON INSURANCE COMPANY**
100 William Street, 5th Floor
New York, NY 10038

HUDSON INSURANCE GROUP®

## REAL ESTATE APPRAISERS ERRORS AND OMISSIONS INSURANCE POLICY DECLARATIONS

**NOTICE: THIS IS A "CLAIMS MADE AND REPORTED" POLICY. THIS POLICY REQUIRES THAT A CLAIM BE MADE AGAINST THE INSURED DURING THE POLICY PERIOD AND REPORTED TO THE INSURER, IN WRITING, DURING THE POLICY PERIOD OR AUTOMATIC EXTENDED REPORTING PERIOD.**

**THIS POLICY MAY CONTAIN PROVISIONS WHICH LIMIT THE AMOUNT OF CLAIM EXPENSES THE INSURER IS RESPONSIBLE TO PAY IN CONNECTION WITH CLAIMS. CLAIM EXPENSES SHALL BE SUBJECT TO ANY DEDUCTIBLE AMOUNT. THE PAYMENT OF CLAIM EXPENSES WILL REDUCE THE LIMITS OF LIABILITY STATED IN ITEM 4. OF THE DECLARATIONS. PLEASE READ YOUR POLICY CAREFULLY.**

**PLEASE READ THIS POLICY CAREFULLY.**

**Policy Number:** PRA-2AX-1014718 **Renewal of:** PRA-2AX-1006252

1. **Named Insured:** Lori Mitchell
2. **Address:** 944 Hill St
   Greensboro, NC 27408
3. **Policy Period:** **From:** January 5, 2023 **To:** January 5, 2024

   12:01 A.M. Standard Time at the address of the **Named Insured** as stated in Number 2 above
4. **Limit of Liability**

| | | Each **Claim** | | Policy Aggregate |
|---|---|---|---|---|
| **Damages** Limit of Liability | **A.** | $1,000,000 | **B.** | $1,000,000 |
| **Claims Expense** Limit of Liability | **C.** | $1,000,000 | **D.** | $1,000,000 |

5. **Deductible** (Inclusive of **Claims Expenses**):
   **5A.** $ 500 Each **Claim** **5B.** $ 1,000 Aggregate
6. **Policy Premium:** $567.00 **State Taxes/Surcharges:** $0.00
7. **Retroactive Date:** January 5, 2002
8. **Notice to Company:** Notice of a **Claim** or Potential **Claim** should be sent to:
   Hudson Insurance Group
   100 William Street, 5th Floor
   New York, NY 10038
   Fax: 646-216-3786
   Email: hudsonclaims300@hudsoninsgroup.com
9. **A. Program Administrator:** Riverton Insurance Agency Corp.
   **B. Agent/Broker:** OREP Insurance Services, LLC
   (888) 347-5273

*IN WITNESS WHEREOF, We have caused this policy to be executed by our President and our Corporate Secretary at New York, New York*

President Secretary



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