

THE STATE OF SOUTH CAROLINA
IN THE SUPREME COURT

APPEAL FROM PICKENS COUNTY
Court of General Sessions
Charles B. Simmons, Master in Equity

Appellate Court Case No.:

RECEIVED

Oct 09 2023

S.C. SUPREME COURT

Terrance "Terry" Carrol, ... Appellant,

v.

Debra Mowery, TD Realty, Upstate RE Group,
Hawk Shadow Business Services, LLC, and Debra Mower Realtor, ... Respondents.

APPENDIX

VOLUME III

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October 9, 2023.

INDEX

Order denying Petition for Rehearing	1
Opinion 2023-UP-274	3
Brief of Appellant	16
Brief of Respondent	39
Reply of Appellant	58
Petition for Rehearing	65

ROA

Volume I	75
Volume II	355
Certificate of Counsel	641
Certificate of Service	642

1 Q. You didn't sign any piece of paper at any time in any
2 of this 2006 to 2018 where you would be personally
3 responsible to a bank --

4 A. No.

5 Q. -- for repaying any of the money?

6 A. No.

7 Q. That was all Ms. Mowery's risk; wasn't it?

8 A. No, I told her we would -- it would never have come to
9 that, but had it come to that we were in it together.
10 We would have taken care of it together. I wouldn't
11 stick her with that.

12 Q. You testified earlier that you gave gifts to her,
13 jewelry. Isn't it true that you charged those on the
14 credit card that she was paying?

15 A. One piece. When I -- when I was living here one piece
16 came out of our joint account. I had to buy her a
17 Christmas present. I didn't think she would mind. It
18 was my money, too. I mean I put money in there when I
19 sold -- when I sold the boat to her brother. That was
20 \$42,000 that went into that joint account.

21 Q. Isn't it true that the message that your lawyer had Ms.
22 Mowery read into the record, isn't it true that she
23 gave you that nice note because she forgot your
24 birthday and didn't get you a birthday card? That was
25 like an after-the-fact note --

1 A. No.

2 Q. -- that she gave you because you were mad you didn't
3 get a birthday card?

4 A. No.

5 Q. So you said you didn't -- you didn't file taxes at
6 least from 2003 to 2018. How did you account with the
7 government for all the money you were making?

8 A. I didn't -- I didn't say that.

9 Q. Well, did you file taxes between 2003 and 2018?

10 A. Yeah, when I was out college I was working another job.
11 I was also doing property management. I mean this is
12 not my first -- I studied aerospace engineering in
13 college and when I was doing property management. So
14 back then I did have taxes. When I -- when I --

15 Q. So when was -- when was the last time you filed a tax
16 return?

17 A. It would been right before we met. So it probably was
18 2003. I'm sorry.

19 Q. All right. I'm just trying to get what you testified
20 to earlier.

21 A. I was -- I'm sorry. When -- when we discussed getting
22 my tax thing in order, because she was a tax person, it
23 was actually one of the things we talked about when we
24 first met. After that when it came to doing this
25 business we discussed it again. And she filed me as a

1 dependent because it increased our return. If I had
2 filed taxes we might end up having to pay. So by her
3 claiming me as a defendant, because I didn't really
4 have an income check because we never paid me. I never
5 got paid out of our -- I never wrote a check to Terry
6 for labor. So by her claiming me as a dependent it
7 increased our tax return -- our -- our refund, which
8 she lied to me about, too. She said we didn't get one,
9 but I found out we did.

10 Q. So did you take it upon yourself to ever check and make
11 sure that you were filing and reporting the income that
12 you were making between 2006 and 2018 to the federal
13 government?

14 A. The only income that I actually had to show were the
15 few jobs that I did between my friends. So, no, there
16 was no tax return filed in my name.

17 Q. So the times that your lawyer asked you about how you
18 had all this money and you were helping out and putting
19 the money in the accounts and doing all that, that
20 wasn't from any earnings that you had made?

21 A. No, some of it was. I even did some for TD Realty.
22 There was tile jobs I did for TD Realty and I did a
23 contracting job and that was \$14,000. That was put in
24 the TD Realty account.

25 Q. And how did you pay the taxes on the earnings?

1 A. She was doing the tax return. You'll have to take that
2 question to her. I didn't even see the tax returns.
3 That's what her business was, tax returns. Hawk Shadow
4 Business Services.

5 Q. If her position was you didn't have any income and
6 you're now disclosing this that you did and she didn't
7 -- she didn't do any taxes for you because you didn't
8 have any income and that she was paying all of your
9 expenses --

10 A. She wasn't paying all of my expenses.

11 Q. -- that would at least be consistent with the way she
12 was acting as opposed to you not filing your own tax
13 returns?

14 A. I don't -- I don't think so. That's not consistent.

15 Q. Do you deny that you lived in her house without paying
16 rent?

17 A. Absolutely. It wasn't her house. It was our house.
18 It came out of our joint account. From the money that
19 I generated.

20 Q. Do you deny that she paid the utilities?

21 A. I'm sorry?

22 Q. Do you deny that she paid the utilities?

23 A. Yes. We paid it out our joint account. It even came
24 out of the Terry Carroll and Debra Mowery account. It
25 came out of the TD Realty account or it came off the

1 line of credit. She keeps saying she paid all these
2 bills. Most of these bills are on the line of credit.
3 That's where the line of credit went was if she needed
4 money she wrote a check on the line of credit deposited
5 it in the account and pay the bills. She wasn't making
6 a lot of money.

7 Q. Is that the same line of credit that you gave her the
8 \$30,000 to pay off? That's how that worked?

9 A. No. No, it's a separate one. The first one, the line
10 of credit that I paid off was on the Maryland house.
11 The one that we have now currently is for 71,000 --
12 excuse me, Your Honor. It was for 71,000 and that one
13 was used specifically to help buy materials and to just
14 be there for money when we needed it, because like I
15 said she was -- she went to the tax school, so she
16 wasn't working all of that time. That was a whole
17 month where she didn't nothing but go to the real
18 estate school. I'm sorry.

19 Q. Isn't it -- isn't it --

20 A. So she didn't have a lot of income. That income came
21 from writing -- from the line of credit because that's
22 where all that -- that's where the money came in and it
23 went out. And that's why it's up to 71,000 now.

24 Q. So she was working at a job. She was working when you
25 met her. She was filing her tax returns. She was

1 declaring that she was making between 50 and \$30,000 a
2 year. She says she was paying the expenses. You say
3 she was borrowing it.

4 A. And getting it from me.

5 Q. You didn't file any tax returns?

6 A. No, sir.

7 Q. Isn't it true the \$14,000 job you just mentioned you
8 only got a 1,000 of that?

9 A. That's true.

10 Q. The rest of it went to the --

11 A. It was a contract job. All I did was show up to make
12 sure the people were there and then I went back to work
13 on our houses.

14 Q. So when you represented that it was a \$14,000 job
15 really it was a \$1,000 job?

16 A. To us it was a 1,000, but the contract was for 14,000,
17 so it was a \$14,000 job. I was overseeing it. I don't
18 -- I'm not trying to be cute. I'm just telling you.
19 It's the truth.

20 Q. You weren't trying to indicate to The Court that you
21 made the 14,000?

22 A. No, why would I do that? It's in the book. You can
23 see. I wrote the check. In fact, actually it was
24 15,000 because I wrote the check for 14,000 to pay the
25 -- the people that worked for us. I contracted those

1 people to work there. They came up. I wrote them the
2 check for \$14,000. That came out of our TD Realty
3 account. So I had authority to do whatever I wanted to
4 do until just up until she decided it was time for me
5 to go.

6 MR. BANNISTER:

7 Judge, no other questions.

8 THE COURT:

9 Anything else, Mr. O'Connell?

10 MR. O'CONNELL:

11 Nothing, Your Honor. Thank you very much.

12 THE COURT:

13 All right. Thank you, sir. You can step down.

14 THE COURT:

15 Any other witnesses?

16 MR. O'CONNELL:

17 None, Your Honor. I was just wondering how should we
18 mark those recent things since you said you just wanted
19 what we entered in as evidence?

20 THE COURT:

21 Well, it's not the question what The Court wants and
22 what The Court doesn't want.

23 MR. O'CONNELL:

24 Yeah.

25 THE COURT:

1 The question is what's been properly introduced.

2 MR. O'CONNELL:

3 Okay. Well, let me go.

4 THE WITNESS:

5 I was under the -- I'm sorry. I was under the
6 impression it would be the whole book. I'm sorry.

7 THE COURT:

8 Oh, no, you did exactly what you're supposed to do.
9 That's why you've got lawyers to do the lawyer and
10 stuff. So you can have a seat, sir. Thank you.

11 (COUNSEL O'CONNELL AND COUNSEL BANNISTER CONFERRING ABOUT
12 EXHIBITS.)

13 MR. O'CONNELL:

14 Thank you, Your Honor.

15 THE COURT:

16 Yes, sir. Now, Mr. Bannister, so you've agreed to the
17 exhibits that are currently being marked?

18 MR. BANNISTER:

19 Yes, sir.

20 THE COURT:

21 Okay.

22 MR. O'CONNELL:

23 Thank you, Your Honor.

24 THE COURT:

25 So at this point no other exhibits other than those

1 that have been specifically and separately marked; is
2 that correct, Mr. Bannister?

3 MR. BANNISTER:

4 Yes, Your Honor.

5 THE COURT:

6 Mr. O'Connell, is that correct, sir?

7 MR. O'CONNELL:

8 Your Honor, he did testify to the bank statements from
9 the TD Bank, which --

10 THE WITNESS:

11 And our 8910 account. That's the one that shows all
12 the houses.

13 MR. O'CONNELL:

14 Where are they?

15 THE WITNESS:

16 They're in that book.

17 THE COURT:

18 Now, Gentlemen, we really are at the point if this is a
19 wedding ceremony, which is probably a poor analogy to
20 use here, where the pastor would say speak now or
21 forever hold your peace.

22 MR. O'CONNELL:

23 Wait a minute.

24 THE COURT:

25 But it's not an opportunity for everybody to start

1 going back and saying, well, let's --

2 MR. O'CONNELL:

3 Yeah.

4 THE COURT:

5 -- let's go ahead and put everything else in just in
6 case.

7 MR. O'CONNELL:

8 No, no. I understand, Your Honor.

9 THE COURT:

10 Whatever you and Mr. Bannister agree to or whatever has
11 come in specifically certainly is part of the record,
12 but otherwise it's not part of the record.

13 MR. O'CONNELL:

14 Okay. Your Honor, we're just going to put these in
15 here. Your Honor, we're just going to put these in
16 here.

17 MR. BANNISTER:

18 So those bank statements and that's it. That's fine.

19 THE COURT:

20 There's no objection to the bank statements. All
21 right. Incoming collectively?

22 MR. BANNISTER:

23 Yes, Your honor.

24 (Court reporter marks document,

25 Bank Statement Terence Carroll & Debra Mowery,

1 as Plaintiff's Exhibit Number 1.
2 Court Reporter marks document,
3 Three Checks/Terence Carroll
4 as Plaintiff's Exhibit Number 2.
5 Court reporter marks document,
6 Modification of Deed of Trust
7 as Plaintiff's Exhibit Number 3.)

8 THE COURT:

9 Thank you.

10 MR. O'CONNELL:

11 Thank you, Your Honor.

12 THE COURT:

13 All right. So at this point the record then is closed;
14 correct, Mr. O'Connell?

15 MR. O'CONNELL:

16 That's right, Your Honor. Thank you.

17 THE COURT:

18 Mr. Bannister?

19 MR. BANNISTER:

20 Yes, Your Honor.

21 THE COURT:

22 All right. And anything else for the record, Mr.
23 O'Connell?

24 MR. O'CONNELL:

25 None, Your Honor. I thank you very much.

1 THE COURT:

2 Mr. Bannister?

3 MR. BANNISTER:

4 I would only renew my Motions on the --

5 THE COURT:

6 All right. You're protected on the record.

7 MR. BANNISTER:

8 Thank you, Your Honor.

9 THE COURT:

10 And I do want to make a couple of observations to the
11 parties while they're here. And I wish I could go
12 ahead and rule, but I don't think this is the right
13 thing to do at this point because I do want to look
14 through some of the other exhibits. And before I do
15 that, Gentlemen, will there be any issue. I know there
16 were several -- several items of personal property were
17 agreed on the record here during the trial today that
18 were be returned or given to Mr. Carroll. Is that
19 something the two of you can work out or do we need to
20 go ahead and specifically list them while we're on the
21 record?

22 MR. O'CONNELL:

23 Your Honor, Mr. Bannister and I work real well
24 together. If you could can leave it to us Bruce and I
25 are fine.

1 THE COURT:

2 Mr. Bannister?

3 MR. BANNISTER:

4 Yeah, I think what we talked about and she agreed to on
5 the record is not a problem. If there's -- we
6 certainly don't see if there's more stuff --

7 THE COURT:

8 I understand. It would just be what was stated here on
9 the record.

10 MR. BANNISTER:

11 Yes, sir.

12 MR. O'CONNELL:

13 Thank you, Your Honor.

14 THE COURT:

15 And, Gentleman, can I trust the two of you will be able
16 to agree on a time and location for all the items to be
17 gathered and for Mr. Carroll to arrange pickup?

18 MR. BANNISTER:

19 Yes, sir, Your Honor.

20 MR. O'CONNELL:

21 Thank you very much.

22 THE COURT:

23 All right. And beyond that I am going to issue a -- to
24 the extent there's not one I am going to issue a
25 Restraining Order against any contact directly or

1 indirectly with each other. It appears that depending
2 on which version of the testimony one relies upon that
3 that may be an ongoing issue. And I do -- Mr. Carroll
4 and Ms. Mowery, I understand you-all don't want to be
5 here. The lawyers don't want to be here. And this is
6 a difficult situation. One thing this so much reminds
7 me of with all tremendous respect for everybody I am so
8 glad I am not a Family Court judge, because they deal
9 in a whole different world. But what The Court is
10 being asked to do is to unpack and sort through a 12-
11 year relationship where for a lot of years everything
12 is great. Everybody is lovey-dovey. There's some
13 money coming in, life is good. And then for whatever
14 reason things start falling apart and suddenly I'm
15 faced with the situation where, Mr. Carroll, your
16 version of the testimony is that Ms. Mowery had very
17 little money and but for you regularly giving her sums
18 of money she'd likely be living under a bridge
19 somewhere. And, obviously, that's somewhat of an
20 exaggeration. But, Ms. Mowery, the exact opposite is
21 true on your testimony, because your version is that
22 Mr. Carroll was relying upon you for everything and but
23 for your money he would be living under a bridge
24 somewhere. So where is the truth in here? I don't
25 know. You-all two know the truth, but I want both of

1 you to understand that The Court's role unfortunately
2 some days is not necessarily to determine what the
3 truth is. The Court's role is to determine what does
4 the evidence presented in court establish. So it may
5 be a different standard. The two of you know what
6 happened. I've been invited in. Your lawyers have
7 been invited in for a brief period of time to try to
8 revisit 12 years. So what I'm going to do is review
9 the evidence. I do understand this is an important
10 case for both of you. And I really will treat it with
11 all respect, because my job is to be fair and impartial
12 and to review the evidence and then to apply the law of
13 the State of South Carolina. I hope to have an Order
14 out within the next three to four weeks. At that point
15 one or both of you may -- may discuss with your lawyer
16 an appeal, because the reality is one or both of you
17 won't be happy with my ruling, but nonetheless that's
18 the nature of the calling that I've accepted. So,
19 Gentlemen, if you-all will go through all the exhibits
20 one last time with my court reporter just to make sure
21 that none are inadvertently going home with some of the
22 lawyers and then what I will do is I will have Ms.
23 Herman, my Court Coordinator, set a conference call in
24 the near future to further discuss the case.

25 MR. O'CONNELL:

1 Okay. Thank you, Your Honor.

2 MR. BANNISTER:

3 Thank you very much.

4 THE COURT:

5 Thank you very much, Gentlemen.

6 (THE HEARING WAS ADJOURNED AT 2:26 P.M.)

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Page 1 of 2 11/04/15
SC

907-03-01-00 14301 0 C 001 01 50 002
DEBRA MOWERY
TERENCE CARROLL
109 LINDA LN
EASLEY SC 29642-2908

Your account statement

For 11/04/2015

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■ BB&T FUNDAMENTALS

Account summary

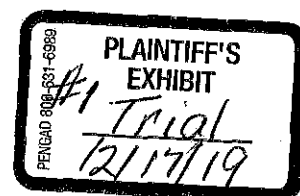
Your previous balance as of 10/05/2015	\$3,546.36
Checks	- 0.00
Other withdrawals, debits and service charges	- 1,725.43
Deposits, credits and interest	+ 13,500.00
Your new balance as of 11/04/2015	= \$15,320.93

Other withdrawals, debits and service charges

DATE	DESCRIPTION	AMOUNT(\$)
10/13	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 10-10 EASLEY SC 0155	2.00
10/16	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 10-14 EASLEY SC 0155	2.00
10/19	BB&T CHECK CARD PURCHASE Connoisseur 10-16 EASLEY SC 0155	53.52
11/02	BB&T CHECK CARD PURCHASE DUBLIN SERVICE CEN 10-30 DARLINGTON MD 0155	1,662.91
11/04	MAINTENANCE FEE	5.00
Total other withdrawals, debits and service charges		= \$1,725.43

Deposits, credits and interest

DATE	DESCRIPTION	AMOUNT(\$)
10/13	COUNTER DEPOSIT	2,000.00
10/13	DEPOSIT	2,000.00
10/14	COUNTER DEPOSIT	2,000.00
10/15	COUNTER DEPOSIT	3,500.00
10/16	COUNTER DEPOSIT	2,000.00
10/19	COUNTER DEPOSIT	2,000.00
Total deposits, credits and interest		= \$13,500.00



■ PAGE 1 OF 2

* ELITE GOLD-MM (continued)

DATE	DESCRIPTION	AMOUNT(\$)
04/14	BB&T CHECK CARD PURCHASE SURPLUS WAREHOUSE 04-13 GREENVILLE SC 0155	23.41
04/14	BB&T CHECK CARD PURCHASE PITTMAN DISCOUNT B 04-13 GREENVILLE SC 0155	47.70
04/14	BB&T CHECK CARD PURCHASE WAL-MART #0631 04-13 EASLEY SC 0155	24.02
04/14	BB&T CHECK CARD PURCHASE PP*MOSESCUSTOMCOM 04-13 RED LION PA 0148	397.50
04/15	BB&T CHECK CARD PURCHASE NATIONWIDE/ALLIED 04-14 800-276-4981 OH 0148	101.73
04/15	BB&T CHECK CARD PURCHASE PUBLIC STORAGE 280 04-13 TAYLORS SC 0155	259.60
04/15	BB&T CHECK CARD PURCHASE SUNOCO 0697956100 04-13 DELTA PA 0148	22.52
04/18	BB&T CHECK CARD PURCHASE PICKENS COUNTY HAB 04-14 EASLEY SC 0155	10.00
04/18	BB&T CHECK CARD PURCHASE SPINX #156 04-15 SENECA SC 0155	16.13
04/18	BB&T CHECK CARD PURCHASE Connoisseur 04-15 EASLEY SC 0155	13.90
04/18	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 04-15 EASLEY SC 0155	7.25
04/18	BB&T CHECK CARD PURCHASE TREADQUARTERS 0001 04-16 GREENVILLE SC 0155	119.14
04/18	BB&T CHECK CARD PURCHASE WALGREENS #11400 04-17 EASLEY SC 0155	14.11
04/19	BB&T CHECK CARD PURCHASE OPEN ARMS THRIFT S 04-16 EASLEY SC 0155	16.00
04/19	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 04-17 EASLEY SC 0155	6.34
04/21	BB&T CHECK CARD PURCHASE INGLES GAS EXP #25 04-19 EASLEY SC 0155	17.00
04/21	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 04-19 EASLEY SC 0155	5.05
04/25	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 04-21 EASLEY SC 0155	1.10
04/25	BB&T CHECK CARD PURCHASE SURPLUS WAREHOUSE 04-22 GREENVILLE SC 0155	21.15
04/26	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 04-24 EASLEY SC 0155	5.05
04/26	BB&T CHECK CARD PURCHASE THE HOME DEPOT 691 04-24 EASLEY SC 0155	25.48
04/27	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 04-25 EASLEY SC 0155	8.75
05/02	BB&T CHECK CARD PURCHASE LOWES #00469* 04-29 EASLEY SC 0155	232.74

Total other withdrawals, debits and service charges = \$5,825.31

Deposits, credits and interest

DATE	DESCRIPTION	AMOUNT(\$)
04/18	BB&T CHECK CARD RETURN WAL-MART #1123 04-15 SENECA SC 0155	11.74
04/28	COUNTER DEPOSIT	13,000.00
05/04	INTEREST PAYMENT	0.67

Total deposits, credits and interest = \$13,012.41



Page 1 of 4 05/04/16
SC

907-03-01-00 14301 0 C 001 01 S 86 002
DEBRA MOWERY
TERENCE CARROLL
109 LINDA LN
EASLEY SC 29642-2908

Your account statement

For 05/04/2016

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*Source: Cardlytics data
BB&T, Member FDIC.

■ ELITE GOLD-MM

Account summary

Your previous balance as of 04/05/2016	\$85,186.84
Checks	- 0.00
Other withdrawals, debits and service charges	- 5,825.31
Deposits, credits and interest	+ 13,012.41
Your new balance as of 05/04/2016	= \$92,373.94

Interest summary

Interest paid this statement period	\$0.67
2016 interest paid year-to-date	\$1.48
Interest rate	0.01%
Annual percentage yield (APY) earned	0.01%

Other withdrawals, debits and service charges

DATE	DESCRIPTION	AMOUNT(\$)
04/06	BB&T CHECK CARD PURCHASE Connoisseur 04-04 EASLEY SC 0155	13.90
04/07	BB&T CHECK CARD PURCHASE INGLES GAS EXP #25 04-05 EASLEY SC 0155	13.19
04/07	BB&T CHECK CARD PURCHASE PUBlix #205 04-06 EASLEY SC 0155	14.86
04/08	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 04-06 EASLEY SC 0155	17.13
04/08	BB&T CHECK CARD PURCHASE Connoisseur 04-06 EASLEY SC 0155	13.90
04/11	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 04-09 EASLEY SC 0155	8.02
04/12	BB&T CHECK CARD PURCHASE PIZZA AND THEN SOM 04-10 EASLEY SC 0155	21.24
04/13	BB&T CHECK CARD PURCHASE INGLES GAS EXP #25 04-11 EASLEY SC 0155	26.50
04/13	BB&T CHECK CARD PURCHASE BURLINGTON STORES30 04-11 HUNT VALLEY MD 0148	26.48
04/13	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 04-11 EASLEY SC 0155	5.05
04/13	BB&T CHECK CARD PURCHASE BASTA PASTA 04-11 FALLSTON MD 0148	57.01
04/13	BB&T CHECK CARD PURCHASE BOTTLEWORKS 04-11 BEL AIR MD 0148	32.68
04/13	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 04-11 EASLEY SC 0155	2.81
04/13	BB&T ONLINE BILL PAYMENT ONLINE PMT LOWES CKF498726914POS	4,132.72
04/14	BB&T CHECK CARD PURCHASE SAVORY DELI & MARK 04-11 FALLSTON MD 0148	10.48
04/14	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 04-12 EASLEY SC 0155	2.81
04/14	BB&T CHECK CARD PURCHASE Connoisseur 04-12 EASLEY SC 0155	13.90
04/14	BB&T CHECK CARD PURCHASE QT 1104 9701 04-13 GREENVILLE SC 0155	16.96

continued

■ ELITE GOLD-MM (continued)

DATE	DESCRIPTION	AMOUNT(\$)
03/10	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 03-08 EASLEY SC 0155	12.30
03/11	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 03-09 EASLEY SC 0155	24.28
03/11	BB&T CHECK CARD PURCHASE Connoisseur 03-09 EASLEY SC 0155	18.18
03/11	BB&T CHECK CARD PURCHASE STAPLES 0010 03-09 EASLEY SC 0155	174.41
03/14	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 03-10 EASLEY SC 0155	32.48
03/14	BB&T CHECK CARD PURCHASE INGLES GAS EXP #25 03-10 EASLEY SC 0155	41.69
03/14	BB&T CHECK CARD PURCHASE LOWES #00469* 03-11 EASLEY SC 0155	376.64
03/14	BB&T CHECK CARD PURCHASE Connoisseur 03-11 EASLEY SC 0155	13.90
03/14	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 03-12 EASLEY SC 0155	8.59
03/14	BB&T CHECK CARD PURCHASE Connoisseur 03-12 EASLEY SC 0155	13.90
03/15	BB&T CHECK CARD PURCHASE SAFECO INSURANCE C 03-14 800-332-3226 MA 0148	658.80
03/16	BB&T CHECK CARD PURCHASE MIDLAND TRAIL CITG 03-14 LEXINGTON VA 0155	40.66
03/21	BB&T CHECK CARD PURCHASE STAPLES 0010 03-17 BEL AIR MD 0155	57.23
03/21	BB&T CHECK CARD PURCHASE EXXONMOBIL 4786 03-18 EDGEWOOD MD 0148	7.41
03/21	BB&T CHECK CARD PURCHASE WAWA 559 0000 03-18 STREET MD 0155	68.52
03/21	BB&T CHECK CARD PURCHASE WHITEFORD PHARMACY 03-18 WHITEFORD MD 0148	12.37
03/21	BB&T CHECK CARD PURCHASE MR. TIRE 0000 03-18 HAGERSTOWN MD 0155	113.15
03/21	BB&T CHECK CARD PURCHASE GB4 03-18 DALEVILLE VA 0155	53.54
03/21	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 03-19 EASLEY SC 0155	9.78
03/21	BB&T CHECK CARD PURCHASE WAWA 581 0000 03-20 ABINGDON MD 0148	30.98
03/22	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 03-20 EASLEY SC 0155	4.52
03/23	BB&T CHECK CARD PURCHASE LA QUINTA INN & SU 03-21 EDGEWOOD MD 0148	619.36
03/25	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 03-23 EASLEY SC 0155	21.78
03/28	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 03-24 EASLEY SC 0155	5.05
03/28	BB&T CHECK CARD PURCHASE INGLES GAS EXP #25 03-25 EASLEY SC 0155	35.78
03/28	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 03-25 EASLEY SC 0155	3.03
03/28	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 03-25 EASLEY SC 0155	4.55
03/28	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 03-26 EASLEY SC 0155	21.78
03/28	BB&T CHECK CARD PURCHASE Connoisseur 03-26 EASLEY SC 0155	39.58
03/29	BB&T CHECK CARD PURCHASE SURPLUS WAREHOUSE 03-28 GREENVILLE SC 0155	201.82
03/30	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 03-28 EASLEY SC 0155	5.05
03/30	BB&T CHECK CARD PURCHASE SURPLUS WAREHOUSE 03-29 GREENVILLE SC 0155	595.11
03/30	BB&T CHECK CARD PURCHASE CVS/PHARMACY #0353 03-29 EASLEY SC 0155	16.49
03/31	BB&T CHECK CARD PURCHASE Connoisseur 03-29 EASLEY SC 0155	13.90
03/31	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 03-29 EASLEY SC 0155	5.05
03/31	BB&T CHECK CARD PURCHASE SURPLUS WAREHOUSE 03-30 GREENVILLE SC 0155	48.72
04/04	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 03-31 EASLEY SC 0155	9.35
04/04	BB&T CHECK CARD PURCHASE THE HOME DEPOT 691 03-31 EASLEY SC 0155	35.95
04/04	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 04-02 EASLEY SC 0155	21.69
Total other withdrawals, debits and service charges		= \$3,797.74

Deposits, credits and interest

DATE	DESCRIPTION	AMOUNT(\$)
04/05	INTEREST PAYMENT	0.76
Total deposits, credits and interest		= \$0.76



Page 1 of 4 04/05/16
SC

907-03-01-00 14301 2 C 001 01 S 66 002
DEBRA MOWERY
TERENCE CARROLL
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■ ELITE GOLD-MM

Account summary

Your previous balance as of 03/04/2016	\$91,111.06
Checks	- 2,127.24
Other withdrawals, debits and service charges	- 3,797.74
Deposits, credits and interest	+ 0.76
Your new balance as of 04/05/2016	= \$85,186.84

Interest summary

Interest paid this statement period	\$0.76
2016 Interest paid year-to-date	\$0.81
Interest rate	0.01%
Annual percentage yield (APY) earned	0.01%

Checks

DATE	CHECK #	AMOUNT(\$)
03/11		1,600.00
03/08	* 196	527.24

Total checks = \$ 2,127.24

* Indicates a skip in sequential check numbers above this item

Other withdrawals, debits and service charges

DATE	DESCRIPTION	AMOUNT(\$)
03/07	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 03-03 EASLEY SC 0155	49.34
03/07	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 03-04 EASLEY SC 0155	14.34
03/07	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 03-04 EASLEY SC 0155	2.20
03/07	BB&T CHECK CARD PURCHASE Connoisseur 03-04 EASLEY SC 0155	19.23
03/08	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 03-06 EASLEY SC 0155	9.42
03/08	BB&T CHECK CARD PURCHASE PICKENS DMV 39 03-07 PICKENS SC 0155	25.00
03/08	BB&T CHECK CARD PURCHASE PICKENS DMV 39 03-07 PICKENS SC 0155	103.00
03/09	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 03-07 EASLEY SC 0155	2.20
03/09	BB&T CHECK CARD PURCHASE Connoisseur 03-07 EASLEY SC 0155	16.04
03/09	BB&T CHECK CARD PURCHASE EASLEY ANIMAL HOSP 03-08 EASLEY SC 0155	79.60

continued

■ ELITE GOLD-MM (continued)

DATE	DESCRIPTION	AMOUNT(\$)
05/18	BB&T CHECK CARD PURCHASE Connoisseur 05-16 EASLEY SC 0155	21.37
05/19	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 05-17 EASLEY SC 0155	19.74
05/19	BB&T CHECK CARD PURCHASE SURPLUS WAREHOUSE 05-18 GREENVILLE SC 0155	60.55
05/19	BB&T CHECK CARD PURCHASE CABELA'S RETAIL 05 05-18 GREENVILLE SC 0155	50.85
05/23	BB&T ONLINE BILL PAYMENT ONLINE PMT THE HOME DEPOT R CKF498726914POS	5,500.00
05/23	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 05-20 EASLEY SC 0155	6.98
05/23	BB&T CHECK CARD PURCHASE LOWES #01983* 05-20 GREENVILLE SC 0148	269.02
05/23	BB&T CHECK CARD PURCHASE PF CHANGS #9803 05-20 GREENVILLE SC 0148	20.12
05/25	BB&T 24 CASH WITHDRAWAL 05-25-16 0155 EASLEY-MAIN EASLEY SC	300.00
05/26	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 05-24 EASLEY SC 0155	6.88
05/27	BB&T CHECK CARD PURCHASE ROYAL SPIRITS 05-25 EASLEY SC 0155	22.79
05/27	BB&T CHECK CARD PURCHASE SHELL OIL 57544961 05-25 EASLEY SC 0155	8.78
05/31	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 05-26 EASLEY SC 0155	20.04
05/31	BB&T CHECK CARD PURCHASE ROYAL SPIRITS 05-27 EASLEY SC 0155	22.79
05/31	BB&T CHECK CARD PURCHASE EASLEY ANIMAL HOSP 05-27 EASLEY SC 0148	84.70
05/31	BB&T CHECK CARD PURCHASE SALUDA RIVER PET 1 05-28 EASLEY SC 0148	89.87
05/31	BB&T CHECK CARD PURCHASE ROYAL SPIRITS 05-28 EASLEY SC 0148	22.79
05/31	BB&T CHECK CARD PURCHASE-PIN 05-28-16 BI-LO GROCERY # 0148 1021 S PENDLE EASLEY SC	31.00
06/01	BB&T CHECK CARD PURCHASE INGLES GAS EXP #25 05-30 EASLEY SC 0148	30.34
06/01	BB&T CHECK CARD PURCHASE GREENVILLE DRIVE L 05-31 GREENVILLE SC 0148	10.00
06/01	BB&T CHECK CARD PURCHASE GREENVILLE DRIVE L 05-31 GREENVILLE SC 0148	7.00
06/01	BB&T CHECK CARD PURCHASE GREENVILLE DRIVE L 05-31 GREENVILLE SC 0148	7.00
06/01	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 05-30 EASLEY SC 0155	5.11
06/02	BB&T CHECK CARD PURCHASE PUBLIC STORAGE 280 05-31 TAYLORS SC 0155	119.00
Total other withdrawals, debits and service charges		= \$5,910.39

Deposits, credits and interest

DATE	DESCRIPTION	AMOUNT(\$)
05/18	BB&T CHECK CARD RETURN PICKENS DMV 39 05-16 PICKENS SC 0155	12.00
05/23	BB&T CHECK CARD RETURN LOWES #00469* 05-22 EASLEY SC 0148	132.40
06/03	INTEREST PAYMENT	0.71
Total deposits, credits and interest		= \$145.11

Effective July 1st, BB&T ATMs will no longer be located in Rite Aid stores in Georgia. Access BBT.com/Locator for Financial Center and ATM locations near you.



Page 1 of 4 06/03/16
SC [REDACTED]

907-03-01-00 14301 1 C 001 01 5 66 002
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For 06/03/2016

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*Source: Cardlytics data
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■ ELITE GOLD-MM [REDACTED]

Account summary

Your previous balance as of 05/04/2016	\$92,373.94
Checks	- 3,000.00
Other withdrawals, debits and service charges	- 6,910.39
Deposits, credits and interest	+ 145.11
Your new balance as of 06/03/2016	= \$82,608.66

Interest summary

Interest paid this statement period	\$0.71
2016 Interest paid year-to-date	\$2.19
Interest rate	0.01%
Annual percentage yield (APY) earned	0.01%

Checks

DATE	CHECK #	AMOUNT(\$)
05/05		3,000.00
Total checks		= \$ 3,000.00

Other withdrawals, debits and service charges

DATE	DESCRIPTION	AMOUNT(\$)
05/05	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 05-03 EASLEY SC 0155	13.74
05/09	BB&T CHECK CARD PURCHASE INGLES GAS EXP #25 05-05 EASLEY SC 0155	37.58
05/09	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 05-05 EASLEY SC 0155	6.78
05/09	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 05-05 EASLEY SC 0155	5.33
05/09	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 05-05 EASLEY SC 0155	1.34
05/11	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 05-09 EASLEY SC 0155	5.05
05/11	BB&T CHECK CARD PURCHASE Connoisseur 05-09 EASLEY SC 0155	16.57
05/11	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 05-09 EASLEY SC 0155	19.25
05/12	BB&T CHECK CARD PURCHASE EASLEY BUILDERS AC 05-11 EASLEY SC 0155	14.95
05/13	BB&T CHECK CARD PURCHASE SALUDA RIVER PET 1 05-11 EASLEY SC 0155	26.74
05/13	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 05-11 EASLEY SC 0155	4.55
05/16	BB&T CHECK CARD PURCHASE Connoisseur 05-13 EASLEY SC 0155	12.85
05/16	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 05-14 EASLEY SC 0155	8.94

continued

■ ELITE GOLD- (continued)

DATE	DESCRIPTION	AMOUNT(\$)
06/08	BB&T CHECK CARD PURCHASE DOZO SUSHI & HIBAC 06-07 EASLEY SC 0155	81.59
06/09	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 06-07 EASLEY SC 0155	12.63
06/09	BB&T CHECK CARD PURCHASE WWW.ADVANCEAUTOPAR 06-08 877-238-2623 VA 0155	103.31
06/09	BB&T CHECK CARD PURCHASE ROYAL SPIRITS 06-08 EASLEY SC 0148	30.95
06/09	BB&T CHECK CARD PURCHASE-PIN 06-08-16 BI-LO GROCERY # 0148 1021 S PENDLE EASLEY SC	74.93
06/10	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 06-08 EASLEY SC 0148	6.25
06/10	BB&T CHECK CARD PURCHASE SONIC DRIVE IN #47 06-09 EASLEY SC 0148	17.91
06/10	BB&T CHECK CARD PURCHASE SAMS CLUB #4901 06-09 EASLEY SC 0148	22.12
06/10	BB&T CHECK CARD PURCHASE-PIN 06-09-16 BI-LO GROCERY # 0148 1021 S PENDLE EASLEY SC	21.18
06/13	BB&T CHECK CARD PURCHASE BURGER KING #2798 06-10 EASLEY SC 0148	13.39
06/13	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 06-10 EASLEY SC 0148	6.25
06/13	BB&T CHECK CARD PURCHASE TONY'S PIZZA AND SU 06-10 PIEDMONT SC 0148	20.45
06/13	BB&T CHECK CARD PURCHASE INGLES GAS EXP #25 06-11 EASLEY SC 0148	31.73
06/13	BB&T CHECK CARD PURCHASE CU PARKING & TRANS 06-11 8646562270 SC 0148	3.00
06/13	BB&T CHECK CARD PURCHASE ROYAL SPIRITS 06-11 EASLEY SC 0148	35.96
06/13	BB&T CHECK CARD PURCHASE MADVAPES OF EASLEY 06-11 EASLEY SC 0148	32.09
06/13	BB&T CHECK CARD PURCHASE THE TACK SHOP 06-12 GREENVILLE SC 0148	14.83
06/14	BB&T CHECK CARD PURCHASE SUES WINGS AND THI 06-11 ANDERSON SC 0148	83.98
06/14	BB&T CHECK CARD PURCHASE SHARKEY'S PUB, LLC 06-12 GREENVILLE SC 0148	28.00
06/14	BB&T CHECK CARD PURCHASE MAGNOLIA VETERINAR 06-12 ANDERSON SC 0148	92.00
06/14	BB&T CHECK CARD PURCHASE BATTERIES PLUS #39 06-13 EASLEY SC 0155	36.36
06/15	BB&T CHECK CARD PURCHASE SURPLUS WAREHOUSE 06-14 GREENVILLE SC 0155	121.09
06/15	BB&T CHECK CARD PURCHASE WWW.ADVANCEAUTOPAR 06-14 877-238-2623 VA 0155	29.07
06/20	BB&T CHECK CARD PURCHASE NATIONWIDE/ALLIED 06-17 800-276-4981 OH 0148	10.00
06/20	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 06-16 EASLEY SC 0148	15.72
06/20	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 06-17 EASLEY SC 0148	6.25
06/20	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 06-17 EASLEY SC 0155	6.64
06/21	OUTGOING WIRE TRANSFER WIRE REF# 20160621-00006724	7,190.44
06/21	WIRE TRANSFER FEE	25.00
06/22	BB&T CHECK CARD PURCHASE MOTOR SUPPLY CO BI 06-21 COLUMBIA SC 0148	20.60
06/23	BB&T CHECK CARD PURCHASE BLUE MARLIN 06-21 COLUMBIA SC 0148	13.35
06/23	BB&T CHECK CARD PURCHASE LONGHORN STEAK0005 06-21 COLUMBIA SC 0148	85.21
06/24	BB&T CHECK CARD PURCHASE SHELL OIL 57544961 06-22 EASLEY SC 0155	35.98
06/24	BB&T CHECK CARD PURCHASE INGLES GAS EXP #25 06-22 EASLEY SC 0148	9.75
06/24	BB&T CHECK CARD PURCHASE SURPLUS WAREHOUSE 06-23 GREENVILLE SC 0155	121.09
06/27	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 06-25 EASLEY SC 0148	30.38
06/28	BB&T CHECK CARD PURCHASE-PIN 06-27-16 EASLEY SC 0155 MCKINNEY AUTO	88.22
06/29	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 06-27 EASLEY SC 0155	10.13
07/01	BB&T CHECK CARD PURCHASE INGLES GAS EXP #25 06-29 EASLEY SC 0155	18.16
07/01	BB&T CHECK CARD PURCHASE ROYAL SPIRITS 06-30 EASLEY SC 0155	22.79
07/05	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 06-30 EASLEY SC 0148	5.33
07/05	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 06-30 EASLEY SC 0155	16.57
07/05	BB&T CHECK CARD PURCHASE-PIN 07-01-16 EASLEY SC 0148 JCPENNEY STORE 2784	343.44
07/05	BB&T CHECK CARD PURCHASE LOWES #00469* 07-01 EASLEY SC 0148	27.92
07/05	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 07-01 EASLEY SC 0155	6.55
07/06	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 07-05 EASLEY SC 0155	6.39
07/06	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 07-05 EASLEY SC 0155	2.87
07/06	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 07-05 EASLEY SC 0155	27.36
07/06	BB&T 24 CASH WITHDRAWAL 07-06-16 0155 EASLEY-MAIN EASLEY SC	400.00
Total other withdrawals, debits and service charges		= \$12,823.12

Deposits, credits and interest

DATE	DESCRIPTION	AMOUNT(\$)
07/06	INTEREST PAYMENT	0.67
Total deposits, credits and interest		= \$0.67



Page 1 of 4 07/06/16
SC

907-03-01-00 14301 2 C 001 01 S 56 002
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■ ELITE GOLD-MM

Account summary

Your previous balance as of 06/03/2016	\$82,608.66
Checks	- 766.60
Other withdrawals, debits and service charges	- 12,823.12
Deposits, credits and interest	+ 0.67
Your new balance as of 07/06/2016	= \$69,019.61

Interest summary

Interest paid this statement period	\$0.67
2016 interest paid year-to-date	\$2.86
Interest rate	0.01%
Annual percentage yield (APY) earned	0.01%

Checks

DATE	CHECK #	AMOUNT(\$)
06/28	198	500.00
07/01	199	266.60
Total checks		= \$ 766.60

Other withdrawals, debits and service charges

DATE	DESCRIPTION	AMOUNT(\$)
06/06	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 06-02 EASLEY SC 0155	5.05
06/06	BB&T ONLINE BILL PAYMENT ONLINE PMT THE HOME DEPOT R CKF498726914POS	697.23
06/06	BB&T ONLINE BILL PAYMENT ONLINE PMT LOWES CKF498726914POS	2,182.12
06/06	BB&T CHECK CARD PURCHASE INGLES GAS EXP #25 06-03 EASLEY SC 0148	30.06
06/06	BB&T CHECK CARD PURCHASE SAMS CLUB #4901 06-03 EASLEY SC 0148	45.00
06/06	BB&T CHECK CARD PURCHASE-PIN 06-03-16 SAM'S CLUB 0155 4901 WAL-SAMS EASLEY SC	199.42
06/06	BB&T CHECK CARD PURCHASE PUBLIX #205 06-03 EASLEY SC 0148	34.58
06/06	BB&T CHECK CARD PURCHASE ROYAL SPIRITS 06-03 EASLEY SC 0148	31.35
06/06	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 06-03 EASLEY SC 0148	9.87
06/07	BB&T CHECK CARD PURCHASE INGLES GAS EXP #25 06-05 EASLEY SC 0155	10.48
06/07	BB&T CHECK CARD PURCHASE SUPER TAN E & C 06-06 EASLEY SC 0148	25.00
06/08	BB&T CHECK CARD PURCHASE INGLES GAS EXP #25 06-06 EASLEY SC 0155	34.96
06/08	BB&T CHECK CARD PURCHASE LLR REAL ESTATE CO 06-06 803-896-4326 SC 0148	35.00
06/08	BB&T CHECK CARD PURCHASE HOOCHS FILLING STA 06-06 EASLEY SC 0148	10.79
06/08	BB&T CHECK CARD PURCHASE TIP TOP CAKE SHOP 06-07 EASLEY SC 0148	7.00

continued



Page 3 of 4 08/04/16
SC [REDACTED]

■ ELITE GOLD-MM [REDACTED] (continued)

DATE	DESCRIPTION	AMOUNT(\$)
08/03	BB&T CHECK CARD PURCHASE ROYAL SPIRITS 08-02 EASLEY SC 0155	12.83
08/04	BB&T CHECK CARD PURCHASE 0104 FRANK THEATRE 08-02 YORK PA 0148	12.00
08/04	BB&T CHECK CARD PURCHASE MARATHON PETRO1395 08-03 SALEM VA-0148	30.86
08/04	BB&T CHECK CARD PURCHASE COMBINED UTILITIES 08-03 864-859-4013 SC 0148	200.00
08/04	BB&T CHECK CARD PURCHASE-PIN 08-03-16 EASLEY SC 0155 LOWE'S #469	11.75
08/04	BB&T CHECK CARD PURCHASE METROPCS WEB 08-04 888-863-8768 WA 0148	50.00
08/04	BB&T CHECK CARD PURCHASE PIZZA HUT #3601 08-03 864-8594836 SC 0155	33.20
08/04	IN-BRANCH TRANSFER TRANSFER TO CHECKING 0005225987418 08-04-16	3,000.00
Total other withdrawals, debits and service charges		= \$55,008.69

Deposits, credits and interest

DATE	DESCRIPTION	AMOUNT(\$)
07/14	BB&T CHECK CARD RETURN DELTA AIR Baggage 07-13 GREENVILLE SC 0148	25.00
07/14	BB&T CHECK CARD RETURN DELTA AIR 006235 07-13 GREENVILLE SC 0148	247.10
07/15	BB&T CHECK CARD RETURN SOUTHWES 526242 07-13 800-435-9792 TX 0148	235.98
07/25	TELEPHONE TRANSFER CREDIT LINE ADVANCE 90272784905998 07-25-16	25,000.00
08/04	INTEREST PAYMENT	0.41
Total deposits, credits and interest		= \$25,508.49

IMPORTANT INFORMATION REGARDING YOUR CHECKING ACCOUNT

Effective October 1, 2016, the following change will apply to your checking account:

- Elite Rate Auto Loan benefit will be discontinued

Should you have any questions, please call 1-800-BANK BBT (1-800-226-5228) or visit your local BB&T financial center.

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■ ELITE GOLD-MM (continued)

DATE	DESCRIPTION	AMOUNT(\$)
07/14	BB&T CHECK CARD PURCHASE DELTA AIR 006235 07-12 DELTA.COM CA 0148	247.10
07/14	BB&T CHECK CARD PURCHASE Connoisseur 07-12 EASLEY SC 0148	12.85
07/14	BB&T CHECK CARD PURCHASE USPS 4525200642980 07-13 EASLEY SC 0148	6.45
07/14	BB&T CHECK CARD PURCHASE THOMAS CREEK BAR 07-13 GREER SC 0148	21.90
07/15	BB&T CHECK CARD PURCHASE DELTA AIR Baggage 07-13 GREENVILLE SC 0148	25.00
07/15	BB&T CHECK CARD PURCHASE SOUTHWES 526242 07-13 800-435-9792 TX 0148	235.98
07/15	BB&T CHECK CARD PURCHASE INGLES GAS EXP #25 07-14 EASLEY SC 0155	19.09
07/15	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 07-14 EASLEY SC 0155	24.72
07/18	BB&T CHECK CARD PURCHASE BIG O DODGE OF GRE 07-14 GREENVILLE SC 0155	203.36
07/18	BB&T CHECK CARD PURCHASE ROYAL SPIRITS 07-14 EASLEY SC 0155	23.57
07/18	BB&T CHECK CARD PURCHASE INGLES GAS EXP #25 07-16 EASLEY SC 0148	13.28
07/18	BB&T CHECK CARD PURCHASE INGLES GAS EXP #25 07-16 EASLEY SC 0148	6.25
07/18	BB&T CHECK CARD PURCHASE EXXONMOBIL 4548 07-16 WINCHESTER VA 0148	21.61
07/18	BB&T CHECK CARD PURCHASE VA ABC STORE 056 07-16 WINCHESTER VA 0148	8.38
07/18	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 07-17 EASLEY SC 0155	12.52
07/19	BB&T CHECK CARD PURCHASE USPS 4525200642980 07-18 EASLEY SC 0155	18.70
07/19	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 07-18 EASLEY SC 0155	4.99
07/19	BB&T CHECK CARD PURCHASE ROYAL SPIRITS 07-18 EASLEY SC 0155	12.83
07/20	BB&T CHECK CARD PURCHASE OPEN ARMS THRIFT S 07-18 EASLEY SC 0155	202.00
07/20	BB&T CHECK CARD PURCHASE SALUDA RIVER PET 1 07-18 EASLEY SC 0155	89.87
07/20	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 07-19 EASLEY SC 0155	8.52
07/21	BB&T CHECK CARD PURCHASE INGLES GAS EXP #25 07-20 EASLEY SC 0155	20.78
07/21	BB&T CHECK CARD PURCHASE HABITAT FOR HUMANI 07-20 ANDERSON SC 0155	33.50
07/21	BB&T CHECK CARD PURCHASE LOWES #02589* 07-20 ABINGDON MD 0148	15.84
07/22	BB&T CHECK CARD PURCHASE ROYAL FARMS #170 07-20 BEL AIR MD 0148	26.62
07/22	BB&T CHECK CARD PURCHASE APPLEBEES 96400163 07-20 BEL AIR MD 0148	73.77
07/22	BB&T CHECK CARD PURCHASE OLD SCHOOL TAVERN 07-20 STREET MD 0148	20.56
07/22	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 07-21 EASLEY SC 0155	15.11
07/22	OUTGOING WIRE TRANSFER WIRE REF# 20160722-00011732	45,743.66
07/22	WIRE TRANSFER FEE	25.00
07/25	BB&T CHECK CARD PURCHASE HABITAT FOR HUMANI 07-22 EASLEY SC 0155	220.00
07/25	BB&T CHECK CARD PURCHASE HFHGC RESTORE 2 07-22 TAYLORS SC 0155	90.00
07/25	BB&T CHECK CARD PURCHASE ROYAL SPIRITS 07-22 EASLEY SC 0155	12.83
07/25	BB&T CHECK CARD PURCHASE INGLES GAS EXP #25 07-23 EASLEY SC 0155	30.74
07/25	BB&T CHECK CARD PURCHASE SAFECO INSURANCE C 07-23 800-332-3226 MA 0148	366.00
07/25	BB&T CHECK CARD PURCHASE PAYPAL *YANG QU 07-23 402-935-7733 CA 0155	29.98
07/25	BB&T CHECK CARD PURCHASE PAYPAL *YANG QU 07-23 402-935-7733 CA 0155	29.98
07/25	BB&T CHECK CARD PURCHASE PAYPAL *BRAVOTAC C 07-23 402-935-7733 CA 0155	49.95
07/25	BB&T 24 CASH WITHDRAWAL 07-25-16 0155 EASLEY-MAIN EASLEY SC	500.00
07/26	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 07-25 EASLEY SC 0155	69.50
07/27	BB&T CHECK CARD PURCHASE PALMETTO STATE ARM 07-26 COLUMBIA SC 0155	343.97
07/27	BB&T CHECK CARD PURCHASE HFHGC RESTORE 2 07-26 TAYLORS SC 0155	25.00
07/27	BB&T CHECK CARD PURCHASE ROYAL SPIRITS 07-26 EASLEY SC 0155	12.83
07/28	BB&T CHECK CARD PURCHASE SPINX #124 07-26 TAYLORS SC 0155	10.13
07/28	BB&T CHECK CARD PURCHASE ROYAL FARMS 095 07-26 STREET MD 0148	33.05
07/28	BB&T CHECK CARD PURCHASE INGLES GAS EXP #25 07-27 EASLEY SC 0155	32.32
07/28	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 07-27 EASLEY SC 0155	14.74
07/29	BB&T CHECK CARD PURCHASE OPEN ARMS THRIFT S 07-27 EASLEY SC 0155	32.00
07/29	BB&T CHECK CARD PURCHASE INGLES GAS EXP #25 07-28 EASLEY SC 0155	11.14
07/29	BB&T CHECK CARD PURCHASE TRACTOR-SUPPLY-CO 07-28 ANDERSON SC 0155	9.08
07/29	BB&T CHECK CARD PURCHASE TRACTOR-SUPPLY-CO 07-28 ANDERSON SC 0155	9.37
08/01	BB&T CHECK CARD PURCHASE LA QUINTA INN & SU 07-29 EDGEWOOD MD 0148	314.52
08/01	BB&T CHECK CARD PURCHASE SPEEDPAY:DUKE-ENER 07-29 866-316-3360 NC 0148	151.50
08/01	BB&T CHECK CARD PURCHASE ROYAL SPIRITS 07-29 EASLEY SC 0155	12.83
08/01	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 07-31 EASLEY SC 0155	5.05
08/01	BB&T CHECK CARD PURCHASE BATTERIES PLUS #39 07-31 EASLEY SC 0155	102.80
08/01	BB&T CHECK CARD PURCHASE INGLES GAS EXP #25 07-31 EASLEY SC 0155	36.99
08/01	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 07-31 EASLEY SC 0155	35.62
08/02	BB&T CHECK CARD PURCHASE-PIN 08-02-16 BI-LO GROCERY # 0155 1021 S PENDLE EASLEY SC	10.30
08/02	BB&T 24 CASH WITHDRAWAL 08-02-16 0155 EASLEY-MAIN EASLEY SC	500.00
08/03	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 08-02 EASLEY SC 0155	43.37

continued



Page 1 of 4 08/04/16
SC

907-03-01-00 14301 1 C 001 01 S 66 002
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* ELITE GOLD-MM

Account summary

Your previous balance as of 07/06/2016	\$69,019.61
Checks	- 3,000.00
Other withdrawals, debits and service charges	- 55,008.69
Deposits, credits and interest	+ 25,508.49
Your new balance as of 08/04/2016	= \$36,519.41

Interest summary

Interest paid this statement period	\$0.41
2016 interest paid year-to-date	\$3.27
Interest rate	0.01%
Annual percentage yield (APY) earned	0.01%

Checks

DATE	CHECK #	AMOUNT(\$)
07/13		3,000.00
Total checks		= \$ 3,000.00

Other withdrawals, debits and service charges

DATE	DESCRIPTION	AMOUNT(\$)
07/07	BB&T CHECK CARD PURCHASE BOOT BARN #195 07-05 EASLEY SC 0148	486.81
07/07	BB&T CHECK CARD PURCHASE AAA CAROLINAS-MEM- 07-06 800-477-4222 NC 0148	109.00
07/07	BB&T CHECK CARD PURCHASE INGLES GAS EXP #25 07-06 EASLEY SC 0155	14.21
07/07	BB&T CHECK CARD PURCHASE WM SUPERCENTER #63 07-06 EASLEY SC 0155	16.01
07/08	BB&T CHECK CARD PURCHASE ADVANCE AUTO PARTS 07-07 EASLEY SC 0155	55.61
07/08	BB&T CHECK CARD PURCHASE OREILLY AUTO 0002 07-07 EASLEY SC 0155	25.67
07/08	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 07-07 EASLEY SC 0155	3.82
07/08	BB&T CHECK CARD PURCHASE-PIN 07-08-16 BI-LO GROCERY # 0148 1021 S PENDLE EASLEY SC	43.62
07/11	BB&T CHECK CARD PURCHASE NAGOYA JAPANESE ST 07-07 GREENWOOD SC 0155	120.39
07/11	BB&T CHECK CARD PURCHASE INGLES GAS EXP #25 07-08 EASLEY SC 0148	32.66
07/11	BB&T CHECK CARD PURCHASE CVS/PHARMACY #0353 07-08 EASLEY SC 0148	31.00
07/11	BB&T CHECK CARD PURCHASE MCKINNEY AUTO 07-08 EASLEY SC 0155	198.59
07/11	BB&T CHECK CARD PURCHASE OREILLY AUTO 0002 07-08 EASLEY SC 0155	9.61
07/11	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 07-10 EASLEY SC 0155	29.62
07/12	BB&T CHECK CARD PURCHASE INGLES MARKETS #25 07-11 EASLEY SC 0155	19.67
07/13	BB&T CHECK CARD PURCHASE LONGHORN STEAK0005 07-11 EASLEY SC 0155	122.36

continued

■ ELITE GOLD-MM (continued)

DATE	DESCRIPTION	AMOUNT(\$)
08/09	DEBIT CARD PURCHASE INGLES MARKETS #25 08-08 EASLEY SC 0148	5.39
08/09	DEBIT CARD PURCHASE MARION DAVIS 08-08 EASLEY SC 0155	434.33
08/09	DEBIT CARD PURCHASE RUBY TUESDAY #3382 08-08 EASLEY SC 0155	30.91
08/11	DEBIT CARD PURCHASE BIG LOTS #5312 08-09 EASLEY SC 0155	29.96
08/11	DEBIT CARD PURCHASE MARION DAVIS 08-10 EASLEY SC 0155	8.56
08/11	DEBIT CARD PURCHASE MARION DAVIS 08-10 EASLEY SC 0155	111.68
08/11	DEBIT CARD PURCHASE INGLES MARKETS #25 08-10 EASLEY SC 0155	7.66
08/12	DEBIT CARD PURCHASE OPEN ARMS THRIFT S 08-10 EASLEY SC 0155	100.00
08/12	DEBIT CARD PURCHASE INGLES GAS EXP #25 08-11 EASLEY SC 0155	34.08
08/12	DEBIT CARD PURCHASE HABITAT FOR HUMANI 08-11 EASLEY SC 0155	26.50
08/12	DEBIT CARD PURCHASE MARION DAVIS 08-11 EASLEY SC 0155	147.35
08/12	DEBIT CARD PURCHASE SAMSCLUB #4901 08-11 EASLEY SC 0148	119.47
08/12	DEBIT CARD PURCHASE INGLES MARKETS #25 08-11 EASLEY SC 0148	53.33
08/12	DEBIT CARD PURCHASE-PIN 08-12-16 BI-LO GROCERY # 0148 1021 S PENDLE EASLEY SC	43.49
08/15	DEBIT CARD PURCHASE BIG LOTS #5312 08-11 EASLEY SC 0155	32.10
08/15	DEBIT CARD PURCHASE MARION DAVIS 08-12 EASLEY SC 0155	58.48
08/15	DEBIT CARD PURCHASE MARION DAVIS 08-12 EASLEY SC 0155	8.56
08/15	DEBIT CARD PURCHASE ABC SUPPLY 0187 08-12 EASLEY SC 0155	39.89
08/15	DEBIT CARD PURCHASE HABITAT FOR HUMANI 08-12 EASLEY SC 0155	28.50
08/15	DEBIT CARD PURCHASE ROYAL SPIRITS 08-12 EASLEY SC 0148	17.85
08/15	DEBIT CARD PURCHASE ABC SUPPLY 0187 08-12 EASLEY SC 0155	78.18
08/15	DEBIT CARD PURCHASE DOLLAR-GENERAL #93 08-12 EASLEY SC 0148	14.51
08/16	DEBIT CARD PURCHASE INGLES MARKETS #25 08-15 EASLEY SC 0155	5.05
08/17	BB&T BUSINESS ONLINE TRANSFER TRANSFER TO CHECKING 0005225987418 08-17-16	2,000.00
08/31	CHECK CHRG HARLAND CLARKE 0507 DEBRA MOWERY	14.04
09/02	DEBIT CARD PURCHASE ABC SUPPLY 0187 09-01 864-2202556 SC 0148	807.63
Total other withdrawals, debits and service charges		= \$4,564.48

Deposits, credits and interest

DATE	DESCRIPTION	AMOUNT(\$)
08/23	DEBIT CARD RETURN BATTERIES PLUS #39 08-22 EASLEY SC 0155	12.00
09/06	INTEREST PAYMENT	0.24
Total deposits, credits and interest		= \$12.24



Page 1

907-03-01-00 14301 B C 001 31 \$ 65 002
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For 09/06/2016

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■ ELITE GOLD-MM

Account summary

Your previous balance as of 08/04/2016	\$36,519.41
Checks	- 17,024.00
Other withdrawals, debits and service charges	- 4,564.48
Deposits, credits and interest	+ 12.24
Your new balance as of 09/06/2016	= \$14,943.17

Interest summary

Interest paid this statement period	\$0.24
2016 interest paid year-to-date	\$3.51
Interest rate	0.01%
Annual percentage yield (APY) earned	0.01%

Checks

DATE	CHECK #	AMOUNT(\$)	DATE	CHECK #	AMOUNT(\$)	DATE	CHECK #	AMOUNT(\$)
08/12		3,000.00	08/30	*	1,500.00	08/31	*985005	914.00
08/19	*	3,000.00	08/19	* 200	110.00	08/23	985006	500.00
08/26	*	3,000.00	08/31	* 226	5,000.00			

* Indicates a skip in sequential check numbers above this item

Total checks = \$17,024.00

Other withdrawals, debits and service charges

DATE	DESCRIPTION	AMOUNT(\$)
08/05	DEBIT CARD PURCHASE HIGHS 68 08-03 STREET MD 0148	23.12
08/05	DEBIT CARD PURCHASE INGLES MARKETS #25 08-04 EASLEY SC 0155	5.05
08/05	DEBIT CARD PURCHASE INGLES GAS EXP #25 08-04 EASLEY SC 0148	13.65
08/08	DEBIT CARD PURCHASE INGLES MARKETS #25 08-05 EASLEY SC 0148	28.30
08/08	DEBIT CARD PURCHASE INGLES MARKETS #25 08-05 EASLEY SC 0148	32.38
08/08	DEBIT CARD PURCHASE INGLES MARKETS #25 08-05 EASLEY SC 0148	6.29
08/08	DEBIT CARD PURCHASE INGLES MARKETS #25 08-06 EASLEY SC 0155	24.05
08/08	DEBIT CARD PURCHASE ROYAL SPIRITS 08-06 EASLEY SC 0148	22.79
08/08	DEBIT CARD PURCHASE-PIN 08-06-16 BI-LO GROCERY # 0148 1021 S PENDLE EASLEY SC	99.78
08/08	DEBIT CARD PURCHASE INGLES MARKETS #25 08-06 EASLEY SC 0148	19.79
08/09	DEBIT CARD PURCHASE INGLES GAS EXP #25 08-08 EASLEY SC 0155	31.78

continued

Page 1 of 2 10/05/16
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■ ELITE GOLD-MM [REDACTED]

Account summary

Your previous balance as of 09/06/2016	\$14,943.17
Checks	- 0.00
Other withdrawals, debits and service charges	- 277.92
Deposits, credits and interest	+ 0.12
Your new balance as of 10/05/2016	= \$14,665.37

Interest summary

Interest paid this statement period	\$0.12
2016 Interest paid year-to-date	\$3.63
Interest rate	0.01%
Annual percentage yield (APY) earned	0.01%

Other withdrawals, debits and service charges

DATE	DESCRIPTION	AMOUNT(\$)
09/07	DEBIT CARD PURCHASE INGLES MARKETS #25 09-06 EASLEY SC 0155	6.74
09/12	DEBIT CARD PURCHASE INGLES MARKETS #25 09-09 EASLEY SC 0148	27.46
09/13	DEBIT CARD PURCHASE-PIN 09-13-16 BI-LO GROCERY # 0148 1021 S PENDLE EASLEY SC	24.95
09/15	DEBIT CARD PURCHASE-PIN 09-14-16 BI-LO GROCERY # 0148 1021 S PENDLE EASLEY SC	9.97
09/15	DEBIT CARD PURCHASE INGLES MARKETS #25 09-14 EASLEY SC 0148	8.80
09/22	BB&T ONLINE CREDIT LINE PMT PAYMENT TO CREDIT LINE 90272784905998 09-22-16	200.00
Total other withdrawals, debits and service charges		= \$277.92

Deposits, credits and interest

DATE	DESCRIPTION	AMOUNT(\$)
10/05	INTEREST PAYMENT	0.12
Total deposits, credits and interest		= \$0.12

Page 1 of 2 11/03/16
SC [REDACTED]907-03-01-00 14301 0 C 001 0 50 004
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For 11/03/2016

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■ ELITE GOLD-MM [REDACTED]

Account summary

Your previous balance as of 10/05/2016	\$14,665.37
Checks	- 0.00
Other withdrawals, debits and service charges	- 4,300.00
Deposits, credits and interest	+ 0.11
Your new balance as of 11/03/2016	= \$10,365.48

Interest summary

Interest paid this statement period	\$0.11
2016 Interest paid year-to-date	\$3.74
Interest rate	0.01%
Annual percentage yield (APY) earned	0.01%

Other withdrawals, debits and service charges

DATE	DESCRIPTION	AMOUNT(\$)
10/11	BB&T 24 CASH WITHDRAWAL 10-11-16 0155 EASLEY-MAIN EASLEY SC	100.00
10/27	BB&T BUSINESS ONLINE TRANSFER TRANSFER TO CHECKING 0005225987418 10-27-16	4,000.00
10/31	BB&T 24 CASH WITHDRAWAL 10-29-16 0155 EASLEY-MAIN EASLEY SC	200.00
Total other withdrawals, debits and service charges		= \$4,300.00

Deposits, credits and interest

DATE	DESCRIPTION	AMOUNT(\$)
11/03	INTEREST PAYMENT	0.11
Total deposits, credits and interest		= \$0.11



Page 1

 907-03-01-00 14801 0 C 001 01 50 004
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■ ELITE GOLD-MM

Account summary

Your previous balance as of 11/03/2016	\$10,365.48
Checks	- 10,046.35
Other withdrawals, debits and service charges	- 210.57
Deposits, credits and interest	+ 0.03
Your new balance as of 12/05/2016	= \$108.59

Interest summary

Interest paid this statement period	\$0.03
2016 Interest paid year-to-date	\$3.77
Interest rate	0.01%
Annual percentage yield (APY) earned	0.01%

Checks

DATE	CHECK #	AMOUNT(\$)	DATE	CHECK #	AMOUNT(\$)	DATE	CHECK #	AMOUNT(\$)
11/09	201	400.00	11/14	202	9,000.00	11/15	203	646.35
								Total checks = \$10,046.35

Other withdrawals, debits and service charges

DATE	DESCRIPTION	AMOUNT(\$)
11/04	DEBIT CARD PURCHASE INGLES GAS EXP #25 11-03 EASLEY SC 0155	20.42
11/08	DEBIT CARD PURCHASE ROYAL SPIRITS 11-07 EASLEY SC 0155	12.83
11/10	DEBIT CARD PURCHASE INGLES GAS EXP #25 11-09 EASLEY SC 0155	22.18
11/10	DEBIT CARD PURCHASE INGLES MARKETS #25 11-09 EASLEY SC 0155	9.27
11/14	DEBIT CARD PURCHASE Connorsseur 11-09 EASLEY SC 0155	28.89
11/15	DEBIT CARD PURCHASE QT 1121 9701 11-14 EASLEY SC 0155	18.47
11/21	DEBIT CARD PURCHASE QT 1121 9701 11-18 EASLEY SC 0155	36.60
11/21	DEBIT CARD PURCHASE WM SUPERCENTER #63 11-18 EASLEY SC 0155	39.83
11/21	DEBIT CARD PURCHASE ROYAL SPIRITS 11-19 EASLEY SC 0155	12.83
11/21	DEBIT CARD PURCHASE-PIN 11-20-16 BI-LO GROCERY # 0155 1021 S PENDLE EASLEY SC	9.25
Total other withdrawals, debits and service charges		= \$210.57

Deposits, credits and interest

DATE	DESCRIPTION	AMOUNT(\$)
12/05	INTEREST PAYMENT	0.03
Total deposits, credits and interest		= \$0.03

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1613 MAIN ST
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308
7-7301/2320
BRANCH 301

Nov 6 2012

PAY TO THE ORDER OF A Friend with a Bent \$ 5,000.00
Five Thousand DOLLARS

Provident
BANK

For T. Carroll

T. Carroll

TERENCE CARROLL
1613 MAIN ST
WHITEFORD, MD 21160
PH: 240-793-4393

309
7-7301/2320
BRANCH 301

Nov 6 2012

PAY TO THE ORDER OF N.B.R.S. \$ 30,712.45
Thirty Thousand Seven hundred Twelve and 45/100 DOLLARS

Provident
BANK

For Payoff T. Carroll

TERENCE CARROLL
1613 MAIN ST
WHITEFORD, MD 21160
PH: 240-793-4393

310
7-7301/2320
BRANCH 301

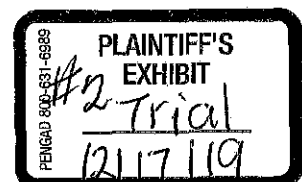
Nov 6 2012

PAY TO THE ORDER OF Debra Money \$ 5,000.00
Five Thousand and 00/100 DOLLARS

Provident
BANK

For T. Carroll

Debra Money



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Main Office
6 Pearl Street
P.O. Box 370
Rising Sun, MD 21911-0370

WHEN RECORDED MAIL TO:

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6 Pearl Street
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LIBER 09682 FOLIO 375

IMP FD SURE \$	40.00
RECORDING FEE	20.00
RECORDATION T	42.90
TOTAL	102.90
Rest # H004	Rept # 42274
JJR KC	B1k # 5144
May 22, 2012	01:20 PM

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MODIFICATION OF DEED OF TRUST

THIS MODIFICATION OF DEED OF TRUST dated May 10, 2012, is made and executed between Debra Mowery, whose address is 4548 Church Street, Whiteford, MD 21160 ("Grantor") and NBRS FINANCIAL BANK, whose address is Main Office, 6 Pearl Street, P.O. Box 370, Rising Sun, MD 21911-0370 ("Lender").

DEED OF TRUST, Grantor executed and delivered to 1 ("Trustee") a Deed of Trust dated October 14, 2011 (the "Deed of Trust") which has been recorded in Harford County, State of Maryland, as follows:

Recorded October 24, 2011, Book 09374, Page 372.

REAL PROPERTY DESCRIPTION. The Deed of Trust covers the following described real property located in Harford County, State of Maryland:

BEGINNING FOR THE SAME AT A SLATE STONE NOW SET ON THE WESTERLY SIDE OF PENN ALLEY IN THE VILLAGE AFORESAID, AT THE DISTANCE OF FIFTY FEET FROM THE LANDS OF THE RESIDENCE OF RICHARD ROBERTS, AND RUNNING THENCE PARALLEL WITH AND AT AN EVEN DISTANCE THEREFROM OF FIFTY FEET NORTH 43 1/4 DEGREES WEST 46 FEET 4 INCHES THENCE, NORTH 50 1/4 DEGREES EAST 114 FEET 8 INCHES TO CHURCH STREET, IN THE SAID VILLAGE, WHICH SAID LINE LAST DESCRIBED RUNS MIDWAY BETWEEN THE SWELLING ON THE LOT NOW BEING DESCRIBED AND THE SWELLING HOUSE ON THE LOT NEXT ADJOINING ON THE WESTERLY SIDE, THEN WITH CHURCH STREET SOUTH 39 DEGREES EAST 35 FEET 1 INCH TO THE WESTERLY SIDE OF PENN ALLEY, AFORESAID, THEN WITH PENN ALLEY SOUTH 45 DEGREES WEST 109 FEET 6 INCHES TO THE PLACE OF BEGINNING, TOGETHER WITH THE FREE AND UNDISTURBED USE OF PENN ALLEY OR BY WHATSOEVER NAME THE SAME MAY BE KNOWN OR CALLED, AS WELL ALSO CHURCH STREET, WHICH SAID LOT IS A PART OF LOT NUMBER 2 SHOWN ON A PLAT MADE BY J. MARTIN MCNABB AND FILED IN THE EQUITY SUIT OF WILLIAM H. HARLAN VS. ANNIE H. MCCONKEY, ET AL, IN THE YEAR AD 1892 AND SURVEYED A NEW ON THE 13TH DAY OF SEPTEMBER IN THE YEAR 1921 BY CHARLES H. MCNABB. HARFORD COUNTY, MARYLAND. TAX ID: 05-022479.

The Real Property or its address is commonly known as 4548 Church Street, Whiteford, MD 21160. The Real Property tax Identification number is 05-022479.

MODIFICATION. Lender and Grantor hereby modify the Deed of Trust as follows:

Increase the principal balance by \$6,288.43 for a outstanding principal of \$31,288.43.

CONTINUING VALIDITY. Except as expressly modified above, the terms of the original Deed of Trust and effect. Consent by Lender to this Modification does not waive Lender's right to require strict performance or other credit agreement secured by the Deed of Trust (the "Note"). It is the intention of Lender to retain as liable all parties to the Deed of Trust and all parties, makers and endorser to the Note, including accommodation parties, unless a party is expressly released by Lender in writing. Any maker or endorser, including accommodation makers, shall not be released by virtue of this Modification. If any person who signed the original Deed of Trust does not sign this Modification, then all persons signing below acknowledge that this Modification is given conditionally, based on the representation to Lender that the non-signing person consents to the changes and provisions of this Modification or otherwise will not be released by it. This waiver applies not only to any initial extension or modification, but also to all such subsequent actions.

MODIFICATION OF MORTGAGE AFFIDAVIT. We, the undersigned, hereby swear and affirm under the penalties of perjury that the property which is the subject of this Mortgage is my principal residence and that the Mortgage is a modification of Mortgage to NBRS Financial Bank as recorded among the Cecil County Land Records in Book No. 09374, Page 372 and that the principal balance due under that Mortgage as of the date of the within instrument is \$23,878.16. RECORDATION TAX is being paid on new money advanced of \$6,288.43 in the amount \$41.50.

GRANTOR ACKNOWLEDGES HAVING READ ALL THE PROVISIONS OF THIS MODIFICATION OF DEED OF TRUST AND GRANTOR AGREES TO ITS TERMS. THIS MODIFICATION OF DEED OF TRUST IS DATED MAY 10, 2012.

THIS MODIFICATION IS GIVEN UNDER SEAL AND IT IS INTENDED THAT THIS MODIFICATION IS AND SHALL CONSTITUTE AND HAVE THE EFFECT OF A SEALED INSTRUMENT ACCORDING TO LAW.

GRANTOR:

X Debra Mowery (Seal)
Debra Mowery

LENDER:

NBRS FINANCIAL BANK

X Debra Dech (Seal)
Authorized Officer



20
40
42.90
T
1A

5/15/12

2017 Amount Spent on Terry Carroll

[illegible]

2016 Amount Spent on Terry Carroll

[illegible]

2015 Amount Spent on Terry Carroll

[illegible]

2014 Amount Spent on Terry Carroll

[illegible]

2013 Amount Spent on Terry Carroll

[illegible]

2012 Amount Spent on Terry Carroll

[illegible]

2011 Amount Spent on Terry Carroll

[illegible]

2009 Amount Spent on Terry Carroll

[illegible]

2008 Amount Spent on Terry Carroll

[illegible]

2007 Amount Spent on Terry Carroll

[illegible]

2006 Amount Spent on Terry Carroll

[illegible]

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

ARTICLES OF INCORPORATION

TYPE OR PRINT CLEARLY IN BLACK INK

1. The name of the proposed corporation is Upstate RE Group, Inc
2. The initial registered office of the corporation is 109 Linda Lane
Street Address
- Easley Pickens SC 29642
City County State Zip Code

and the initial registered agent at such address is Debra Mowery
Print Name

I hereby consent to the appointment as registered agent of the corporation:

Debra Mowery
Agent's Signature

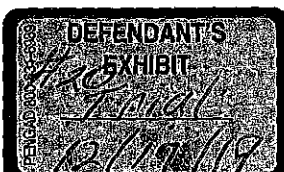
3. The corporation is authorized to issue shares of stock as follows. Complete "a" or "b", whichever is applicable:
- a. ☒ The corporation is authorized to issue a single class of shares, the total number of shares authorized is 100.
- b. ☐ The corporation is authorized to issue more than one class of shares:

Class of Shares	Authorized No. of Each Class

The relative right, preference, and limitations of the shares of each class, and of each series within a class, are as follows:

4. The existence of the corporation shall begin as of the filing date with the Secretary of State unless a delayed date is indicated (See Section 33-1-230(b) of the 1976 South Carolina Code of Laws, as amended) _____
- CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

APR 13 2017



Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA
ROA PAGE 399

5. The optional provisions, which the corporation elects to include in the articles of incorporation, are as follows (See the applicable provisions of Sections 33-2-102, 35-2-105, and 35-2-221 of the 1976 South Carolina Code of Laws, as amended).

6. The name, address, and signature of each incorporator is as follows (only one incorporator is required):

a. Debra Mowery
Name
Debra Mowery
Address
109 Linda Ln Easley SC 29642
Signature

b. _____
Name

Address

Signature

c. _____
Name

Address

Signature

7. I, Tia M Bagwell, an attorney licensed to practice in the state of South Carolina, certify that the corporation, to whose articles of incorporation this certificate is attached, has complied with the requirements of Chapter 2, Title 33 of the 1976 South Carolina Code of Laws, as amended, relating to the articles of incorporation.

Date 9/16/17 Signature [Signature]

Tia M Bagwell
Type or Print Name

603 W Main St
Address

Walla, SC 29691

864-718-0777
Telephone Number

Edward Jones
MAKING SENSE OF INVESTING

201 Progress Parkway
Maryland Heights, MO 63043

Check Number
132208390

Account Number
[REDACTED]

00000136 01 MB 0.402 01 TR 00007 EJCDD21



DEBRA MOWERY
PO BOX 98
WHITEFORD MD 21160-0098

Account Registration

EDWARD D JONES & CO CUSTODIAN
FBO DEBRA MOWERY RTH
PO BOX 98
WHITEFORD MD 21160

Don't stand in a line at the bank. Ask your Financial Advisor how you can have money sent directly to your bank account.

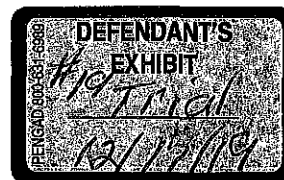
Date	Description	Amount
10/17/13	RETIREMENT DISTRIBUTION AT YOUR REQUEST	7,751.43
	<i>11-6-13 - gave Back to Cray</i>	
	TOTAL CHECK ISSUED	<u>7,751.43</u>

concerning the possible eligibility of the retirement plan holdings for this type of program.

THANK YOU FOR ALLOWING EDWARD JONES THE OPPORTUNITY TO SERVE YOU.

RECEIVED BY:

[Signature]



For the year Jan. 1–Dec. 31, 2011, or other tax year beginning _____, ending _____			See separate instructions.
Your first name Debra	M.I. _____	Last name Mowery	Suffix _____
If a joint return, spouse's first name _____			Spouse's social security number _____
Home address (number and street). If you have a P.O. box, see instructions. 4548 Church Street			Apt. no. _____
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Whiteford MD 21160			Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☒ You ☐ Spouse
Foreign country name _____ Foreign province/county _____ Foreign postal code _____			

Filing Status

- 1 ☐ Single
- 2 ☐ Married filing jointly (even if only one had income)
- 3 ☐ Married filing separately. Enter spouse's SSN above and full name here.

- 4 ☒ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here.

Check only one box.

5 ☐ Qualifying widow(er) with dependent child

Exemptions

- 6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a
- b ☐ Spouse

c Dependents:

(1) First name Last name

V M

Terence Carroll

(2) Dependent's social security number

(3) Dependent's relationship to you

Daughter

Other

(4) ☒ If child under age 17 qualifying for child tax credit (see instructions)

Boxes checked on 6a and 6b

No. of children on 6c who:

- lived with you
- did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above

1

1

0

1

3

d Total number of exemptions claimed

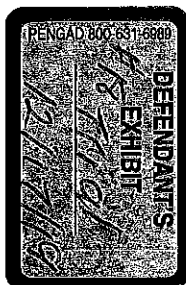
Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	2,833
8a Taxable interest. Attach Schedule B if required	8a	
b Tax-exempt interest. Do not include on line 8a	8b	
9a Ordinary dividends. Attach Schedule B if required	9a	
b Qualified dividends	9b	
10 Taxable refunds, credits, or offsets of state and local income taxes	10	
11 Alimony received	11	
12 Business income or (loss). Attach Schedule C or C-EZ	12	19,749
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here	13	
14 Other gains or (losses). Attach Form 4797	14	
15a IRA distributions	15a	
b Taxable amount	15b	30,000
16a Pensions and annuities	16a	
b Taxable amount	16b	
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18 Farm income or (loss). Attach Schedule F	18	
19 Unemployment compensation	19	
20a Social security benefits	20a	
b Taxable amount	20b	0
21 Other income. List type and amount	21	
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income	22	52,582
23 Educator expenses	23	
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25 Health savings account deduction. Attach Form 8889	25	
26 Moving expenses. Attach Form 3903	26	
27 Deductible part of self-employment tax. Attach Schedule SE	27	1,395
28 Self-employed SEP, SIMPLE, and qualified plans	28	
29 Self-employed health insurance deduction	29	
30 Penalty on early withdrawal of savings	30	
31a Alimony paid b Recipient's SSN	31a	
32 IRA deduction	32	2,833
33 Student loan interest deduction	33	
34 Tuition and fees. Attach Form 8917	34	
35 Domestic production activities deduction. Attach Form 8903	35	
36 Add lines 23 through 31a and 32 through 35	36	4,228
37 Subtract line 36 from line 22. This is your adjusted gross income	37	48,354

Adjusted Gross Income

Tax and Credits**Standard Deduction for—**

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:
Single or Married filing separately, \$5,800
Married filing jointly or Qualifying widow(er), \$11,600
Head of household, \$8,500

38	Amount from line 37 (adjusted gross income).	38	48,354
39a	Check ☐ You were born before January 2, 1947, if: ☐ Spouse was born before January 2, 1947, ☐ Blind. ☐ Blind. Total boxes checked ☐ 39a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here. ☐ 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	8,500
41	Subtract line 40 from line 38	41	39,854
42	Exemptions. Multiply \$3,700 by the number on line 6d	42	11,100
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	28,754
44	Tax (see instructions). Check if any from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐ 962 election	44	3,709
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Add lines 44 and 45	46	3,709
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Education credits from Form 8863, line 23	49	
50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit (see instructions).	51	1,000
52	Residential energy credits. Attach Form 5695	52	
53	Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐	53	
54	Add lines 47 through 53. These are your total credits	54	1,000
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	2,709

Other Taxes

56	Self-employment tax. Attach Schedule SE	56	2,426
57	Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919	57	
58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	3,000
59a	Household employment taxes from Schedule H	59a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
60	Other taxes. Enter code(s) from instructions	60	
61	Add lines 55 through 60. This is your total tax	61	8,135

Payments

If you have a qualifying child, attach Schedule EIC.

62	Federal income tax withheld from Forms W-2 and 1099	62	308
63	2011 estimated tax payments and amount applied from 2010 return	63	
64a	Earned income credit (EIC)	64a	NO
b	Nontaxable combat pay election	64b	
65	Additional child tax credit. Attach Form 8812	65	
66	American opportunity credit from Form 8863, line 14	66	
67	First-time homebuyer credit from Form 5405, line 10	67	
68	Amount paid with request for extension to file	68	
69	Excess social security and tier 1 RRTA tax withheld	69	
70	Credit for federal tax on fuels. Attach Form 4136	70	
71	Credits from Form: a ☐ 2439 b ☐ 8839 c ☐ 8801 d ☐ 8885	71	
72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72	308

Refund

Direct deposit? See instructions.

73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here. ☐	74a	
b	Routing number	c Type: ☐ Checking ☐ Savings	
d	Account number		
75	Amount of line 73 you want applied to your 2012 estimated tax	75	

Amount You Owe

76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions	76	7,827
77	Estimated tax penalty (see instructions)	77	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete below. ☒ No

Designee's name Phone no. Personal identification number (PIN)

Sign Here

Joint return? See instructions. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation self employed	Daytime phone number
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name Debra Mowery	Preparer's signature Debra Mowery	Date 8/24/2019	Check ☒ if self-employed	PTIN
Firm's name Hawk Shadow Business Services	Firm's EIN 	Phone no. (410) 452-0010		
Firm's address P.O. Box 98	Whiteford MD 21160			

Form **2210**Department of the Treasury
Internal Revenue Service**Underpayment of
Estimated Tax by Individuals, Estates, and Trusts**

▶ See separate instructions.

▶ Attach to Form 1040, 1040A, 1040NR, 1040NR-EZ, or 1041.

2011Attachment
Sequence No. **06**Name(s) shown on tax return
Debra MoweryIdentifying number
[REDACTED]**Do You Have To File Form 2210?**

Complete lines 1 through 7 below. Is line 7 less than \$1,000? **Yes** → **Do not file Form 2210. You do not owe a penalty.**

No → Complete lines 8 and 9 below. Is line 6 equal to or more than line 9? **Yes** → **You do not owe a penalty. Do not file Form 2210 (but if box E in Part II applies, you must file page 1 of Form 2210).**

No → You may owe a penalty. Does any box in Part II below apply? **Yes** → **You must file Form 2210. Does box B, C, or D in Part II apply?**

No → **Do not file Form 2210. You are not required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III or Part IV as a worksheet and enter your penalty amount on your tax return, but do not file Form 2210.**

Yes → **You must figure your penalty.**

No → **You are not required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III or Part IV as a worksheet and enter your penalty amount on your tax return, but file only page 1 of Form 2210.**

Part I Required Annual Payment

1	Enter your 2011 tax after credits from Form 1040, line 55 (see instructions if not filing Form 1040)	1	2,709
2	Other taxes, including self-employment tax (see instructions)	2	2,426
3	Refundable credits. Enter the total of your earned income credit, additional child tax credit, American opportunity credit (Form 8863, line 14), first-time homebuyer credit (Form 5405, line 10), credit for federal tax paid on fuels, adoption credit, refundable credit for prior year minimum tax (Form 8801, line 27), health coverage tax credit, and credit determined under section 1341(a)(5)(B) (see instructions)	3	()
4	Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, stop; you do not owe a penalty. Do not file Form 2210	4	5,135
5	Multiply line 4 by 90% (.90)	5	4,622
6	Withholding taxes. Do not include estimated tax payments. (see instructions)	6	308
7	Subtract line 6 from line 4. If less than \$1,000, stop; you do not owe a penalty. Do not file Form 2210	7	4,827
8	Maximum required annual payment based on prior year's tax (see instructions)	8	0
9	Required annual payment. Enter the smaller of line 5 or line 8	9	0

Next: Is line 9 more than line 6?

- ☒ **No.** You do not owe a penalty. Do not file Form 2210 unless box E below applies.
- ☐ **Yes.** You may owe a penalty, but do not file Form 2210 unless one or more boxes in Part II below applies.
- If box B, C, or D applies, you must figure your penalty and file Form 2210.
 - If box A or E applies (but not B, C, or D) file only page 1 of Form 2210. You are not required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III or IV as a worksheet and enter your penalty on your tax return, but file only page 1 of Form 2210.

Part II Reasons for Filing Check applicable boxes. If none apply, do not file Form 2210.

- A ☐ You request a **waiver** (see instructions) of your entire penalty. You must check this box and file page 1 of Form 2210, but you are not required to figure your penalty.
- B ☐ You request a **waiver** (see instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210.
- C ☐ Your income varied during the year and your penalty is reduced or eliminated when figured using the **annualized income installment method**. You must figure the penalty using Schedule AI and file Form 2210.
- D ☐ Your penalty is lower when figured by treating the federal income tax withheld from your income as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.
- E ☐ You filed or are filing a joint return for either 2010 or 2011, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you are not required to figure your penalty (unless box B, C, or D applies).

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

For information on Schedule C and its instructions, go to www.irs.gov/schedulec
Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

APPENDIX PAGE 485

OMB No. 1545-0074

2011

Attachment
Sequence No. **09**

Name of proprietor Debra Mowery		Social security number (SSN) [REDACTED]
A Principal business or profession, including product or service (see instructions) Bookkeeping		B Enter code from instructions 561430
C Business name. If no separate business name, leave blank. Hawk Shadow Business Services		D Employer ID number (EIN), (see instr.) [REDACTED]
E Business address (including suite or room no.) 1613 Main Street City, town or post office, state, and ZIP code Whiteford MD 21160		
F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) _____		
G Did you "materially participate" in the operation of this business during 2011? If "No," see instructions for limit on losses. ☒ Yes ☐ No		
H If you started or acquired this business during 2011, check here ☐		
I Did you make any payments in 2011 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☐ No		
J If "Yes," did you or will you file all required Forms 1099? ☐ Yes ☐ No		

Part I Income

1a Merchant card and third party payments. For 2011, enter -0-	1a	0
b Gross receipts or sales not entered on line 1a (see instructions)	1b	40,664
c Income reported to you on Form W-2 if the "Statutory Employee" box on that form was checked. Caution. See instr. before completing this line	1c	
d Total gross receipts. Add lines 1a through 1c	1d	40,664
2 Returns and allowances plus any other adjustments (see instructions)	2	
3 Subtract line 2 from line 1d	3	40,664
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	40,664
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	40,664

Part II Expenses

Enter expenses for business use of your home only on line 30.

8 Advertising	8	2,032	18 Office expense (see instructions)	18	3,142
9 Car and truck expenses (see instructions)	9	9,443	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):	20a	
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20b	
12 Depletion	12		b Other business property	21	551
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		22 Supplies (not included in Part III)	22	
14 Employee benefit programs (other than on line 19)	14		23 Taxes and licenses	23	100
15 Insurance (other than health)	15		24 Travel, meals, and entertainment:	24a	52
16 Interest:			a Travel	24b	917
a Mortgage (paid to banks, etc.)	16a		b Deductible meals and entertainment (see instructions)	25	1,832
b Other	16b		26 Utilities	26	
17 Legal and professional services	17		27a Other expenses (from line 48)	27a	873
			b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	18,942		28	18,942
29 Tentative profit or (loss). Subtract line 28 from line 7	29	21,722		29	21,722
30 Expenses for business use of your home. Attach Form 8829. Do not report such expenses elsewhere	30	1,973		30	1,973
31 Net profit or (loss). Subtract line 30 from line 29.	31	19,749		31	19,749
• If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. If you entered an amount on line 1c, see instr. Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.					
32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. If you entered an amount on line 1c, see the instructions for line 31. Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.					
32a ☐ All investment is at risk. 32b ☐ Some investment is not at risk.					

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation. ☐ Yes ☐ No

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36 Purchases less cost of items withdrawn for personal use	36	
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	0
41 Inventory at end of year	41	
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	0

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶

44 Of the total number of miles you drove your vehicle during 2011, enter the number of miles you used your vehicle for:

a Business See statement b Commuting (see instructions) c Other

45 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

47 a Do you have evidence to support your deduction? ☐ Yes ☐ No

b If "Yes," is the evidence written? ☐ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

Contributions	35
Professional Development	99
Miscellaneous	56
Debt	683
48 Total other expenses. Enter here and on line 27a	873

For the year Jan. 1–Dec. 31, 2012, or other tax year beginning _____, ending _____			See separate instructions.
Your first name Debra	M.I. M	Last name Mowery	Suffix Suff
If a joint return, spouse's first name _____ M.I. _____ Last name _____ Suffix _____			Your social security number [REDACTED]
Home address (number and street). If you have a P.O. box, see instructions. 4548 Church Street			Apt. no. _____
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Whiteford MD 21160			Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☒ You ☐ Spouse
Foreign country name _____ Foreign province/state/county _____ Foreign postal code _____			

Filing Status	1 ☐ Single	4 ☒ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here.
	2 ☐ Married filing jointly (even if only one had income)	
	3 ☐ Married filing separately. Enter spouse's SSN above and full name here.	
Check only one box.	First name _____ Last name _____	SSN _____
	5 ☐ Qualifying widow(er) with dependent child	

Exemptions	6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a	Boxes checked on 6a and 6b 1			
	b ☐ Spouse				
	c Dependents:		No. of children on 6c who: • lived with you 1 • did not live with you due to divorce or separation (see instructions) 0 Dependents on 6c not entered above 0 Add numbers on lines above 2		
	(1) First name Last name	(2) Dependent's social security number		(3) Dependent's relationship to you	(4) ☒ If child under age 17 qualifying for child tax credit (see instructions)
	V [REDACTED] M [REDACTED]	[REDACTED]		Daughter	☐
				☐	
If more than four dependents, see instructions and check here ☐	d Total number of exemptions claimed				

Income	7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	525
	8a Taxable interest. Attach Schedule B if required	8a	11
	b Tax-exempt interest. Do not include on line 8a	8b	
	9a Ordinary dividends. Attach Schedule B if required	9a	
	b Qualified dividends	9b	
	10 Taxable refunds, credits, or offsets of state and local income taxes	10	
	11 Alimony received	11	
	12 Business income or (loss). Attach Schedule C or C-EZ	12	24,908
	13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐	13	
	14 Other gains or (losses). Attach Form 4797	14	
	15a IRA distributions	15a	
	b Taxable amount	15b	
	16a Pensions and annuities	16a	
	b Taxable amount	16b	
	17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
	18 Farm income or (loss). Attach Schedule F	18	
	19 Unemployment compensation	19	
	20a Social security benefits	20a	
	b Taxable amount	20b	0
	21 Other income. List type and amount	21	
	22 Combine the amounts in the far right column for lines 7 through 21. This is your total income	22	25,444
	Adjusted Gross Income	23 Educator expenses	23
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ		24	
25 Health savings account deduction. Attach Form 8889		25	
26 Moving expenses. Attach Form 3903		26	
27 Deductible part of self-employment tax. Attach Schedule SE		27	1,759
28 Self-employed SEP, SIMPLE, and qualified plans		28	
29 Self-employed health insurance deduction		29	
30 Penalty on early withdrawal of savings		30	
31a Alimony paid b Recipient's SSN		31a	
32 IRA deduction		32	
33 Student loan interest deduction		33	
34 Tuition and fees. Attach Form 8917	34		
35 Domestic production activities deduction. Attach Form 8903	35		
36 Add lines 23 through 31a and 32 through 35	36	1,759	
37 Subtract line 36 from line 22. This is your adjusted gross income	37	23,685	

Form

8829

Expenses for Business Use of Your Home

► File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.

► Go to www.irs.gov/Form8829 for instructions and the latest information.

2017

Attachment
Sequence No. 176Department of the Treasury
Internal Revenue Service (99)

Name(s) of proprietor(s)

Debra Mowery

Your social security number

Part I Part of Your Home Used for Business

1	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions)	1	250
2	Total area of home	2	1,700
3	Divide line 1 by line 2. Enter the result as a percentage	3	14.71%
For daycare facilities not used exclusively for business, go to line 4. All others, go to line 7.			
4	Multiply days used for daycare during year by hours used per day	4	hr.
5	Total hours available for use during the year (365 days x 24 hours) (see instructions)	5	8,760 hr.
6	Divide line 4 by line 5. Enter the result as a decimal amount	6	0.0000
7	Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3	7	14.71%

Part II Figure Your Allowable Deduction

8	Enter the amount from Schedule C, line 29, plus any gain derived from the business use of your home, minus any loss from the trade or business not derived from the business use of your home (see instructions). See instructions for columns (a) and (b) before completing lines 9-21.	8	1,495
		(a) Direct expenses	(b) Indirect expenses
9	Casualty losses (see instructions)	9	
10	Deductible mortgage interest (see instructions)	10	
11	Real estate taxes (see instructions)	11	
12	Add lines 9, 10, and 11	12	0
13	Multiply line 12, column (b), by line 7	13	0
14	Add line 12, column (a), and line 13	14	0
15	Subtract line 14 from line 8. If zero or less, enter -0-	15	1,495
16	Excess mortgage interest (see instructions)	16	
17	Insurance	17	
18	Rent	18	
19	Repairs and maintenance	19	
20	Utilities	20	
21	Other expenses (see instructions)	21	
22	Add lines 16 through 21	22	0
23	Multiply line 22, column (b), by line 7	23	0
24	Carryover of prior year operating expenses (see instructions)	24	
25	Add line 22, column (a), line 23, and line 24	25	0
26	Allowable operating expenses. Enter the smaller of line 15 or line 25	26	0
27	Limit on excess casualty losses and depreciation. Subtract line 26 from line 15	27	1,495
28	Excess casualty losses (see instructions)	28	
29	Depreciation of your home from line 41 below	29	
30	Carryover of prior year excess casualty losses and depreciation (see instructions)	30	
31	Add lines 28 through 30	31	0
32	Allowable excess casualty losses and depreciation. Enter the smaller of line 27 or line 31	32	0
33	Add lines 14, 26, and 32	33	0
34	Casualty loss portion, if any, from lines 14 and 32. Carry amount to Form 4684 (see instructions)	34	0
35	Allowable expenses for business use of your home. Subtract line 34 from line 33. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions	35	0

Part III Depreciation of Your Home

36	Enter the smaller of your home's adjusted basis or its fair market value (see instructions)	36	
37	Value of land included on line 36	37	
38	Basis of building. Subtract line 37 from line 36	38	0
39	Business basis of building. Multiply line 38 by line 7	39	0
40	Depreciation percentage (see instructions)	40	2.564%
41	Depreciation allowable (see instructions). Multiply line 39 by line 40. Enter here and on line 29 above	41	0

Part IV Carryover of Unallowed Expenses to 2018

42	Operating expenses. Subtract line 26 from line 25. If less than zero, enter -0-	42	0
43	Excess casualty losses and depreciation. Subtract line 32 from line 31. If less than zero, enter -0-	43	0

For Paperwork Reduction Act Notice, see your tax return instructions.

HTA

Tax and Credits**Standard Deduction for—**

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:

Single or Married filing separately, \$5,950
Married filing jointly or Qualifying widow(er), \$11,900
Head of household, \$8,700

38	Amount from line 37 (adjusted gross income).	38	23,685
39a	Check ☐ You were born before January 2, 1948, ☐ Blind. ☐ Spouse was born before January 2, 1948, ☐ Blind. Total boxes checked ☐ 39a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here. ☐ 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	8,700
41	Subtract line 40 from line 38	41	14,985
42	Exemptions. Multiply \$3,800 by the number on line 6d	42	7,600
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	7,385
44	Tax (see instructions). Check if any from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐ 962 election	44	738
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Add lines 44 and 45	46	738
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Education credits from Form 8863, line 19	49	
50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit. Attach Schedule 8812, if required	51	
52	Residential energy credits. Attach Form 5695	52	
53	Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐	53	
54	Add lines 47 through 53. These are your total credits	54	
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	738

Other Taxes

56	Self-employment tax. Attach Schedule SE	56	3,059
57	Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919	57	
58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
59a	Household employment taxes from Schedule H	59a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
60	Other taxes. Enter code(s) from instructions	60	
61	Add lines 55 through 60. This is your total tax	61	3,797

Payments

If you have a qualifying child, attach Schedule EIC.

62	Federal income tax withheld from Forms W-2 and 1099	62	50
63	2012 estimated tax payments and amount applied from 2011 return	63	
64a	Earned income credit (EIC)	64a	2,117
b	Nontaxable combat pay election	64b	
65	Additional child tax credit. Attach Schedule 8812	65	
66	American opportunity credit from Form 8863, line 8	66	
67	Reserved	67	
68	Amount paid with request for extension to file	68	
69	Excess social security and tier 1 RRTA tax withheld	69	
70	Credit for federal tax on fuels. Attach Form 4136	70	
71	Credits from Form: a ☐ 2439 b ☒ Reserved c ☐ 8801 d ☐ 8885	71	
72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72	2,167

Refund

Direct deposit? See instructions.

73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here. ☐	74a	
b	Routing number	c Type: ☐ Checking ☐ Savings	
d	Account number		
75	Amount of line 73 you want applied to your 2013 estimated tax	75	

Amount You Owe

76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions	76	1,659
77	Estimated tax penalty (see instructions)	77	29

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete below. ☒ No

Designee's name	Phone no.	Personal identification number (PIN)
-----------------	-----------	--------------------------------------

Sign Here

Joint return? See instructions. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation self employed	Daytime phone number
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date 11/7/2013	Check ☐ If self-employed	PTIN
Firm's name	Firm's EIN	Phone no.		
Firm's address				

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

► For information on Schedule C and its instructions, go to www.irs.gov/schedulec.
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

APPENDIX PAGE 490

OMB No. 1545-0074

2012

Attachment
Sequence No. **09**

Name of proprietor Debra Mowery		Social security number (SSN) [REDACTED]
A Principal business or profession, including product or service (see instructions) Bookkeeping	B Enter code from Instructions 61430	
C Business name. If no separate business name, leave blank. Hawk Shadow Business Services	D Employer ID number (EIN), (see instr.) [REDACTED]	
E Business address (including suite or room no.) 1613 Main Street City, town or post office, state, and ZIP code Whiteford MD 21160		
F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) _____		
G Did you "materially participate" in the operation of this business during 2012? If "No," see instructions for limit on losses		☒ Yes ☐ No
H If you started or acquired this business during 2012, check here		☐ Yes ☐ No
I Did you make any payments in 2012 that would require you to file Form(s) 1099? (see instructions)		☐ Yes ☐ No
J If "Yes," did you or will you file required Forms 1099?		☐ Yes ☐ No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ☐	1	36,089
2 Returns and allowances (see instructions)	2	
3 Subtract line 2 from line 1	3	36,089
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	36,089
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	36,089

Part II Expenses

Enter expenses for business use of your home only on line 30.

8 Advertising	8	179	18 Office expense (see instructions)	18	1,888
9 Car and truck expenses (see instructions)	9	6,383	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depreciation	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	54
14 Employee benefit programs (other than on line 19).	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals and entertainment (see instructions)	24b	1,169
17 Legal and professional services	17		25 Utilities	25	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a			26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7			27a Other expenses (from line 48)	27a	107
30 Expenses for business use of your home. Attach Form 8829. Do not report such expenses elsewhere			b Reserved for future use	27b	
31 Net profit or (loss). Subtract line 30 from line 29.			28	28	9,780
• If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2.			29	29	26,309
(If you checked the box on line 1, see instructions) Estates and trusts, enter on Form 1041, line 3.			30	30	1,401
• If a loss, you must go to line 32.			31	31	24,908
32 If you have a loss, check the box that describes your investment in this activity (see instructions).					
• If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions.)					
Estates and trusts, enter on Form 1041, line 3.					
• If you checked 32b, you must attach Form 6198. Your loss may be limited.					

- 32a** ☐ All investment is at risk.
32b ☐ Some investment is not at risk.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule C (Form 1040) 2012

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory:	a ☐ Cost	b ☐ Lower of cost or market	c ☐ Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No			
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		0
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		0

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month, day, year)	► See statement
44	Of the total number of miles you drove your vehicle during 2012, enter the number of miles you used your vehicle for:	
	a Business See statement	b Commuting (see instructions)
	c Other	
45	Was your vehicle available for personal use during off-duty hours?	☐ Yes ☐ No
46	Do you (or your spouse) have another vehicle available for personal use?	☐ Yes ☐ No
47 a	Do you have evidence to support your deduction?	☐ Yes ☐ No
	b If "Yes," is the evidence written?	☐ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

Professional Development	67
Miscellaneous	40
48 Total other expenses. Enter here and on line 27a	107

Department of the Treasury
Internal Revenue Service (99)

File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.

Information about Form 8829 and its separate instructions is at www.irs.gov/form8829.**2012**Attachment
Sequence No. 176

Name(s) of proprietor(s)

Debra Mowery

Your social security number

Part I Part of Your Home Used for Business

1	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions)	1	340
2	Total area of home	2	2,440
3	Divide line 1 by line 2. Enter the result as a percentage	3	13.93%
For daycare facilities not used exclusively for business, go to line 4. All others go to line 7.			
4	Multiply days used for daycare during year by hours used per day	4	hr.
5	Total hours available for use during the year (366 days x 24 hours) (see instructions)	5	8,784 hr.
6	Divide line 4 by line 5. Enter the result as a decimal amount	6	0.0000
7	Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3	7	13.93%

Part II Figure Your Allowable Deduction

8	Enter the amount from Schedule C, line 29, plus any gain derived from the business use of your home and shown on Schedule D or Form 4797, minus any loss from the trade or business not derived from the business use of your home and shown on Schedule D or Form 4797. See instructions	8	26,309
See instructions for columns (a) and (b) before completing lines 9-21.			
		(a) Direct expenses	(b) Indirect expenses
9	Casualty losses (see instructions)	9	
10	Deductible mortgage interest (see instructions)	10	
11	Real estate taxes (see instructions)	11	
12	Add lines 9, 10, and 11	12	0
13	Multiply line 12, column (b) by line 7	13	0
14	Add line 12, column (a) and line 13	14	0
15	Subtract line 14 from line 8. If zero or less, enter -0-	15	26,309
16	Excess mortgage interest (see instructions)	16	
17	Insurance	17	1,200
18	Rent	18	2,273
19	Repairs and maintenance	19	89
20	Utilities	20	4,697
21	Other expenses (see instructions)	21	
22	Add lines 16 through 21	22	0
23	Multiply line 22, column (b) by line 7	23	1,150
24	Carryover of operating expenses from 2011 Form 8829, line 42	24	251
25	Add line 22, column (a), line 23, and line 24	25	1,401
26	Allowable operating expenses. Enter the smaller of line 15 or line 25	26	1,401
27	Limit on excess casualty losses and depreciation. Subtract line 26 from line 15	27	24,908
28	Excess casualty losses (see instructions)	28	
29	Depreciation of your home from line 41 below	29	
30	Carryover of excess casualty losses and depreciation from 2011 Form 8829, line 43	30	
31	Add lines 28 through 30	31	0
32	Allowable excess casualty losses and depreciation. Enter the smaller of line 27 or line 31	32	0
33	Add lines 14, 26, and 32	33	1,401
34	Casualty loss portion, if any, from lines 14 and 32. Carry amount to Form 4684 (see instructions)	34	
35	Allowable expenses for business use of your home. Subtract line 34 from line 33. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions	35	1,401

Part III Depreciation of Your Home

36	Enter the smaller of your home's adjusted basis or its fair market value (see instructions)	36	0
37	Value of land included on line 36	37	
38	Basis of building. Subtract line 37 from line 36	38	0
39	Business basis of building. Multiply line 38 by line 7	39	0
40	Depreciation percentage (see instructions)	40	0.000%
41	Depreciation allowable (see instructions). Multiply line 39 by line 40. Enter here and on line 29 above	41	0

Part IV Carryover of Unallowed Expenses to 2013

42	Operating expenses. Subtract line 26 from line 25. If less than zero, enter -0-	42	0
43	Excess casualty losses and depreciation. Subtract line 32 from line 31. If less than zero, enter -0-	43	0

For Paperwork Reduction Act Notice, see your tax return instructions.
HTA

Form 8829 (2012)

For the year Jan. 1–Dec. 31, 2013, or other tax year beginning _____, ending _____			See separate instructions.
Your first name Debra	M.I. M	Last name Mowery	Suffix Suff
If a joint return, spouse's first name _____ M.I. _____ Last name _____ Suffix _____			Your social security number [REDACTED]
Home address (number and street). If you have a P.O. box, see instructions. 4548 Church Street			Apt. no. Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Whiteford MD 21160			Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse
Foreign country name _____ Foreign province/state/county _____ Foreign postal code _____			

Filing Status	1 ☐ Single	4 ☒ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here.
	2 ☐ Married filing jointly (even if only one had income)	
3 ☐ Married filing separately. Enter spouse's SSN above and full name here.		
Check only one box.	First name _____ Last name _____	SSN _____
	5 ☐ Qualifying widow(er) with dependent child	

Exemptions	6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a	Boxes checked on 6a and 6b 1
	b ☐ Spouse	
c Dependents:	(1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) ☒ if child under age 17 qualifying for child tax credit (see instructions)	No. of children on 6c who: • lived with you 1 • did not live with you due to divorce or separation (see instructions) 0 Dependents on 6c not entered above 0
	(1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) ☐ if child under age 17 qualifying for child tax credit (see instructions)	
If more than four dependents, see instructions and check here ☐		
d Total number of exemptions claimed		2

Income	7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	
	8a Taxable interest. Attach Schedule B if required	8a	
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	b Tax-exempt interest. Do not include on line 8a	8b	
	9a Ordinary dividends. Attach Schedule B if required	9a	
If you did not get a W-2, see instructions.	b Qualified dividends	9b	
	10 Taxable refunds, credits, or offsets of state and local income taxes	10	
	11 Alimony received	11	
	12 Business income or (loss). Attach Schedule C or C-EZ	12	24,032
	13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐	13	
	14 Other gains or (losses). Attach Form 4797	14	
	15a IRA distributions 15a 11,020 b Taxable amount ROLLOVER	15b	
	16a Pensions and annuities 16a b Taxable amount	16b	
	17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
	18 Farm income or (loss). Attach Schedule F	18	
	19 Unemployment compensation	19	
	20a Social security benefits 20a b Taxable amount	20b	0
	21 Other income. List type and amount	21	
	22 Combine the amounts in the far right column for lines 7 through 21. This is your total income	22	24,032
Adjusted Gross Income	23 Educator expenses	23	
	24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
	25 Health savings account deduction. Attach Form 8889	25	
	26 Moving expenses. Attach Form 3903	26	
	27 Deductible part of self-employment tax. Attach Schedule SE	27	1,698
	28 Self-employed SEP, SIMPLE, and qualified plans	28	
	29 Self-employed health insurance deduction	29	
	30 Penalty on early withdrawal of savings	30	
	31a Alimony paid b Recipient's SSN	31a	
	32 IRA deduction	32	950
	33 Student loan interest deduction	33	
	34 Tuition and fees. Attach Form 8917	34	
	35 Domestic production activities deduction. Attach Form 8903	35	
	36 Add lines 23 through 31a and 32 through 35	36	2,648
	37 Subtract line 36 from line 22. This is your adjusted gross income	37	21,384

Tax and Credits**Standard Deduction for—**

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:

Single or Married filing separately, \$6,100
Married filing jointly or Qualifying widow(er), \$12,200
Head of household, \$8,950

38	Amount from line 37 (adjusted gross income).	38	21,384
39a	Check ☐ You were born before January 2, 1949, ☐ Blind. ☐ Spouse was born before January 2, 1949, ☐ Blind. Total boxes checked ☐ 39a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here. ☐ 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	8,950
41	Subtract line 40 from line 38	41	12,434
42	Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see instructions	42	7,800
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	4,634
44	Tax (see instructions). Check if any from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐	44	463
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Add lines 44 and 45	46	463
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Education credits from Form 8863, line 19	49	
50	Retirement savings contributions credit. Attach Form 8880	50	463
51	Child tax credit. Attach Schedule 8812, if required	51	
52	Residential energy credits. Attach Form 5695	52	
53	Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐	53	
54	Add lines 47 through 53. These are your total credits	54	463
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	0

Other Taxes

56	Self-employment tax. Attach Schedule SE	56	3,396
57	Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919	57	
58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
59a	Household employment taxes from Schedule H	59a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
60	Taxes from: a ☐ Form 8959 b ☐ Form 8960 c ☐ Instructions; enter code(s)	60	
61	Add lines 55 through 60. This is your total tax	61	3,396

Payments

If you have a qualifying child, attach Schedule EIC.

62	Federal income tax withheld from Forms W-2 and 1099	62	
63	2013 estimated tax payments and amount applied from 2012 return	63	
64a	Earned income credit (EIC)	64a	2,484
b	Nontaxable combat pay election	64b	
65	Additional child tax credit. Attach Schedule 8812	65	
66	American opportunity credit from Form 8863, line 8	66	
67	Reserved	67	
68	Amount paid with request for extension to file	68	
69	Excess social security and tier 1 RRTA tax withheld	69	
70	Credit for federal tax on fuels. Attach Form 4136	70	
71	Credits from Form: a ☐ 2439 b ☒ Reserved c ☐ 8885 d ☐	71	
72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72	2,484

Refund

Direct deposit? See instructions.

73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here. ☐	74a	
b	Routing number c Type: ☐ Checking ☐ Savings		
d	Account number		
75	Amount of line 73 you want applied to your 2014 estimated tax	75	

Amount You Owe

76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions	76	912
77	Estimated tax penalty (see instructions)	77	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete below. ☐ No

Designee's name	Phone no.	Personal identification number (PIN)
--------------------------------------	--------------------------------	---

Sign Here

Joint return? See instructions. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name Debra Mowery	Preparer's signature Debra Mowery	Date 2/28/2014	Check ☒ if self-employed
Firm's name	Firm's EIN	Phone no.	
Firm's address	Firm's address		

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

APPENDIX PAGE 495
Profit or Loss From Business
(Sole Proprietorship)

► For information on Schedule C and its instructions, go to www.irs.gov/schedulec.
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2013

Attachment
Sequence No. **09**

Name of proprietor Debra Mowery		Social security number (SSN) [REDACTED]
A Principal business or profession, including product or service (see instructions) Bookkeeping		B Enter code from Instructions ► 561430
C Business name. If no separate business name, leave blank. Hawk Shadow Business Services		D Employer ID number (EIN), (see instr.) [REDACTED]
E Business address (including suite or room no.) ► 4548 Church Street City, town or post office, state, and ZIP code Whiteford MD 21160		
F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2013? If "No," see instructions for limit on losses ☒ Yes ☐ No		
H If you started or acquired this business during 2013, check here ☐		
I Did you make any payments in 2013 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☒ No		
J If "Yes," did you or will you file required Forms 1099? ☐ Yes ☐ No		

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ☐	1	35,337	
2 Returns and allowances	2		
3 Subtract line 2 from line 1	3	35,337	
4 Cost of goods sold (from line 42)	4		
5 Gross profit. Subtract line 4 from line 3	5	35,337	
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6		
7 Gross income. Add lines 5 and 6	7	35,337	

Part II Expenses

Enter expenses for business use of your home only on line 30.

8 Advertising	8	257	18 Office expense (see instructions)	18	1,562
9 Car and truck expenses (see instructions)	9	6,356	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depreciation	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19).	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	63
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals and entertainment (see instructions)	24b	862
17 Legal and professional services	17		25 Utilities	25	2,205
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28		26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29		27a Other expenses (from line 48)	27a	
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30.	30		b Reserved for future use	27b	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions) Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	24,032			
32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.					

32a ☐ All investment is at risk.
32b ☐ Some investment is not at risk.

**SCHEDULE SE
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

APPENDIX PAGE 496
Self-Employment Tax

OMB No. 1545-0074

2013

Attachment
Sequence No. **17**

Information about Schedule SE and its separate instructions is at www.irs.gov/schedulese.

Attach to Form 1040 or Form 1040NR.

Name of person with self-employment income (as shown on Form 1040)

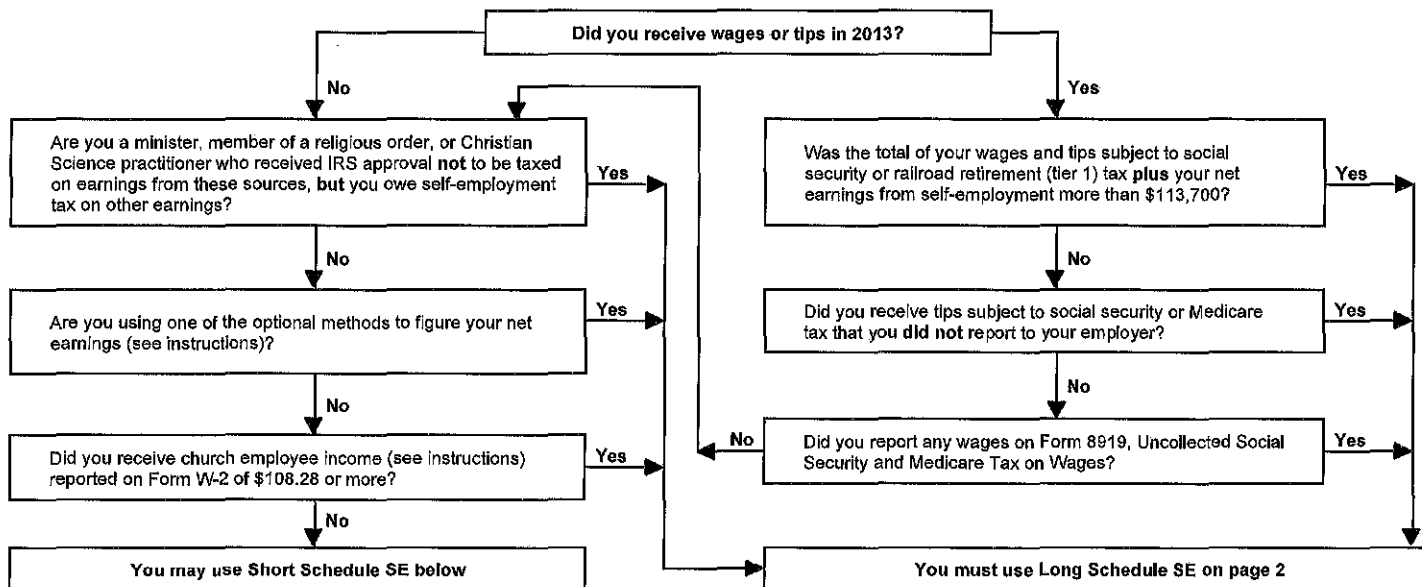
Debra Mowery

Social security number of person
with self-employment income

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart **only** if you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.



Section A—Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

1 a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z	1b ()	
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	2	24,032
3 Combine lines 1a, 1b, and 2	3	24,032
4 Multiply line 3 by 92.35% (.9235). If less than \$400, you do not owe self-employment tax; do not file this schedule unless you have an amount on line 1b Note. If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	4	22,194
5 Self-employment tax. If the amount on line 4 is: • \$113,700 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 56, or Form 1040NR, line 54 • More than \$113,700, multiply line 4 by 2.9% (.029). Then, add \$14,098.80 to the result. Enter the total here and on Form 1040, line 56, or Form 1040NR, line 54	5	3,396
6 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27	6	1,698

For Paperwork Reduction Act Notice, see your tax return instructions.

HTA

Schedule SE (Form 1040) 2013

Form **5329****Additional Taxes on Qualified Plans
(Including IRAs) and Other Tax-Favored Accounts**

▶ Attach to Form 1040 or Form 1040NR.

2013Attachment
Sequence No. **29**Department of the Treasury
Internal Revenue Service (99)Information about Form 5329 and its separate instructions is at www.irs.gov/form5329.

Name of individual subject to additional tax. If married filing jointly, see instructions.

Debra Mowery

Your social security number

**Fill in Your Address Only
If You Are Filing This
Form by Itself and Not
With Your Tax Return**

Home address (number and street), or P.O. box if mail is not delivered to your home

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces below (see instructions).

If this is an amended
return, check here ▶ ☐

Foreign country name

Foreign province/state/county

Foreign postal code

If you **only** owe the additional 10% tax on early distributions, you may be able to report this tax directly on Form 1040, line 58, or Form 1040NR, line 56, without filing Form 5329. See the instructions for Form 1040, line 58, or for Form 1040NR, line 56.**Part I Additional Tax on Early Distributions**

Complete this part if you took a taxable distribution before you reached age 59½ from a qualified retirement plan (including an IRA) or modified endowment contract (unless you are reporting this tax directly on Form 1040 or Form 1040NR-see above). You may also have to complete this part to indicate that you qualify for an exception to the additional tax on early distributions or for certain Roth IRA distributions (see instructions).

1	Early distributions included in income. For Roth IRA distributions, see instructions	1	-3,269
2	Early distributions included on line 1 that are not subject to the additional tax (see instructions). Enter the appropriate exception number from the instructions: 12	2	7,751
3	Amount subject to additional tax. Subtract line 2 from line 1	3	0
4	Additional tax. Enter 10% (.10) of line 3. Include this amount on Form 1040, line 58, or Form 1040NR, line 56. Caution: If any part of the amount on line 3 was a distribution from a SIMPLE IRA, you may have to include 25% of that amount on line 4 instead of 10% (see instructions).	4	0

Part II Additional Tax on Certain Distributions From Education Accounts

Complete this part if you included an amount in income, on Form 1040 or Form 1040NR, line 21, from a Coverdell education savings account (ESA) or a qualified tuition program (QTP).

5	Distributions included in income from Coverdell ESAs and QTPs	5	
6	Distributions included on line 5 that are not subject to the additional tax (see instructions)	6	
7	Amount subject to additional tax. Subtract line 6 from line 5	7	0
8	Additional tax. Enter 10% (.10) of line 7. Include this amount on Form 1040, line 58, or Form 1040NR, line 56	8	0

Part III Additional Tax on Excess Contributions to Traditional IRAs

Complete this part if you contributed more to your traditional IRAs for 2013 than is allowable or you had an amount on line 17 of your 2012 Form 5329.

9	Enter your excess contributions from line 16 of your 2012 Form 5329 (see instructions). If zero, go to line 15 .	9	
10	If your traditional IRA contributions for 2013 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	10	5,550
11	2013 traditional IRA distributions included in income (see instructions)	11	
12	2013 distributions of prior year excess contributions (see instructions)	12	
13	Add lines 10, 11, and 12	13	5,550
14	Prior year excess contributions. Subtract line 13 from line 9. If zero or less, enter -0-	14	0
15	Excess contributions for 2013 (see instructions)	15	
16	Total excess contributions. Add lines 14 and 15	16	0
17	Additional tax. Enter 6% (.06) of the smaller of line 16 or the value of your traditional IRAs on December 31, 2013 (including 2013 contributions made in 2014). Include this amount on Form 1040, line 58, or Form 1040NR, line 56.	17	0

Part IV Additional Tax on Excess Contributions to Roth IRAs

Complete this part if you contributed more to your Roth IRAs for 2013 than is allowable or you had an amount on line 25 of your 2012 Form 5329.

18	Enter your excess contributions from line 24 of your 2012 Form 5329 (see instructions). If zero, go to line 23	18	
19	If your Roth IRA contributions for 2013 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	19	
20	2013 distributions from your Roth IRAs (see instructions)	20	
21	Add lines 19 and 20	21	0
22	Prior year excess contributions. Subtract line 21 from line 18. If zero or less, enter -0-	22	0
23	Excess contributions for 2013 (see instructions)	23	
24	Total excess contributions. Add lines 22 and 23	24	0
25	Additional tax. Enter 6% (.06) of the smaller of line 24 or the value of your Roth IRAs on December 31, 2013 (including 2013 contributions made in 2014). Include this amount on Form 1040, line 58, or Form 1040NR, line 56.	25	0

For Privacy Act and Paperwork Reduction Act Notice, see your tax return instructions.

Form **5329** (2013)

Part V Additional Tax on Excess Contributions to Coverdell ESAs

Complete this part if the contributions to your Coverdell ESAs for 2013 were more than is allowable or you had an amount on line 33 of your 2012 Form 5329.

26	Enter the excess contributions from line 32 of your 2012 Form 5329 (see instructions). If zero, go to line 31	26	
27	If the contributions to your Coverdell ESAs for 2013 were less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	27	
28	2013 distributions from your Coverdell ESAs (see instructions)	28	
29	Add lines 27 and 28	29	0
30	Prior year excess contributions. Subtract line 29 from line 26. If zero or less, enter -0-	30	0
31	Excess contributions for 2013 (see instructions)	31	
32	Total excess contributions. Add lines 30 and 31	32	0
33	Additional tax. Enter 6% (.06) of the smaller of line 32 or the value of your Coverdell ESAs on December 31, 2013 (including 2013 contributions made in 2014). Include this amount on Form 1040, line 58, or Form 1040NR, line 56	33	0

Part VI Additional Tax on Excess Contributions to Archer MSAs

Complete this part if you or your employer contributed more to your Archer MSAs for 2013 than is allowable or you had an amount on line 41 of your 2012 Form 5329.

34	Enter the excess contributions from line 40 of your 2012 Form 5329 (see instructions). If zero, go to line 39	34	
35	If the contributions to your Archer MSAs for 2013 are less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	35	0
36	2013 distributions from your Archer MSAs from Form 8853, line 8	36	
37	Add lines 35 and 36	37	0
38	Prior year excess contributions. Subtract line 37 from line 34. If zero or less, enter -0-	38	0
39	Excess contributions for 2013 (see instructions)	39	
40	Total excess contributions. Add lines 38 and 39	40	0
41	Additional tax. Enter 6% (.06) of the smaller of line 40 or the value of your Archer MSAs on December 31, 2013 (including 2013 contributions made in 2014). Include this amount on Form 1040, line 58, or Form 1040NR, line 56	41	0

Part VII Additional Tax on Excess Contributions to Health Savings Accounts (HSAs)

Complete this part if you, someone on your behalf, or your employer contributed more to your HSAs for 2013 than is allowable or you had an amount on line 49 of your 2012 Form 5329.

42	Enter the excess contributions from line 48 of your 2012 Form 5329. If zero, go to line 47	42	
43	If the contributions to your HSAs for 2013 are less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	43	
44	2013 distributions from your HSAs from Form 8889, line 16	44	
45	Add lines 43 and 44	45	0
46	Prior year excess contributions. Subtract line 45 from line 42. If zero or less, enter -0-	46	0
47	Excess contributions for 2013 (see instructions)	47	
48	Total excess contributions. Add lines 46 and 47	48	0
49	Additional tax. Enter 6% (.06) of the smaller of line 48 or the value of your HSAs on December 31, 2013 (including 2013 contributions made in 2014). Include this amount on Form 1040, line 58, or Form 1040NR, line 56	49	0

Part VIII Additional Tax on Excess Accumulation in Qualified Retirement Plans (Including IRAs)

Complete this part if you did not receive the minimum required distribution from your qualified retirement plan.

50	Minimum required distribution for 2013 (see instructions)	50	
51	Amount actually distributed to you in 2013	51	
52	Subtract line 51 from line 50. If zero or less, enter -0-	52	0
53	Additional tax. Enter 50% (.50) of line 52. Include this amount on Form 1040, line 58, or Form 1040NR, line 56	53	0

Sign Here Only If You Are Filing This Form by Itself and Not With Your Tax Return

Under penalties of perjury, I declare that I have examined this form, including accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

Date

Paid Preparer's Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed	PTIN
	Debra Mowery	Debra Mowery	2/28/2014		
	Firm's name	Hawk Shadow Business Services		Firm's EIN	
	Firm's address	P.O. Box 98, Whiteford, MD 21160		Phone no.	410-452-0010

Form 5329 (2013)

Form **8829****Expenses for Business Use of Your Home**

► File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.

2013Attachment
Sequence No. **176**Department of the Treasury
Internal Revenue Service (99)► Information about Form 8829 and its separate instructions is at www.irs.gov/form8829.

Name(s) of proprietor(s)

Your social security number

Part I Part of Your Home Used for Business

1	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions)	1	
2	Total area of home	2	
3	Divide line 1 by line 2. Enter the result as a percentage	3	0.00%
For daycare facilities not used exclusively for business, go to line 4. All others go to line 7.			
4	Multiply days used for daycare during year by hours used per day	4	hr.
5	Total hours available for use during the year (365 days x 24 hours) (see instructions)	5	8,760 hr.
6	Divide line 4 by line 5. Enter the result as a decimal amount	6	0.0000
7	Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3	7	0.00%

Part II Figure Your Allowable Deduction

8	Enter the amount from Schedule C, line 29, plus any gain derived from the business use of your home and shown on Schedule D or Form 4797, minus any loss from the trade or business not derived from the business use of your home and shown on Schedule D or Form 4797. See instructions	8	
See instructions for columns (a) and (b) before completing lines 9–21.			
	(a) Direct expenses	(b) Indirect expenses	
9	Casualty losses (see instructions)		
10	Deductible mortgage interest (see instructions)		
11	Real estate taxes (see instructions)		
12	Add lines 9, 10, and 11		
13	Multiply line 12, column (b) by line 7		
14	Add line 12, column (a) and line 13		0
15	Subtract line 14 from line 8. If zero or less, enter -0-		0
16	Excess mortgage interest (see instructions)		
17	Insurance		
18	Rent		
19	Repairs and maintenance		
20	Utilities		
21	Other expenses (see instructions)		
22	Add lines 16 through 21		0
23	Multiply line 22, column (b) by line 7		0
24	Carryover of operating expenses from 2012 Form 8829, line 42		
25	Add line 22, column (a), line 23, and line 24		0
26	Allowable operating expenses. Enter the smaller of line 15 or line 25		0
27	Limit on excess casualty losses and depreciation. Subtract line 26 from line 15		0
28	Excess casualty losses (see instructions)		
29	Depreciation of your home from line 41 below		
30	Carryover of excess casualty losses and depreciation from 2012 Form 8829, line 43		
31	Add lines 28 through 30		0
32	Allowable excess casualty losses and depreciation. Enter the smaller of line 27 or line 31		0
33	Add lines 14, 26, and 32		0
34	Casualty loss portion, if any, from lines 14 and 32. Carry amount to Form 4684 (see instructions)		0
35	Allowable expenses for business use of your home. Subtract line 34 from line 33. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions	35	0

Part III Depreciation of Your Home

36	Enter the smaller of your home's adjusted basis or its fair market value (see instructions)	36	
37	Value of land included on line 36	37	
38	Basis of building. Subtract line 37 from line 36	38	0
39	Business basis of building. Multiply line 38 by line 7	39	0
40	Depreciation percentage (see instructions)	40	0.000%
41	Depreciation allowable (see instructions). Multiply line 39 by line 40. Enter here and on line 29 above	41	0

Part IV Carryover of Unallowed Expenses to 2014

42	Operating expenses. Subtract line 26 from line 25. If less than zero, enter -0-	42	0
43	Excess casualty losses and depreciation. Subtract line 32 from line 31. If less than zero, enter -0-	43	0

For the year Jan. 1—Dec. 31, 2014, or other tax year beginning _____, ending _____			See separate instructions.
Your first name Debra	M.I. _____	Last name Mowery	Suffix _____
If a joint return, spouse's first name _____			Spouse's social security number _____
Home address (number and street). If you have a P.O. box, see instructions. 4548 Church Street			Apt. no. _____
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Whiteford MD 21160			Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse
Foreign country name _____		Foreign province/state/county _____	

Filing Status	1	☐ Single	4	☒ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here.
	2	☐ Married filing jointly (even if only one had income)		
	3	☐ Married filing separately. Enter spouse's SSN above and full name here.		

Check only one box.

First name	Last name	SSN
5 ☐ Qualifying widow(er) with dependent child		

Exemptions	6a	☒ Yourself. If someone can claim you as a dependent, do not check box 6a	Boxes checked on 6a and 6b	1
	b	☐ Spouse	No. of children on 6c who:	
	c Dependents:		• lived with you	0
			• did not live with you due to divorce or separation (see instructions)	0
			Dependents on 6c not entered above	1

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ☒ If child under age 17 qualifying for child tax credit (see instructions)
Terence	Carroll	_____	Other	☐
				☐
				☐
				☐

d Total number of exemptions claimed Add numbers on lines above **2**

Income	7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	1,093
	8a	Taxable interest. Attach Schedule B if required	8a	76
	b	Tax-exempt interest. Do not include on line 8a	8b	
	9a	Ordinary dividends. Attach Schedule B if required	9a	
	b	Qualified dividends	9b	
	10	Taxable refunds, credits, or offsets of state and local income taxes	10	
	11	Alimony received	11	
	12	Business income or (loss). Attach Schedule C or C-EZ	12	9,885
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐	13	
	14	Other gains or (losses). Attach Form 4797	14	
	15a	IRA distributions	15a	
	b	Taxable amount	15b	
	16a	Pensions and annuities	16a	
	b	Taxable amount	16b	
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
	18	Farm income or (loss). Attach Schedule F	18	
	19	Unemployment compensation	19	
	20a	Social security benefits	20a	
	b	Taxable amount	20b	0
	21	Other income. List type and amount	21	
	22	Combine the amounts in the far right column for lines 7 through 21. This is your total income	22	11,054

Adjusted Gross Income	23	Educator expenses	23	
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
	25	Health savings account deduction. Attach Form 8889	25	
	26	Moving expenses. Attach Form 3903	26	
	27	Deductible part of self-employment tax. Attach Schedule SE	27	699
	28	Self-employed SEP, SIMPLE, and qualified plans	28	
	29	Self-employed health insurance deduction	29	
	30	Penalty on early withdrawal of savings	30	
	31a	Alimony paid	31a	
	b	Recipient's SSN	31b	
32	IRA deduction	32		
33	Student loan interest deduction	33		
34	Tuition and fees. Attach Form 8917	34		
35	Domestic production activities deduction. Attach Form 8903	35		
36	Add lines 23 through 35	36	699	
37	Subtract line 36 from line 22. This is your adjusted gross income	37	10,355	

Tax and Credits

38	Amount from line 37 (adjusted gross income).	38	10,355
39a	Check ☐ You were born before January 2, 1950, ☐ Blind. ☐ Spouse was born before January 2, 1950, ☐ Blind. Total boxes checked ☐ 39a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here. ☐ 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	9,100
41	Subtract line 40 from line 38	41	1,255
42	Exemptions. If line 38 is \$152,525 or less, multiply \$3,950 by the number on line 6d. Otherwise, see instructions	42	7,900
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0
44	Tax (see instructions). Check if any from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐	44	
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	0
48	Foreign tax credit. Attach Form 1116 if required	48	
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit. Attach Schedule 8812, if required	52	
53	Residential energy credits. Attach Form 5695	53	
54	Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐	54	
55	Add lines 48 through 54. These are your total credits	55	
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	0

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	1,397
58	Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions) Full-year coverage ☒	61	
62	Taxes from: a ☐ Form 8959 b ☐ Form 8960 c ☐ Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	63	1,397

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	91
65	2014 estimated tax payments and amount applied from 2013 return	65	
66a	Earned income credit (EIC)	66a	3,305
b	Nontaxable combat pay election	66b	
67	Additional child tax credit. Attach Schedule 8812	67	
68	American opportunity credit from Form 8863, line 8	68	616
69	Net premium tax credit. Attach Form 8962	69	
70	Amount paid with request for extension to file	70	
71	Excess social security and tier 1 RRTA tax withheld	71	
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a ☐ 2439 b ☐ Reserved c ☐ Reserved d ☐	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	4,012

Refund

Direct deposit? See instructions.

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	2,615
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here. ☐	76a	2,615
b	Routing number XXXXXXXXXX c Type: ☐ Checking ☐ Savings		
d	Account number XXXXXXXXXXXXXXXXXXXX		
77	Amount of line 75 you want applied to your 2015 estimated tax	77	

Amount You Owe

78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	0
79	Estimated tax penalty (see instructions)	79	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete below. ☐ No

Designee's name Debra Mowery Phone no. Personal identification number (PIN)

Sign Here

Joint return? See instructions. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed
Debra Mowery	Debra Mowery	2/23/2015	
Firm's name	Firm's EIN	Phone no.	
Hawk Shadow Business Services			
Firm's address			
P.O. Box 98, Whiteford, MD 21160			

SCHEDULE C
(Form 1040)

Profit or Loss From Business

(Sole Proprietorship)

Department of the Treasury
Internal Revenue Service (99)

- Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.
 ► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

2014

Attachment
Sequence No. 09

Name of proprietor Debra Mowery		Social security number (SSN) [REDACTED]
A Principal business or profession, including product or service (see instructions) Bookkeeping		B Enter code from instructions ► 561430
C Business name. If no separate business name, leave blank. Hawk Shadow Business Services		D Employer ID number (EIN), (see instr.) [REDACTED]
E Business address (including suite or room no.) ► 4548 Church Street City, town or post office, state, and ZIP code Whiteford MD 21160		
F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2014? If "No," see instructions for limit on losses		☒ Yes ☐ No
H If you started or acquired this business during 2014, check here		☐
I Did you make any payments in 2014 that would require you to file Form(s) 1099? (see instructions)		☐ Yes ☒ No
J If "Yes," did you or will you file required Forms 1099?		☐ Yes ☐ No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	1	31,170	
2 Returns and allowances	2		
3 Subtract line 2 from line 1	3	31,170	
4 Cost of goods sold (from line 42)	4		
5 Gross profit. Subtract line 4 from line 3	5	31,170	
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6		
7 Gross income. Add lines 5 and 6	7	31,170	

Part II Expenses. Enter expenses for business use of your home only on line 30.

8 Advertising	8	782	18 Office expense (see instructions)	18	3,431
9 Car and truck expenses (see instructions)	9	11,962	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10	124	20 Rent or lease (see instructions):	20	
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	193
14 Employee benefit programs (other than on line 19).	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	83
16 Interest:			24 Travel, meals, and entertainment:	24	
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals and entertainment (see instructions)	24b	1,447
17 Legal and professional services	17		25 Utilities	25	2,203
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28		26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29		27a Other expenses (from line 48)	27a	396
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30.	30	664	b Reserved for future use	27b	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions) Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.	31	9,885			
32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.			32a ☐ All investment is at risk.		
			32b ☐ Some investment is not at risk.		

For Paperwork Reduction Act Notice, see the separate instructions.

HTA

Schedule C (Form 1040) 2014

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory:	a ☐ Cost	b ☐ Lower of cost or market	c ☐ Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation. ☐ Yes ☐ No			
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		0
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		0

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month, day, year)	▶ 10/1/2010
44	Of the total number of miles you drove your vehicle during 2014, enter the number of miles you used your vehicle for:	
	a Business 21,318	b Commuting (see instructions)
	c Other 7,885	
45	Was your vehicle available for personal use during off-duty hours?	☒ Yes ☐ No
46	Do you (or your spouse) have another vehicle available for personal use?	☒ Yes ☐ No
47 a	Do you have evidence to support your deduction?	☒ Yes ☐ No
	b If "Yes," is the evidence written?	☒ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

Contributions	25
Professional Development	160
Miscellaneous	211
48 Total other expenses. Enter here and on line 27a	396

For the year Jan. 1–Dec. 31, 2015, or other tax year beginning _____, ending _____

See separate instructions.

Your first name M.I. Last name Suffix
Debra M.I. **Mowery**

Your social security number **[REDACTED]**

If a joint return, spouse's first name M.I. Last name Suffix
 Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
4548 Church Street

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).
Whiteford MD 21160

Foreign country name Foreign province/state/county Foreign postal code

Presidential Election Campaign
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Filing Status

1 ☐ Single

2 ☐ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above and full name here.

4 ☒ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here.

5 ☐ Qualifying widow(er) with dependent child

Check only one box.

First name Last name SSN

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a

b ☐ Spouse

c Dependents:

(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ☒ If child under age 17 qualifying for child tax credit (see instructions)
Terence Carroll	[REDACTED]	Other	☐
			☐
			☐
			☐

If more than four dependents, see instructions and check here ☐

d Total number of exemptions claimed

Boxes checked on 6a and 6b **1**

No. of children on 6c who:

- lived with you **0**
- did not live with you due to divorce or separation (see instructions) **0**

Dependents on 6c not entered above **1**

Add numbers on lines above **2**

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 SCH 1432 **7 1,432**

8a Taxable interest. Attach Schedule B if required **8a**

b Tax-exempt interest. Do not include on line 8a **8b**

9a Ordinary dividends. Attach Schedule B if required **9a**

b Qualified dividends **9b**

10 Taxable refunds, credits, or offsets of state and local income taxes **10**

11 Alimony received **11**

12 Business income or (loss). Attach Schedule C or C-EZ **12 31,253**

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here **13**

14 Other gains or (losses). Attach Form 4797 **14**

15a IRA distributions **15a** b Taxable amount **15b**

16a Pensions and annuities **16a** b Taxable amount **16b**

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **17**

18 Farm income or (loss). Attach Schedule F **18**

19 Unemployment compensation **19**

20a Social security benefits **20a** b Taxable amount **20b 0**

21 Other income. List type and amount **21**

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income **22 32,685**

Adjusted Gross Income

23 Educator expenses **23**

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ **24**

25 Health savings account deduction. Attach Form 8889 **25**

26 Moving expenses. Attach Form 3903 **26**

27 Deductible part of self-employment tax. Attach Schedule SE **27 2,208**

28 Self-employed SEP, SIMPLE, and qualified plans **28**

29 Self-employed health insurance deduction **29**

30 Penalty on early withdrawal of savings **30**

31a Alimony paid b Recipient's SSN **31a**

32 IRA deduction **32**

33 Student loan interest deduction **33**

34 Tuition and fees. Attach Form 8917 **34 874**

35 Domestic production activities deduction. Attach Form 8903 **35**

36 Add lines 23 through 35 **36 3,082**

37 Subtract line 36 from line 22. This is your adjusted gross income **37 29,603**

Tax and Credits	38	Amount from line 37 (adjusted gross income).	38	29,603
	39a	Check ☐ You were born before January 2, 1951, ☐ Blind. Total boxes checked ☐ 39a		
		if: ☐ Spouse was born before January 2, 1951, ☐ Blind. Total boxes checked ☐ 39a		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here. ☐ 39b		
Standard Deduction for—	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin).	40	9,250
• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.	41	Subtract line 40 from line 38.	41	20,353
• All others: Single or Married filing separately, \$6,300; Married filing jointly or Qualifying widow(er), \$12,600; Head of household, \$9,250	42	Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions.	42	8,000
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	12,353
	44	Tax (see instructions). Check if any from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐	44	1,238
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
	47	Add lines 44, 45, and 46.	47	1,238
	48	Foreign tax credit. Attach Form 1116 if required	48	
	49	Credit for child and dependent care expenses. Attach Form 2441	49	
	50	Education credits from Form 8863, line 19	50	
	51	Retirement savings contributions credit. Attach Form 8880	51	
	52	Child tax credit. Attach Schedule 8812, if required.	52	
	53	Residential energy credits. Attach Form 5695	53	
	54	Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐	54	
	55	Add lines 48 through 54. These are your total credits.	55	
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	1,238
Other Taxes	57	Self-employment tax. Attach Schedule SE	57	4,416
	58	Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919	58	
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
	60a	Household employment taxes from Schedule H.	60a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required.	60b	
	61	Health care: individual responsibility (see instructions) Full-year coverage ☒	61	
	62	Taxes from: a ☐ Form 8959 b ☐ Form 8960 c ☐ Instructions; enter code(s)	62	
	63	Add lines 56 through 62. This is your total tax.	63	5,654
Payments	64	Federal income tax withheld from Forms W-2 and 1099	64	
	65	2015 estimated tax payments and amount applied from 2014 return	65	
	66a	Earned income credit (EIC)	66a	
	b	Nontaxable combat pay election	66b	
	67	Additional child tax credit. Attach Schedule 8812.	67	
	68	American opportunity credit from Form 8863, line 8.	68	
	69	Net premium tax credit. Attach Form 8962.	69	
	70	Amount paid with request for extension to file	70	5,654
	71	Excess social security and tier 1 RRTA tax withheld	71	
	72	Credit for federal tax on fuels. Attach Form 4136.	72	
	73	Credits from Form: a ☐ 2439 b ☒ Reserved c ☐ 8885 d ☐	73	
	74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments.	74	5,654
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid.	75	
	76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here. ☐	76a	
	b	Routing number		
	c	Type: ☐ Checking ☐ Savings		
	d	Account number		
Direct deposit? See instructions.	77	Amount of line 75 you want applied to your 2016 estimated tax	77	
Amount You Owe	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions.	78	0
	79	Estimated tax penalty (see instructions)	79	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete below. ☐ No

Designee's name Debra Mowery Phone no. 410-452-0010 Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation Self Employed	Daytime phone number
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name Debra Mowery	Preparer's signature Debra Mowery	Date 1/24/2017	Check ☒ if self-employed	PTIN
Firm's name Hawk Shadow Business Services	Firm's EIN 	Phone no. 410-452-0010		
Firm's address P.O. Box 98, Whiteford, MD 21160				

SCHEDULE C
(Form 1040)**Profit or Loss From Business**

(Sole Proprietorship)

2015Attachment
Sequence No. **09**Department of the Treasury
Internal Revenue Service (99)

- Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.
 ► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor Debra Mowery		Social security number (SSN) [REDACTED]
A Principal business or profession, including product or service (see instructions) Bookkeeping		B Enter code from Instructions ► 561430
C Business name. If no separate business name, leave blank. Hawk Shadow Business Services		D Employer ID number (EIN), (see instr.) [REDACTED]
E Business address (including suite or room no.) ► 4548 Church Street City, town or post office, state, and ZIP code Whiteford MD 21160		
F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses. . . . ☒ Yes ☐ No		
H If you started or acquired this business during 2015, check here ☐		
I Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☒ No		
J If "Yes," did you or will you file required Forms 1099? ☐ Yes ☐ No		

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ☐	1	42,715
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	42,715
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	42,715
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	42,715

Part II Expenses. Enter expenses for business use of your home only on line 30.

8 Advertising	8	315	18 Office expense (see instructions)	18	1,896
9 Car and truck expenses (see instructions)	9	5,246	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11	35	a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19).	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals and entertainment (see instructions)	24b	1,242
17 Legal and professional services	17		25 Utilities	25	2,464
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	264
			b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	11,462			
29 Tentative profit or (loss). Subtract line 28 from line 7	29	31,253			
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30.	30				
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions) Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.	31	31,253			
32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.			32a ☐ All investment is at risk.		
			32b ☐ Some investment is not at risk.		

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory:	a ☐ Cost	b ☐ Lower of cost or market	c ☐ Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No			
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		0
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		0

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month, day, year) ▶	10/1/2010
44	Of the total number of miles you drove your vehicle during 2015, enter the number of miles you used your vehicle for:	
	a Business	9,123
	b Commuting (see instructions)	
	c Other	4,369
45	Was your vehicle available for personal use during off-duty hours?	☒ Yes ☐ No
46	Do you (or your spouse) have another vehicle available for personal use?	☒ Yes ☐ No
47 a	Do you have evidence to support your deduction?	☒ Yes ☐ No
	b If "Yes," is the evidence written?	☒ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

Miscellaneous	264
48 Total other expenses. Enter here and on line 27a	264

For the year Jan. 1–Dec. 31, 2016, or other tax year beginning _____, ending _____			See separate instructions.
Your first name Debra	M.I. _____	Last name Mowery	Suffix _____
If a joint return, spouse's first name _____			Spouse's social security number _____
Home address (number and street). If you have a P.O. box, see instructions. 109 Linda Lane			Apt. no. _____
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Easley SC 29642			Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse
Foreign country name _____		Foreign province/state/county _____	

Filing Status

1 ☒ Single 2 ☐ Married filing jointly (even if only one had income) 3 ☐ Married filing separately. Enter spouse's SSN above and full name here.	4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. 5 ☐ Qualifying widow(er) with dependent child
--	--

Check only one box.

First name	Last name	SSN
------------	-----------	-----

Exemptions

6a ☒ **Yourself.** If someone can claim you as a dependent, do not check box 6a

b ☐ **Spouse**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ☒ If child under age 17 qualifying for child tax credit (see instructions)
Terence	Carroll	_____	Other	☐
				☐
				☐
				☐

d Total number of exemptions claimed **2**

Income	Description	Amount	Taxable amount
7	Wages, salaries, tips, etc. Attach Form(s) W-2		
8a	Taxable interest. Attach Schedule B if required		
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required		
b	Qualified dividends	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes		
11	Alimony received		
12	Business income or (loss). Attach Schedule C or C-EZ		-5,391
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐		
14	Other gains or (losses). Attach Form 4797		
15a	IRA distributions	15a	
b	Taxable amount	15b	
16a	Pensions and annuities	16a	
b	Taxable amount	16b	-3,994
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		
18	Farm income or (loss). Attach Schedule F		
19	Unemployment compensation		
20a	Social security benefits	20a	
b	Taxable amount	20b	0
21	Other income. List type and amount		
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income		-9,385
Adjusted Gross Income	23 Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	Deductible part of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid	31a	
b	Recipient's SSN		
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35	36	
37	Subtract line 36 from line 22. This is your adjusted gross income	37	-9,385

APPENDIX PAGE 509

Tax and Credits

38	Amount from line 37 (adjusted gross income).		38	-9,385
39a	Check ☐ You were born before January 2, 1952, ☐ Blind. Total boxes checked ☐ 39a			
	if: ☐ Spouse was born before January 2, 1952, ☐ Blind. } 39b ☐			
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here. ▶ 39b ☐			
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	7,021	
41	Subtract line 40 from line 38	41	-16,406	
42	Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	8,100	
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0	
44	Tax (see instructions). Check if any from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐	44		
45	Alternative minimum tax (see instructions). Attach Form 6251	45		
46	Excess advance premium tax credit repayment. Attach Form 8962	46		
47	Add lines 44, 45, and 46	47	0	
48	Foreign tax credit. Attach Form 1116 if required	48		
49	Credit for child and dependent care expenses. Attach Form 2441	49		
50	Education credits from Form 8863, line 19	50		
51	Retirement savings contributions credit. Attach Form 8880	51		
52	Child tax credit. Attach Schedule 8812, if required	52		
53	Residential energy credits. Attach Form 5695	53		
54	Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐	54		
55	Add lines 48 through 54. These are your total credits	55		
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	0	

Other Taxes

57	Self-employment tax. Attach Schedule SE	57		
58	Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919	58		
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59		
60a	Household employment taxes from Schedule H	60a		
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b		
61	Health care: individual responsibility (see instructions) Full-year coverage ☒	61		
62	Taxes from: a ☐ Form 8959 b ☐ Form 8960 c ☐ Instructions; enter code(s)	62		
63	Add lines 56 through 62. This is your total tax	63	0	

Payments

64	Federal income tax withheld from Forms W-2 and 1099	64		
65	2016 estimated tax payments and amount applied from 2015 return	65		
66a	Earned income credit (EIC)	66a		
b	Nontaxable combat pay election	66b		
67	Additional child tax credit. Attach Schedule 8812	67		
68	American opportunity credit from Form 8863, line 8	68		
69	Net premium tax credit. Attach Form 8962	69		
70	Amount paid with request for extension to file	70		
71	Excess social security and tier 1 RRTA tax withheld	71		
72	Credit for federal tax on fuels. Attach Form 4136	72		
73	Credits from Form: a ☐ 2439 b ☒ Reserved c ☐ 8885 d ☐	73		
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	0	

Refund

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75		
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here. ▶ ☐	76a		
b	Routing number	c	Type: ☐ Checking ☐ Savings	
d	Account number			
77	Amount of line 75 you want applied to your 2017 estimated tax	77		

Amount You Owe

78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	0	
79	Estimated tax penalty (see instructions)	79		

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete below. ☐ No

Designee's name ▶ Debra Mowery	Phone no. ▶	Personal identification number (PIN) ▶
--------------------------------	-------------	--

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation	Daytime phone number
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identify Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name Debra Mowery	Preparer's signature Debra Mowery	Date 8/20/2019	Check ☒ if self-employed	PTIN [REDACTED]
Firm's name ▶ Hawk Shadow Business Services	Firm's EIN ▶	Phone no. ▶ 410-937-2291		
Firm's address ▶ PO Box 1103, Easley, SC 29641				

ROA PAGE 429 Form 1040 (2016)
DEFENDANT'S 002441

**SCHEDULE A
(Form 1040)****Itemized Deductions****2016**Attachment
Sequence No. **07**Department of the Treasury
Internal Revenue Service (99)▶ Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.

▶ Attach to Form 1040.

Name(s) shown on Form 1040

Your social security number

Debra Mowery

Medical and Dental Expenses		Caution: Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions)	1	2,328		
2	Enter amount from Form 1040, line 38 . . . [2] -9,385				
3	Multiply line 2 by 10% (0.10). But if either you or your spouse was born before January 2, 1952, multiply line 2 by 7.5% (0.075) instead . . .	3	0		
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	2,328		
Taxes You Paid		State and local (check only one box):			
5	a ☒ Income taxes, or	5	914		
6	b ☐ General sales taxes	6	1,800		
7	Real estate taxes (see instructions)	7			
8	Personal property taxes	8	850		
9	Other taxes. List type and amount ▶ See Attached Statement				
9	Add lines 5 through 8	9	3,564		
Interest You Paid		Home mortgage interest and points reported to you on Form 1098			
10	Home mortgage interest and points reported to you on Form 1098	10	1,129		
11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶	11			
Name _____					
Address _____					
TIN _____					
12	Points not reported to you on Form 1098. See instructions for special rules	12			
13	Mortgage insurance premiums (see instructions)	13			
14	Investment interest. Attach Form 4952 if required. (See instructions.)	14			
15	Add lines 10 through 14	15	1,129		
Gifts to Charity		Gifts by cash or check. If you made any gift of \$250 or more, see instructions			
16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	500		
17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17	500		
18	Carryover from prior year	18			
19	Add lines 16 through 18 . . . Carryover contributions.	19	-1,000		0
Casualty and Theft Losses		Casualty or theft loss(es). Attach Form 4684. (See instructions.)			
20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20			
Job Expenses and Certain Miscellaneous Deductions		Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶			
21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶	21			
22	Tax preparation fees	22			
23	Other expenses—investment, safe deposit box, etc. List type and amount ▶	23			
24	Add lines 21 through 23	24	0		
25	Enter amount from Form 1040, line 38 . . . [25] -9,385	25			
26	Multiply line 25 by 2% (0.02)	26	0		
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	0		
Other Miscellaneous Deductions		Other—from list in instructions. List type and amount ▶			
28	Other—from list in instructions. List type and amount ▶	28			
Total Itemized Deductions		Is Form 1040, line 38, over \$155,650?			
29	☒ No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.	29	7,021		
30	☐ Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.				
30	If you elect to itemize deductions even though they are less than your standard deduction, check here . . . ▶ ☐				

For Paperwork Reduction Act Notice, see Form 1040 instructions.

HTA

Schedule A (Form 1040) 2016

SCHEDULE C
(Form 1040)**Profit or Loss From Business**

(Sole Proprietorship)

Department of the Treasury
Internal Revenue Service (99)

- Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.
 ► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

2016Attachment
Sequence No. **09**

Name of proprietor

Debra Mowery

Social security number (SSN)

A Principal business or profession, including product or service (see instructions)

Bookkeeping

B Enter code from instructions

561430

C Business name. If no separate business name, leave blank.

Hawk Shadow Business Services

D Employer ID number (EIN), (see instr.)**E** Business address (including suite or room no.) ► 4548 Church Street

City, town or post office, state, and ZIP code

Whiteford

MD

21160

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►**G** Did you "materially participate" in the operation of this business during 2016? If "No," see instructions for limit on losses. . . . ☒ Yes ☐ No**H** If you started or acquired this business during 2016, check here ☐**I** Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☒ No**J** If "Yes," did you or will you file required Forms 1099? ☐ Yes ☐ No**Part I Income**

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	☐	1	21,146
2	Returns and allowances		2	
3	Subtract line 2 from line 1		3	21,146
4	Cost of goods sold (from line 42)		4	
5	Gross profit. Subtract line 4 from line 3		5	21,146
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	
7	Gross income. Add lines 5 and 6		7	21,146

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8		18	Office expense (see instructions)	18	4,640
9	Car and truck expenses (see instructions)	9	11,643	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):	20a	
11	Contract labor (see instructions)	11	275	a	Vehicles, machinery, and equipment	20b	
12	Depletion	12		b	Other business property	21	757
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	22	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	23	
15	Insurance (other than health)	15		23	Taxes and licenses	24	
16	Interest:			24	Travel, meals, and entertainment:	24a	376
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24b	1,063
b	Other	16b		b	Deductible meals and entertainment (see instructions)	25	3,898
17	Legal and professional services	17	34	25	Utilities	26	
18				26	Wages (less employment credits)	27a	1,234
19				27a	Other expenses (from line 48)	27b	
20				b	Reserved for future use		
21						28	23,920
22						29	-2,774
23						30	
24						31	-2,774
25							
26							
27							
28	Total expenses before expenses for business use of home. Add lines 8 through 27a						
29	Tentative profit or (loss). Subtract line 28 from line 7						
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30.						
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions) Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.						
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.						
						32a	☒ All investment is at risk.
						32b	☐ Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate instructions.

HTA

Schedule C (Form 1040) 2016

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory:	a ☐ Cost	b ☐ Lower of cost or market	c ☐ Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No			
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		0
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		0

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month, day, year)	10/1/2010
44	Of the total number of miles you drove your vehicle during 2016, enter the number of miles you used your vehicle for:	
	a Business 21,561	b Commuting (see instructions)
	c Other 16,700	
45	Was your vehicle available for personal use during off-duty hours?	☒ Yes ☐ No
46	Do you (or your spouse) have another vehicle available for personal use?	☒ Yes ☐ No
47 a	Do you have evidence to support your deduction?	☒ Yes ☐ No
	b If "Yes," is the evidence written?	☒ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

Professional Development	565
Miscellaneous	162
Dues & Subscriptions	507
48 Total other expenses. Enter here and on line 27a	1,234

SCHEDULE C
(Form 1040)

Profit or Loss From Business

(Sole Proprietorship)

Department of the Treasury
Internal Revenue Service (99)

Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.
 Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

2016

Attachment
Sequence No. 09

Name of proprietor Debra Mowery		Social security number (SSN) [REDACTED]
A Principal business or profession, including product or service (see instructions) Real Estate	B Enter code from instructions 531390	
C Business name. If no separate business name, leave blank. Debra Mowery Realtor	D Employer ID number (EIN), (see instr.)	
E Business address (including suite or room no.) 109 Linda Lane City, town or post office, state, and ZIP code Easley SC 29642		
F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) _____		
G Did you "materially participate" in the operation of this business during 2016? If "No," see instructions for limit on losses. ☒ Yes ☐ No		
H If you started or acquired this business during 2016, check here ☒		
I Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☒ No		
J If "Yes," did you or will you file required Forms 1099? ☐ Yes ☐ No		

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ☐	1		
2 Returns and allowances	2		
3 Subtract line 2 from line 1	3		0
4 Cost of goods sold (from line 42)	4		
5 Gross profit. Subtract line 4 from line 3	5		0
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6		
7 Gross income. Add lines 5 and 6	7		0

Part II Expenses. Enter expenses for business use of your home only on line 30.

8 Advertising	8	937	18 Office expense (see instructions)	18		
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19		
10 Commissions and fees	10		20 Rent or lease (see instructions):	20a		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20b		
12 Depletion	12		b Other business property	21		
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	22		
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	23		
15 Insurance (other than health)	15		23 Taxes and licenses	24		
16 Interest:			24 Travel, meals, and entertainment:	24a		
a Mortgage (paid to banks, etc.)	16a		a Travel	24b		
b Other	16b		b Deductible meals and entertainment (see instructions)	25		
17 Legal and professional services	17		25 Utilities	26		
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28		26 Wages (less employment credits)	27a	1,680	
29 Tentative profit or (loss). Subtract line 28 from line 7	29		27a Other expenses (from line 48)	27b		
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30.	30		b Reserved for future use	31	-2,617	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions) Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.	31					
32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.						

32a ☒ All investment is at risk.
 32b ☐ Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory:	a ☐ Cost	b ☐ Lower of cost or market	c ☐ Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No			
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		0
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		0

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month, day, year) ▶ _____	
44	Of the total number of miles you drove your vehicle during 2016, enter the number of miles you used your vehicle for:	
	a Business _____	b Commuting (see instructions) _____
	c Other _____	
45	Was your vehicle available for personal use during off-duty hours?	☐ Yes ☐ No
46	Do you (or your spouse) have another vehicle available for personal use?	☐ Yes ☐ No
47 a	Do you have evidence to support your deduction?	☐ Yes ☐ No
	b If "Yes," is the evidence written?	☐ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

Dues & Subscriptions	980
Professional Development	700
48 Total other expenses. Enter here and on line 27a	1,680

**SCHEDULE E
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Debra Mowery

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040, 1040NR, or Form 1041.

▶ Information about Schedule E and its separate instructions is at www.irs.gov/schedulee.

APPENDIX PAGE 515

OMB No. 1545-0074

2016

Attachment
Sequence No. **13**

Your social security number

Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use **Schedule C or C-EZ** (see instructions). If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

A Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☒ No

B If "Yes," did you or will you file required Forms 1099? ☐ Yes ☐ No

1a	Physical address of each property (street, city, state, ZIP code)					
A	204 S. Ninth St Easley, SC 29642					
B						
C						
1b	Type of Property (from list below)	2	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	1			365		☐
B						☐
C						☐

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:		Properties:		A	B	C
3	Rents received	3				
4	Royalties received	4				
Expenses:						
5	Advertising	5				
6	Auto and travel (see instructions)	6	96			
7	Cleaning and maintenance	7				
8	Commissions	8				
9	Insurance	9	1,704			
10	Legal and other professional fees	10				
11	Management fees	11				
12	Mortgage interest paid to banks, etc. (see instructions)	12				
13	Other interest	13				
14	Repairs	14	25			
15	Supplies	15				
16	Taxes	16				
17	Utilities	17	291			
18	Depreciation expense or depletion	18	1,812			
19	Other (list) ▶ See attached statement	19	66			
20	Total expenses. Add lines 5 through 19	20	3,994			
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	-3,994			
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(3,994)			
23 a	Total of all amounts reported on line 3 for all rental properties	23a	0			
b	Total of all amounts reported on line 4 for all royalty properties	23b	0			
c	Total of all amounts reported on line 12 for all properties	23c	0			
d	Total of all amounts reported on line 18 for all properties	23d	1,812			
e	Total of all amounts reported on line 20 for all properties	23e	3,994			
24	Income. Add positive amounts shown on line 21. Do not include any losses	24	0			
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(3,994)			
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26	-3,994			

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2016

HTA

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Your social security number

Debra Mowery

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.**Part II Income or Loss From Partnerships and S Corporations**

Note: If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. ☐ Yes ☐ No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A			☐		☐
B			☐		☐
C			☐		☐
D			☐		☐

Passive Income and Loss				Nonpassive Income and Loss					
(f) Passive loss allowed (attach Form 8582 if required)		(g) Passive income from Schedule K-1		(h) Nonpassive loss from Schedule K-1		(i) Section 179 expense deduction from Form 4562		(j) Nonpassive income from Schedule K-1	
A									
B									
C									
D									
29 a Totals									
b Totals									
30 Add columns (g) and (j) of line 29a								30	
31 Add columns (f), (h), and (i) of line 29b								31	()
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below								32	0

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss				Nonpassive Income and Loss			
(c) Passive deduction or loss allowed (attach Form 8582 if required)		(d) Passive income from Schedule K-1		(e) Deduction or loss from Schedule K-1		(f) Other income from Schedule K-1	
A							
B							
34 a Totals							
b Totals							
35 Add columns (d) and (f) of line 34a						35	
36 Add columns (c) and (e) of line 34b						36	()
37 Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below						37	0

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)—Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b	
39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below					39	0

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18	41	-3,994
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	-6,611

For the year Jan. 1–Dec. 31, 2017, or other tax year beginning _____, ending _____			See separate instructions.
Your first name Debra	M.I. _____	Last name Mowery	Suffix _____
If a joint return, spouse's first name _____			Spouse's social security number _____
Home address (number and street). If you have a P.O. box, see instructions. 109 Linda Lane			Apt. no. _____
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Easley SC 29642			Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse
Foreign country name _____ Foreign province/state/county _____ Foreign postal code _____			

Filing Status

1 ☒ Single 2 ☐ Married filing jointly (even if only one had income) 3 ☐ Married filing separately. Enter spouse's SSN above and full name here.	4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. 5 ☐ Qualifying widow(er) (see instructions)
---	--

Check only one box.

First name _____ Last name _____	First name _____ Last name _____	SSN _____
----------------------------------	----------------------------------	-----------

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a

b ☐ Spouse

(1) First name Last name		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ☒ if child under age 17 qualifying for child tax credit (see instructions)
Terence	Carroll	_____	Other	☐
				☐
				☐
				☐

d Total number of exemptions claimed **2**

Income	7 Wages, salaries, tips, etc. Attach Form(s) W-2 8a Taxable interest. Attach Schedule B if required b Tax-exempt interest. Do not include on line 8a 9a Ordinary dividends. Attach Schedule B if required b Qualified dividends 10 Taxable refunds, credits, or offsets of state and local income taxes 11 Alimony received 12 Business income or (loss). Attach Schedule C or C-EZ 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐ 14 Other gains or (losses). Attach Form 4797 15a IRA distributions 15a _____ b Taxable amount 16a Pensions and annuities 16a _____ b Taxable amount 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 18 Farm income or (loss). Attach Schedule F 19 Unemployment compensation 20a Social security benefits 20a _____ b Taxable amount 21 Other income. List type and amount Net Operating Loss 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income	<table style="width:100%;"> <tr><td>7</td><td></td></tr> <tr><td>8a</td><td></td></tr> <tr><td>9a</td><td></td></tr> <tr><td>10</td><td></td></tr> <tr><td>11</td><td></td></tr> <tr><td>12</td><td>6,572</td></tr> <tr><td>13</td><td></td></tr> <tr><td>14</td><td></td></tr> <tr><td>15b</td><td></td></tr> <tr><td>16b</td><td></td></tr> <tr><td>17</td><td>-16,406</td></tr> <tr><td>18</td><td></td></tr> <tr><td>19</td><td></td></tr> <tr><td>20b</td><td>0</td></tr> <tr><td>21</td><td>-10,235</td></tr> <tr><td>22</td><td>-20,069</td></tr> </table>	7		8a		9a		10		11		12	6,572	13		14		15b		16b		17	-16,406	18		19		20b	0	21	-10,235	22	-20,069
7																																		
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10																																		
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12	6,572																																	
13																																		
14																																		
15b																																		
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18																																		
19																																		
20b	0																																	
21	-10,235																																	
22	-20,069																																	
Adjusted Gross Income	23 Educator expenses 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 25 Health savings account deduction. Attach Form 8889 26 Moving expenses. Attach Form 3903 27 Deductible part of self-employment tax. Attach Schedule SE 28 Self-employed SEP, SIMPLE, and qualified plans 29 Self-employed health insurance deduction 30 Penalty on early withdrawal of savings 31a Alimony paid b Recipient's SSN ☐ 32 IRA deduction 33 Student loan interest deduction 34 Tuition and fees. Attach Form 8917 35 Domestic production activities deduction. Attach Form 8903 36 Add lines 23 through 35 37 Subtract line 36 from line 22. This is your adjusted gross income	<table style="width:100%;"> <tr><td>23</td><td></td></tr> <tr><td>24</td><td></td></tr> <tr><td>25</td><td></td></tr> <tr><td>26</td><td></td></tr> <tr><td>27</td><td>465</td></tr> <tr><td>28</td><td></td></tr> <tr><td>29</td><td></td></tr> <tr><td>30</td><td></td></tr> <tr><td>31a</td><td></td></tr> <tr><td>32</td><td></td></tr> <tr><td>33</td><td></td></tr> <tr><td>34</td><td></td></tr> <tr><td>35</td><td></td></tr> <tr><td>36</td><td>465</td></tr> <tr><td>37</td><td>-20,534</td></tr> </table>	23		24		25		26		27	465	28		29		30		31a		32		33		34		35		36	465	37	-20,534		
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32																																		
33																																		
34																																		
35																																		
36	465																																	
37	-20,534																																	

Tax and Credits

38 Amount from line 37 (adjusted gross income). **38** -20,534

39a Check ☐ You were born before January 2, 1953, ☐ Blind. Total boxes checked ☐ **39a**

if: ☐ Spouse was born before January 2, 1953, ☐ Blind. **39b**

b If your spouse itemizes on a separate return or you were a dual-status alien, check here. **39b** ☐

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) **40** 6,350

41 Subtract line 40 from line 38 **41** -26,884

42 Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions **42** 8,100

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- **43** 0

44 Tax (see instructions). Check if any from: **a** ☐ Form(s) 8814 **b** ☐ Form 4972 **c** ☐ **44**

45 Alternative minimum tax (see instructions). Attach Form 6251 **45**

46 Excess advance premium tax credit repayment. Attach Form 8962 **46**

47 Add lines 44, 45, and 46 **47** 0

48 Foreign tax credit. Attach Form 1116 if required **48**

49 Credit for child and dependent care expenses. Attach Form 2441 **49**

50 Education credits from Form 8863, line 19 **50**

51 Retirement savings contributions credit. Attach Form 8880 **51**

52 Child tax credit. Attach Schedule 8812, if required **52**

53 Residential energy credits. Attach Form 5695 **53**

54 Other credits from Form: **a** ☐ 3800 **b** ☐ 8801 **c** ☐ **54**

55 Add lines 48 through 54. These are your total credits **55**

56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- **56** 0

Other Taxes

57 Self-employment tax. Attach Schedule SE **57** 929

58 Unreported social security and Medicare tax from Form: **a** ☐ 4137 **b** ☐ 8919 **58**

59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required **59**

60a Household employment taxes from Schedule H **60a**

b First-time homebuyer credit repayment. Attach Form 5405 if required **60b**

61 Health care: individual responsibility (see instructions) Full-year coverage ☒ **61**

62 Taxes from: **a** ☐ Form 8959 **b** ☐ Form 8960 **c** ☐ Instructions; enter code(s) **62**

63 Add lines 56 through 62. This is your total tax **63** 929

Payments

64 Federal income tax withheld from Forms W-2 and 1099 **64**

65 2017 estimated tax payments and amount applied from 2016 return **65**

66a Earned income credit (EIC) **66a** 469

b Nontaxable combat pay election **66b**

67 Additional child tax credit. Attach Schedule 8812 **67**

68 American opportunity credit from Form 8863, line 8 **68**

69 Net premium tax credit. Attach Form 8962 **69**

70 Amount paid with request for extension to file **70**

71 Excess social security and tier 1 RRTA tax withheld **71**

72 Credit for federal tax on fuels. Attach Form 4136 **72**

73 Credits from Form: **a** ☐ 2439 **b** ☒ Reserved **c** ☐ 8885 **d** ☐ **73**

74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments **74** 469

Refund

75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid **75**

76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here. **76a**

b Routing number **c** Type: ☐ Checking ☐ Savings

d Account number

77 Amount of line 75 you want applied to your 2018 estimated tax **77**

Amount You Owe

78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions **78** 460

79 Estimated tax penalty (see instructions) **79**

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete below. ☐ No

Designee's name **Debra Mowery** Phone no. **[REDACTED]** Personal identification number (PIN) **[REDACTED]**

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

Your signature **[REDACTED]** Date **[REDACTED]** Your occupation **Self Employed** Daytime phone number **[REDACTED]**

Spouse's signature. If a joint return, both must sign. **[REDACTED]** Date **[REDACTED]** Spouse's occupation **[REDACTED]** If the IRS sent you an Identity Protection PIN, enter it here (see inst.) **[REDACTED]**

Paid Preparer Use Only

Print/Type preparer's name **Debra Mowery** Preparer's signature **Debra Mowery** Date **8/23/2019** Check ☒ if self-employed PTIN **[REDACTED]**

Firm's name **Hawk Shadow Business Services** Firm's EIN **[REDACTED]**

Firm's address **109 Linda Lane, Easley, SC 29642** Phone no. **410-937-2291**

SCHEDULE C
(Form 1040)

Profit or Loss From Business

(Sole Proprietorship)

2017

Attachment
Sequence No. 09Department of the Treasury
Internal Revenue Service (99)Go to www.irs.gov/ScheduleC for instructions and the latest information.

Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor Debra Mowery		Social security number (SSN) [REDACTED]	
A Principal business or profession, including product or service (see instructions) Bookkeeping		B Enter code from instructions 661430	
C Business name. If no separate business name, leave blank. Hawk Shadow Business Services		D Employer ID number (EIN) (see instr.) [REDACTED]	
E Business address (including suite or room no.) 4548 Church Street City, town or post office, state, and ZIP code Whiteford MD 21160			
F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) _____			
G Did you "materially participate" in the operation of this business during 2017? If "No," see instructions for limit on losses. ☒ Yes ☐ No			
H If you started or acquired this business during 2017, check here ☐			
I Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions). ☐ Yes ☒ No			
J If "Yes," did you or will you file required Forms 1099? ☐ Yes ☐ No			

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked. ☐	1	18,076
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	18,076
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	18,076
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6	7	18,076

Part II Expenses. Enter expenses for business use of your home only on line 30.

8	Advertising	8	473	18	Office expense (see instructions)	18	3,735
9	Car and truck expenses (see instructions)	9	3,036	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10	20	20	Rent or lease (see instructions):	20a	
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment.	20b	
12	Depletion	12		b	Other business property	21	850
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	22	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	23	
15	Insurance (other than health)	15		23	Taxes and licenses	24	
16	Interest:			24	Travel, meals, and entertainment:	24a	1,150
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24b	1,196
b	Other	16b		b	Deductible meals and entertainment (see instructions)	25	5,055
17	Legal and professional services	17		25	Utilities	26	
				26	Wages (less employment credits)	27a	1,066
				27a	Other expenses (from line 48)	27b	
				b	Reserved for future use		
28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28	16,581				
29	Tentative profit or (loss). Subtract line 28 from line 7	29	1,495				
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30.	30					
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions) Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.	31	1,495				
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.	32a	☐ All investment is at risk.	32b	☐ Some investment is not at risk.		

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory:	a ☐ Cost	b ☐ Lower of cost or market	c ☐ Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No			
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . .	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		0
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		0

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month, day, year) ▶	10/1/2010
44	Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for:	
a	Business	5,675
b	Commuting (see instructions)	
c	Other	10,007
45	Was your vehicle available for personal use during off-duty hours?	☒ Yes ☐ No
46	Do you (or your spouse) have another vehicle available for personal use?	☒ Yes ☐ No
47 a	Do you have evidence to support your deduction?	☒ Yes ☐ No
b	If "Yes," is the evidence written?	☒ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

Dues & Subscriptions	1,066
48 Total other expenses. Enter here and on line 27a	48 1,066

SCHEDULE C
(Form 1040)

Profit or Loss From Business

(Sole Proprietorship)

Department of the Treasury
Internal Revenue Service (99)

Go to www.irs.gov/ScheduleC for instructions and the latest information.
 Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

2017

Attachment
Sequence No. 09

Name of proprietor Debra Mowery		Social security number (SSN) [REDACTED]
A Principal business or profession, including product or service (see instructions) Real Estate		B Enter code from instructions 531390
C Business name. If no separate business name, leave blank. Debra Mowery Realtor		D Employer ID number (EIN) (see instr.)
E Business address (including suite or room no.) 109 Linda Lane City, town or post office, state, and ZIP code Easley SC 29642		
F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) _____		
G Did you "materially participate" in the operation of this business during 2017? If "No," see instructions for limit on losses. ☒ Yes ☐ No		
H If you started or acquired this business during 2017, check here ☐		
I Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☒ No		
J If "Yes," did you or will you file required Forms 1099? ☐ Yes ☐ No		

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ☐	1	12,562
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	12,562
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	12,562
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	12,562

Part II Expenses. Enter expenses for business use of your home only on line 30.

8 Advertising	8	1,698	18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9	2,474	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10	900	20 Rent or lease (see instructions):	20a	
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20b	
12 Depletion	12		b Other business property	21	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	22	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	23	
15 Insurance (other than health)	15		23 Taxes and licenses	24	
16 Interest:			24 Travel, meals, and entertainment:	24a	
a Mortgage (paid to banks, etc.)	16a		a Travel	24b	488
b Other	16b		b Deductible meals and entertainment (see instructions)	25	
17 Legal and professional services	17		25 Utilities	26	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	7,485	26 Wages (less employment credits)	27a	1,925
29 Tentative profit or (loss). Subtract line 28 from line 7	29	5,077	27a Other expenses (from line 48)	27b	
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30.	30		b Reserved for future use		
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions) Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.	31	5,077			
32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.			32a ☐ All investment is at risk.		
			32b ☐ Some investment is not at risk.		

For Paperwork Reduction Act Notice, see the separate instructions.

HTA

Schedule C (Form 1040) 2017

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory:	a ☐ Cost	b ☐ Lower of cost or market	c ☐ Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No			
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . .	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		0
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		0

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month, day, year)	9/1/2016
44	Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for:	
	a Business	4,625
	b Commuting (see instructions)	
	c Other	11,101
45	Was your vehicle available for personal use during off-duty hours?	☒ Yes ☐ No
46	Do you (or your spouse) have another vehicle available for personal use?	☒ Yes ☐ No
47 a	Do you have evidence to support your deduction?	☒ Yes ☐ No
	b If "Yes," is the evidence written?	☒ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

Dues & Subscriptions	1,323
Professional Development	602
48 Total other expenses. Enter here and on line 27a	1,925

**SCHEDULE E
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Debra Mowery

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040, 1040NR, or Form 1041.

▶ Go to www.irs.gov/ScheduleE for instructions and the latest information.

APPENDIX PAGE 523

OMB No. 1545-0074

2017

Attachment
Sequence No. **13**

Your social security number

Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☒ No

B If "Yes," did you or will you file required Forms 1099? ☐ Yes ☐ No

1a	Physical address of each property (street, city, state, ZIP code)				
A	204 S. Ninth St Easley, SC 29642				
B					
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	1		365		☐
B					☐
C					☐

Type of Property:

- | | | | |
|---------------------------|------------------------------|-------------|--------------------|
| 1 Single Family Residence | 3 Vacation/Short-Term Rental | 5 Land | 7 Self-Rental |
| 2 Multi-Family Residence | 4 Commercial | 6 Royalties | 8 Other (describe) |

Income:		Properties:		A	B	C
3	Rents received	3		11,360		
4	Royalties received	4				
Expenses:		5				
5	Advertising	5				
6	Auto and travel (see instructions)	6	272			
7	Cleaning and maintenance	7				
8	Commissions	8				
9	Insurance	9	3,293			
10	Legal and other professional fees	10				
11	Management fees	11	305			
12	Mortgage interest paid to banks, etc. (see instructions)	12				
13	Other interest	13	23			
14	Repairs	14	15,765			
15	Supplies	15				
16	Taxes	16	1,170			
17	Utilities	17	212			
18	Depreciation expense or depletion	18				
19	Other (list) ▶ See attached statement	19	14,685			
20	Total expenses. Add lines 5 through 19	20	35,725			
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	-24,365			
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(24,365)			
23 a	Total of all amounts reported on line 3 for all rental properties	23a		11,360		
b	Total of all amounts reported on line 4 for all royalty properties	23b		0		
c	Total of all amounts reported on line 12 for all properties	23c		0		
d	Total of all amounts reported on line 18 for all properties	23d		0		
e	Total of all amounts reported on line 20 for all properties	23e		35,725		
24	Income. Add positive amounts shown on line 21. Do not include any losses	24			0	
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(24,365)			
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2. NPA -\$24,365	26			-24,365	

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2017

HTA

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Your social security number

Debra Mowery

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.**Part II Income or Loss From Partnerships and S Corporations**

Note: If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See instructions.

- 27 Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. ☐ Yes ☒ No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	Upstate RE Group Inc	S	☐		☐
B			☐		☐
C			☐		☐
D			☐		☐

Passive Income and Loss				Nonpassive Income and Loss			
(f) Passive loss allowed (attach Form 8582 if required)		(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1		
A						7,959	
B							
C							
D							
29 a Totals						7,959	
b Totals							
30	Add columns (g) and (j) of line 29a				30	7,959	
31	Add columns (f), (h), and (i) of line 29b				31	()	
32	Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below				32	7,959	

Part III Income or Loss From Estates and Trusts

33		(a) Name		(b) Employer identification number	
A					
B					
Passive Income and Loss				Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)		(d) Passive income from Schedule K-1		(e) Deduction or loss from Schedule K-1	
(f) Other income from Schedule K-1					
A					
B					
34 a Totals					
b Totals					
35 Add columns (d) and (f) of line 34a				35	
36 Add columns (c) and (e) of line 34b				36 (	
37 Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below				37 0	

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)—Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39
					0

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below				40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18				41	-16,406
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions)				42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules				43	-16,406



**Advantage
Inspection**

APPENDIX PAGE 525
Inspection Report

09.13.2019

Advantage Inspection Upstate Inc.

Post Office Box 4137 Greenville SC 29608 | 864-298-0405



prepared for

Debra Mowery



204 S. 9th St
Easley SC 29640

YOUR inspection report from Advantage Inspection Upstate Inc. opens the door to a world of resource, education, and promotional incentives designed to help protect your largest assets!

Thank you for your Trust in Advantage Inspection Upstate Inc.!

Inspector:
Roan Southerlin



Advantage Inspection

APPENDIX PAGE 526 Table of Contents

09.13.2019

Advantage Inspection Upstate Inc.

Post Office Box 4137 Greenville SC 29608 | 864-298-0405

Cover	Page 1
Table of Contents	Page 2
Client Letter	Page 3
Invoice	Page 4
Conditions / Contract	Page 5 - 6
Report Summary	Page 7 - 8
Photographs	Page 9 - 18
General Information	Page 19
Structural	Page 20
Exterior	Page 21 - 22
Roof & Attic	Page 23
Plumbing - Water Heater	Page 24
Electrical	Page 25
Heating	Page 26
HVAC Distribution	Page 27
Interior	Page 28
Insulation & Ventilation	Page 29
Safety Inspection	Page 30
Supplemental Information	Page 31 - 32

Definition of Evaluation Headings

S = Satisfactory - Component is not necessarily perfect but is functional allowing for normal wear and tear.

R = Needs repair - Component does not function properly or adversely affects the habitability of the dwelling.

I = Investigate Further - Component warrants further investigation by a specialist or requires subsequent observation(s).

NP = Not Present - Component was not present in the structure

NI = Not Inspected - Component was not inspected or the inspection was limited for some reason.

Items noted "R" (needing repair) or "I" (needing further investigation) should be repaired and/or evaluated by a qualified repair person prior to purchase or sale.

Version 2.45

Advantage Inspection Upstate Inc. . . "For A Higher Level of Certainty"

TM

www.advantageinspection.com

Client Letter

09.13.2019



**Advantage
Inspection**

Advantage Inspection Upstate Inc.

Post Office Box 4137 Greenville SC 29608 | 864-298-0405

Dear Debra Mowery

We want to thank you for selecting Advantage Inspection to conduct the inspection of your new property purchase. We do our very best to provide a comprehensive inspection and report. If after careful review there are any questions that you would like to ask, please do not hesitate to call.

Payment is expected and/or processed at the time of inspection. Inside the client copy of the report, you will find a copy of the invoice for the inspection service.

We appreciate your business and wish you well in your new home!

Sincerely,

Adrian Smith
Advantage Inspection
PO Box 4137
Greenville, SC 29608
864-298-0405
AdrianSmith@advantageinspection.com

Invoice

09.13.2019



Advantage Inspection

Advantage Inspection Upstate Inc.

Post Office Box 4137 Greenville SC 29608 | 864-298-0405

BILL TO:**Debra Mowery**
 Day Phone:
 Other Phone:
INSPECTION ADDRESS
 204 S. 9th St
 Easley, SC 29640
INSPECTION NUMBER

T2U87R71820

REALTOR

Debra Mowery

DESCRIPTION OF SERVICES		AMOUNT
Inspection		\$325.00
Re Inspection		
Radon		
CL-100		
Closing Fee		
Mold Test		
		-\$162.50
INVOICE PAYMENT DESCRIPTION	TOTAL BILLING	\$162.50
	AMOUNT PAID	\$0.00
Thank You	AMOUNT DUE	\$162.50

COMMENTS ON THE INSPECTION OR SERVICE

PLEASE ENCLOSE A COPY OF THIS BILL OR WRITE THE INSPECTION NUMBER ON YOUR CHECK AND REMIT IMMEDIATELY TO:

 Advantage Inspection Upstate
 PO Box 4137 Greenville SC 29608
<http://www.advantage-inspection.com>



Advantage Inspection

APPENDIX PAGE 529

Service Contract

09.13.2019

Advantage Inspection Upstate Inc.

Post Office Box 4137 Greenville SC 29608 | 864-298-0405

Client(s): Debra Mowery

Inspection Address: 204 S. 9th St
Easley, SC 29640

Inspector: Roan Southerlin

Inspection Date: 09/13/2019

Inspection Costs: \$162.50

REAL ESTATE INSPECTION AGREEMENT PAGE 1 OF 2

SCOPE OF INSPECTION SERVICES (What we WILL inspect): The Company will perform a limited visual inspection (the "Inspection") which will include the following items if present and accessible. These items are generally accepted as "standard" inspection components" required by most nationally recognized inspector associations and regulatory agencies:

General Information: Persons present during the inspection; approximate age of the structure; construction type and style; weather and soil conditions; residence type; number of stories; approximate house orientation; general lot description.

Grounds: Grade/drainage; yard drains; walks and driveways; landscaping; patio/slabs; outside lighting; trees/limbs; fences/gates; outside faucets; retaining walls.

Exterior: Siding; siding cracks; shutters; trim rot; paint and caulking; fascia; soffit /eaves; porch, porch rails; stoop; stoop rails; deck; deck rails; doors; sliding door(s); garage; garage door opener; windows.

Roof: Materials: Roof style; flashing and roof penetrations; skylights; gutters; downspouts; splash blocks; roof framing; ceiling joists; roof decking; water penetration, whole house fan; ventilation; insulation; attic access.

Fireplace: General condition; gas logs; damper; chimney condition; flue liner.

Foundation - Basement: Accessible areas; moisture penetration; piers; foundation walls; floor joist and sills; girders; sub floor; floors/slabs; insulation;

Crawlspace: Accessible areas; moisture penetration; sump pump; vapor barrier; piers; foundation walls; floor joist and sills; girders; sub floor; ventilation; insulation. Slab condition: Viewable components.

Electrical: Service entrance; service wires- size and types; grounding equipment; main panel; sub panels; over current protection; ground fault protection; 110 volts and 220 volt circuits; receptacles; light fixtures and switches; safety concerns.

HVAC - Heating: Unit manufacturer; model number; serial number; location; air temperature rise; general condition; heating unit description; energy source; system type; total capacity; approximate age. **Cooling:** Unit manufacturer; model number; serial number; air temperature drop; general condition; cooling unit description; energy, location; total capacity; approximate age.

Plumbing: Water supply; well pump; water shut offs; water pressure; water pipes; water pipe support; water pipe insulation; water heater; waste water disposal; waste and vent pipes; waste pipe support; plumbing fixtures; kitchen sink; laundry connections; dryer exhaust; bath rooms.

Interior: Rooms/floors; walls; smoke alarms; ceilings; stairs; doors.

Appliances: - Permanently installed; Dishwasher; disposal; oven; range; refrigerator; trash compactor and microwave.

INSPECTION LIMITATIONS (What we WILL NOT inspect): The Inspection will be a limited visual inspection of the aforesaid items. The Inspection will not be invasive or technically exhaustive, and cannot detect latent conditions or concealed defects such as sewer line back-up or hidden structural damage. The Inspection is intended to reduce risk but will not eliminate risk. Since the Inspection will be based upon visual observations made during a limited time period, the Company will not be responsible for any condition affecting any system or component which is intermittent and not detectable during the Inspection (for example - compromised insulation seals on windows). The Inspector will not light pilot lights, activate the main water, gas or electric systems, energize electrical circuits which are shut off or are otherwise inoperable or operate any system or component which does not respond to normal operating controls.

The Inspection will not include or address the following items: code compliance, durability, environmental concerns INCLUDING MOLD, compliance with any conservation or energy standard, efficiency, fitness for purpose, flood or seismic risks, underground plumbing, future life, future performance, especially that of foundations, insurability, merchantability, obsolescence, quality, safety of any item inspected, septic systems, wells, cisterns, private water supplies water quality or volume, central vacuum systems, solar systems whether active or inactive, security systems, soils systems, lead paint, asbestos, radon, toxic mold, flammable materials, refrigerators, freezers, remote overhead door transmitters/receivers, floor coverings, wall coverings, free standing kitchen appliances, laundry appliances, water conditioners, swimming pools, spas, tennis courts, playground equipment or other recreational or leisure appliances and self-cleaning or continuous-cleaning capabilities of ovens, wood destroying organisms or insects and non-wood infesting insects such as fleas, cockroaches, bees, mites, ticks, flies, etc. unless specifically stated, any opinion in the inspection report pertaining to aforementioned items is to be considered partial and incomplete.

WRITTEN OR ELECTRONIC INSPECTION REPORT: The Company will render a written and or electronic inspection report outlining the condition of items inspected as they existed at the time of the Inspection (the "Report"). The Report will contain the opinions of the Inspector which opinions may change should conditions change which affect the items inspected. Although code compliance and engineering evaluation are specifically excluded from the Inspection, some codes may be used as a reference or basis for the opinion of the Inspector. The inspection services to be provided are further defined and limited by the Report and any attachments thereto. The Company will provide the Report to the Client, or Client's authorized representative (person(s) ordering inspection, submitting payment, or otherwise designated to represent the Client). Distribution of copies of the Report to other parties will be at Client's direction, or as otherwise specified by law. The Report will not be released until payment is received by the Company.

Initials

Debra Mowery - 204 S. 9th St, Easley, SC 29640

CLIENT RESPONSIBILITY: The Client is responsible for arranging access to the structure to be inspected and is responsible for insuring that all utilities are operational prior to the scheduled Inspection. The attendance of Client during the Inspection is encouraged however Client acknowledges that attendance at the inspection is at the Client's or any other attending party's own risk.

GENERAL STATEMENTS AND AGREEMENTS THAT APPLY TO HOME INSPECTIONS: Before completion of any contractual agreements on the Property, Client should obtain second opinions or cost estimates by appropriate specialists on items where performance may be reported as questionable, in need of repair or servicing or unsafe. It is specifically understood and agreed that the Inspection Company and the Clients are bound only by the terms and conditions of this Agreement and have not relied on any other representations, oral or otherwise.

DISCLAIMER OF WARRANTIES AND GUARANTEES - The Inspection Company or inspector(s) make no guarantee or warranty as to any of the following:

1. that all repair needs and hazards have been discovered or disclosed in accessible or inaccessible areas.
2. That inspection company or the inspector will pay for the repair of undiscovered problems or conditions.
3. That any of the items inspected are designed or constructed in a good or workmanlike manner.
4. That any of the items inspected will continue to perform in the future as they are performing at the time of inspection.
5. That the building will not experience or contain wood destroying insect activity or damage.
6. No guaranty or warranty of merchantability or fitness of use of the condition of the property.

LIMITS OF LIABILITY: Home inspections are not insurance and do not provide protection against unexpected conditions or repair /replacement needs and costs. The Client acknowledges that there are risks involved in purchasing property, and while the ordering of a home inspection may reduce the risks, risk cannot be eliminated. Client acknowledges that the Company is not an insurer and does not insure against defects in the Property. The maximum liability of the Company or its employees for errors and omissions in the inspection process shall be

Limited to the amount of the fee paid for the applicable inspection. Client agrees to pay all legal expenses and reasonable compensation for loss of time that may be incurred by any inspector, owner or employee of the Company as a result of any legal action brought by the Client where the Client does not prevail. Client understands that comprehensive inspections may be available from other companies.

DISPUTE RESOLUTION: Should a concern or dispute arise over the condition of an inspected item after the date of the inspection, Client agrees to notify the Company in writing within fourteen (14) days of the discovery of the condition and provide the Company with the opportunity to re-inspect the disputed item and document any concerns prior to the commencement of repair or replacement work. Notwithstanding the above, immediate repairs should be made regardless of whether or not the Company has been given the opportunity to re-inspect a condition should circumstances warrant immediate repair.

However, Client's failure to give the Company notice and the opportunity to re-inspect an item where immediate repairs are not required to protect life or property shall preclude Client from pursuing a claim against the Company for that item. In no event shall any action be brought against the inspection company for a breach of this Agreement at any time beyond one (1) year after the date of this Agreement.

MISCELLANEOUS - Entire Agreement: This Agreement, and the Inspection Report issued by the Company, constitutes the sole Agreement between Client and the Company. **Third Party Indemnification:** All services are performed and the Report is prepared for the sole and exclusive use and benefit of the Client. The Report is not intended for the use or benefit of anyone other than the Client and no third party shall have any right arising from the Inspection or the Report. Reports are non-transferable and may not be relied upon by other parties without the written consent of both the Client and the Company, unless otherwise specified by law. In consideration of the Company furnishing the Report, Client will indemnify and hold the Company harmless from any claims, demands or costs as a result of any third party demand or claim arising out of the Inspection or the Report. **Applicable law:** This report shall be construed under the laws of the state in which the inspection was performed. **Seller's Disclosure:** The Report will be supplemental to any real estate transfer or seller's disclosure statement and shall not be used as a substitute for such disclosure statements. Wherever there is a reference herein to the Client, the singular includes the plural and the masculine includes the feminine and the neuter. By signing below, I acknowledge that I have read this Agreement, that I understand the terms and conditions hereof and I agree to be bound by these terms and conditions

COMPANY RELATIONSHIPS with third party providers. (Your company name). has affiliations with third party providers, Lowes, Nationwide Insurance, ADT, etc. These providers may offer special, value added services / discounts for our clients. By signing this contract below, you authorize these vendors to contact you about these services. These providers are approved by Advantage Inspection Greenville.

The Client agrees to allow the inspection company to upload the client's inspection report to inspectornetwork.com for data storage / backup for confidential online distribution at the client's direction.

CLIENT(S): _____ DATE: _____ NOTE: THIS LAST PAGE OF THE INSPECTION AGREEMENT MUST BE SIGNED AND RETURNED TO OUR OFFICE WITH THE INSPECTION AUTHORIZATION COMPLETED PRIOR TO THE DAY OF INSPECTION.



Advantage Inspection

APPENDIX PAGE 531

Report Summary

09.13.2019

Advantage Inspection Upstate Inc.

Post Office Box 4137 Greenville SC 29608 | 864-298-0405

Prepared Debra Mowery
For: Report #: T2U87R71820

Inspection 204 S. 9th St
Address: Easley, SC 29640

Real Estate Debra Mowery
Agent: 410-937-2291

THIS SUMMARY IS NOT THE ENTIRE REPORT. THE COMPLETE REPORT MAY INCLUDE ADDITIONAL INFORMATION OF CONCERN TO THE CLIENT. IT IS STRONGLY RECOMMENDED THAT THE CLIENT READ THE COMPLETE REPORT. THIS SUMMARY INCLUDES ONLY THOSE ITEMS THAT DO NOT FUNCTION PROPERLY OR ADVERSELY AFFECT THE HABITABILITY OF THE DWELLING; OR APPEARS TO WARRANT FURTHER INVESTIGATION BY A SPECIALIST, OR REQUIRES SUBSEQUENT OBSERVATION(S).

THE FOLLOWING ITEMS SHOULD BE CHECKED FOR EXTENT OF DAMAGE AND/OR REPAIRED BY QUALIFIED REPAIR PERSON

Needs Repair

Structural 1. Numerous additional piers and supports have been added to crawl space framing. Piers and supports appear secure. 1b. Crawl space has been dug out. Recommend having licensed contractor insure that original piers are properly supported. 1c. Recommend sealing gaps where pipes and wires enter the foundation wall. 2. Previous repairs noted to crawlspace framing at bathroom. Consult owner for history of repairs. Framing appears secure. 2b. Floor joist are loose from girder under front porch. Recommend having qualified person repair joists. 2c. Girder under front porch is free floating on one end. Recommend having qualified person properly support girder. 3. Recommend installing a plastic vapor barrier on ground through the crawlspace to help control moisture levels in the framing.
Exterior 4. Mildew growth noted along the vinyl siding. Recommend cleaning the vinyl siding. 5. Weatherstripping is damaged at the front entry door. Recommend having a qualified person replace the damaged weatherstripping. 6. Deck is pulling away from house at rear entry door. Recommend having licensed contractor repair deck. 6b. Recommend pressure washing and applying a wood preservative to the deck and deck railings. 7. Tree roots are causing the driveway to crack. Recommend having a qualified person evaluate the trees and driveway and make necessary repairs to prevent further damage. 8. Large tree close to the house may cause foundation cracking. 9. Missing aluminum trim noted along fascia at left side of house. Recommend having licensed contractor replace trim.
Roof & Attic 10. Gaps noted around chimney flashing on roof. Chimney flashing needs to be properly sealed to prevent leaks.
Plumbing 11. There was not a main water shut off valve observed other than at the meter. Recommend having a main shutoff valve installed at or near the foundation.
Plumbing - Water Heater 12. Recommend having a qualified person extend pipe on water heater pressure relief valve to the exterior within 6" of the ground.
Plumbing - Bathroom 13. Toilet is loose from the floor in the bathroom. Toilet needs to be secured to floor flange to prevent leaks.
Electrical 14. Since 1999, safety standards require one smoke detector in every bedroom and adjoining hallways wired together with battery back up. Install additional smoke detectors as needed for personal safety. 15. Open knockouts noted in the main electrical panel. Recommend having a qualified person properly seal the gaps to help prevent rodent and insect entry into the panel.
HVAC Distribution 16. Air filters in return for HVAC system are dirty and need to be replaced. It is very important to keep air filters changed regularly to help maximize heating and A/C efficiency.
Interior 17. Flooring is not level throughout house.

17b.Excessive floor bounce noted in: living room, laundry room and kitchen. See floor joist comments on the structural page.

Insulation & Ventilation

18. The dryer vent rain cap is loose along rear of the home. Recommend having a qualified person seal the rain cap against the siding to prevent water penetration.

18b.Dryer is not connected to dryer vent.

19. Damaged screens noted at crawlspace vents around the home. Recommend having a qualified person repair or replace the vent screens to prevent rodent entry into the crawlspace.

20. 4+/- inches of blown cellulose insulation is present in attic which is rated about R-13. This may have been typical for the age but is less than the current standard. Contact an insulation company for upgrade if desired.

21. Partial insulation installed in crawl space. Consult insulation contractor for full insulation installation if desired.

21b.Crawlspace has 3 +/- inches of fiberglass blanket insulation which is rated at R-11. This may have been typical for the construction period but does not meet current standards. Consult an insulation company for upgrades if desired.

21c.Crawl space insulation is installed backwards. The vapor barrier(insulation paper) should face the sub floor.

22. Bathroom exhaust fans vent to the attic and can produce unnecessary moisture. Current standard is to vent to the exterior via soffit vents.

Appliances

23. Garbage disposal is not operating and would not reset. Recommend having a qualified person repair or replace the garbage disposal.

Needs Further Investigation

Report Number
T2U87R71820

INSPECTION PICTURE ADDENDUM

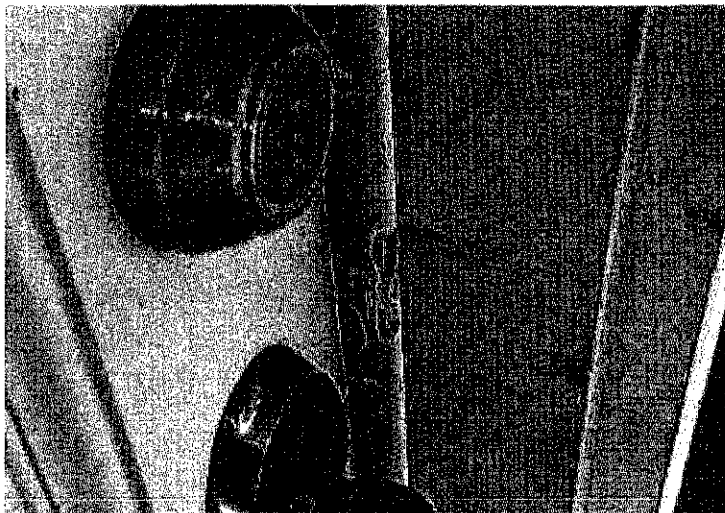
Gaps noted around chimney flashing on roof. Chimney flashing needs to be properly sealed to prevent leaks.



Typical construction standard, OSB has been added over original plank roof decking.



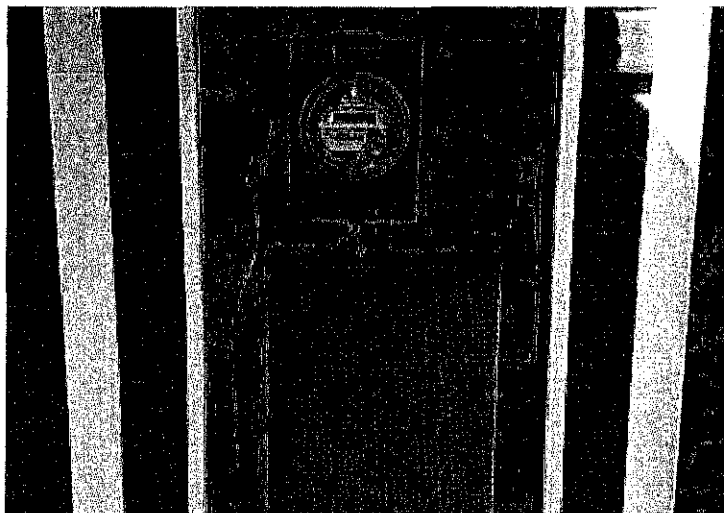
Weatherstripping is damaged at the front entry door. Recommend having a qualified person replace the damaged weatherstripping.



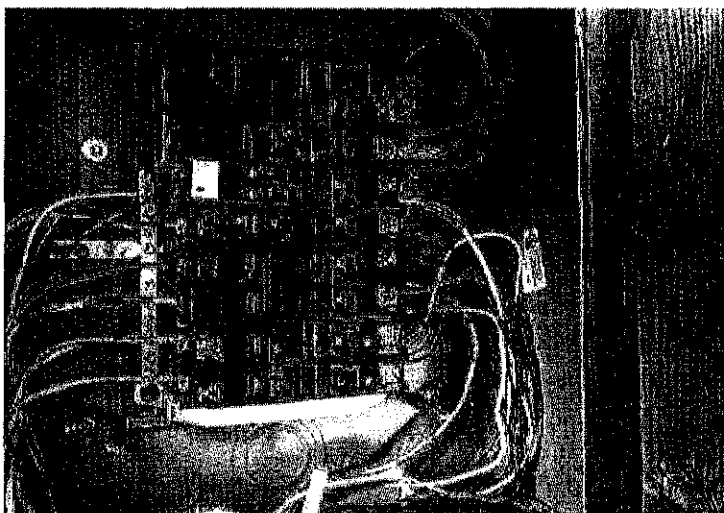
Report Number
T2U87R71820

INSPECTION PICTURE ADDENDUM

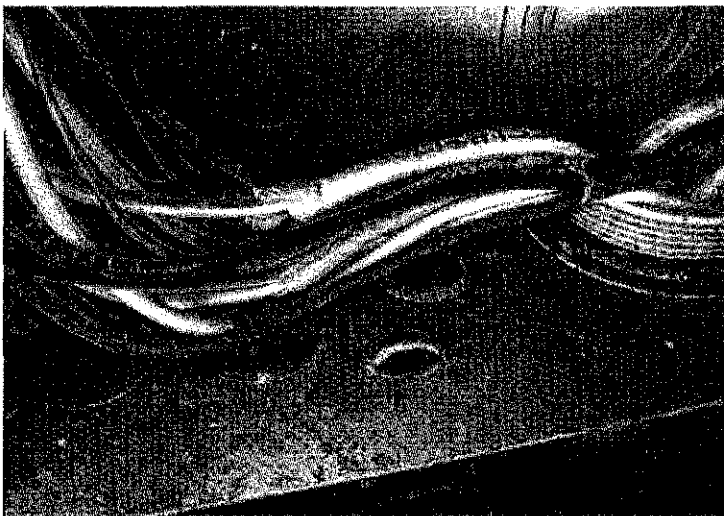
Electric panel and electric meter located at front of house.



Main electric panel



Open knockouts noted in the main electrical panel.
Recommend having a qualified person properly seal the gaps to help prevent rodent and insect entry into the panel.



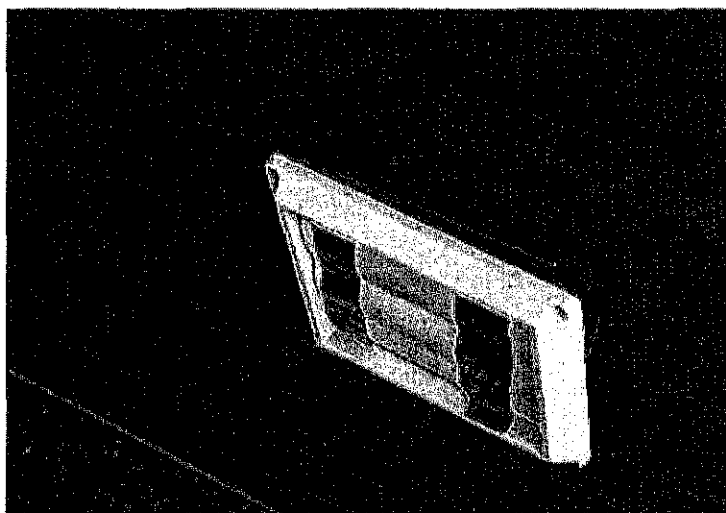
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T2U87R71820

INSPECTION PICTURE ADDENDUM

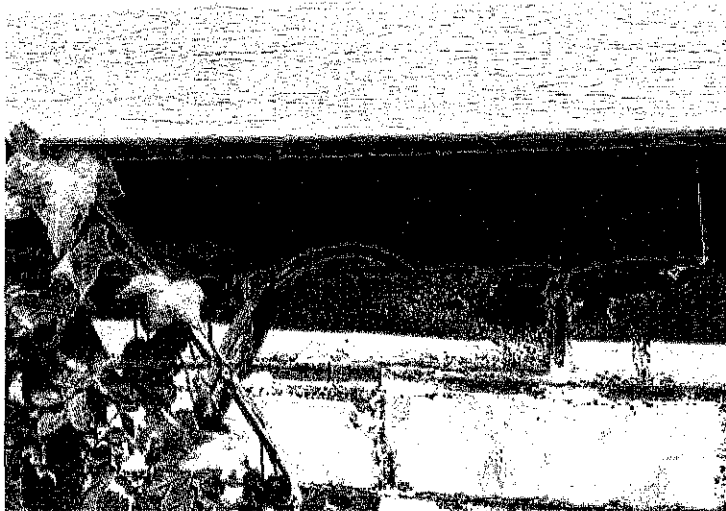
Large tree close to the house may cause foundation cracking.



The dryer vent rain cap is loose along rear of the home. Recommend having a qualified person seal the rain cap against the siding to prevent water penetration.



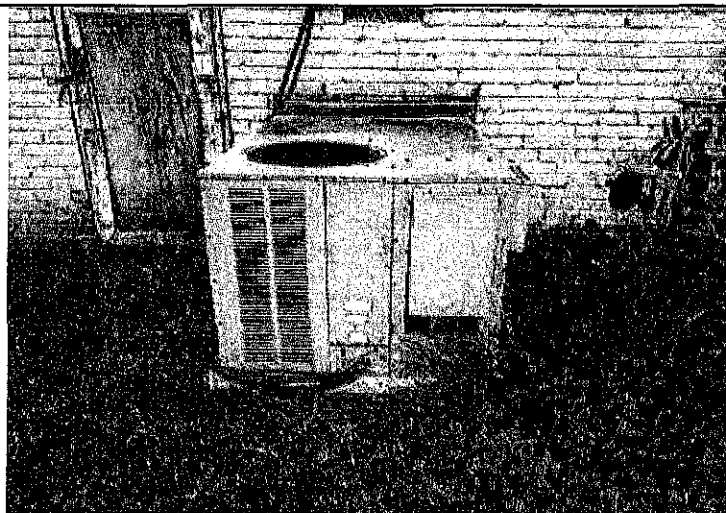
Recommend sealing gaps where pipes and wires enter the foundation wall.



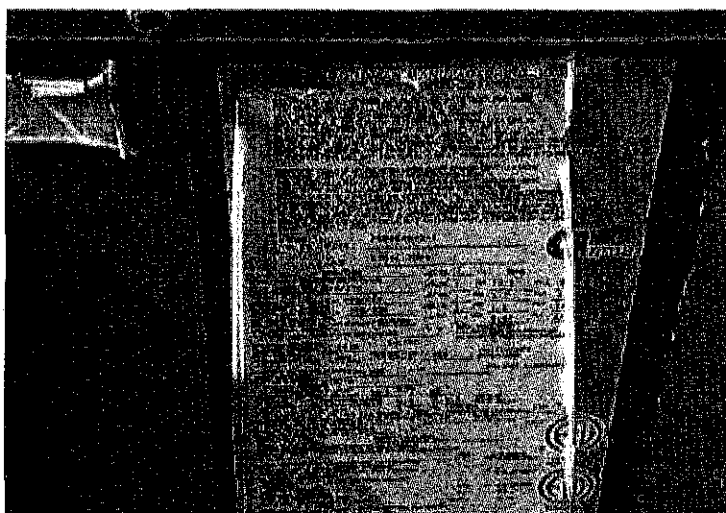
Report Number
T2U87R71820

INSPECTION PICTURE ADDENDUM

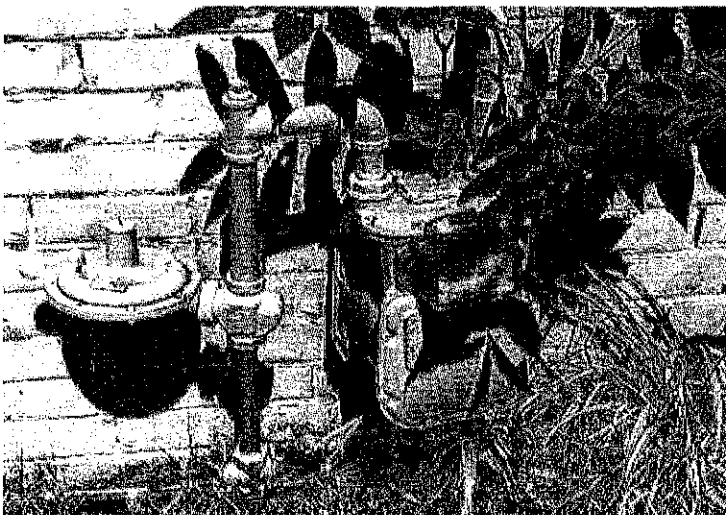
HVAC package unit located at left side of house.



Package unit data plate.



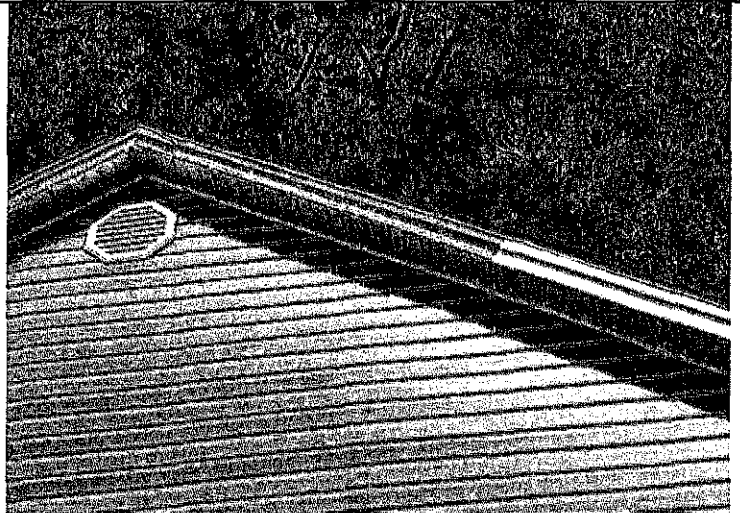
Natural gas meter located at left side of house.



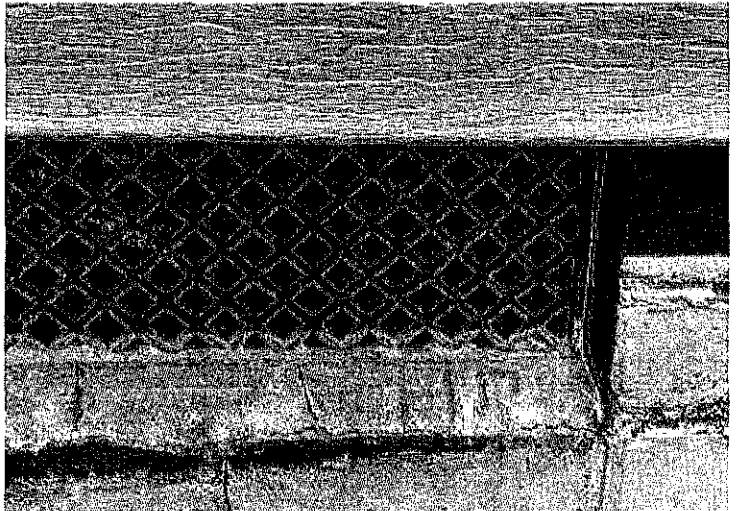
Report Number
T2U87R71820

INSPECTION PICTURE ADDENDUM

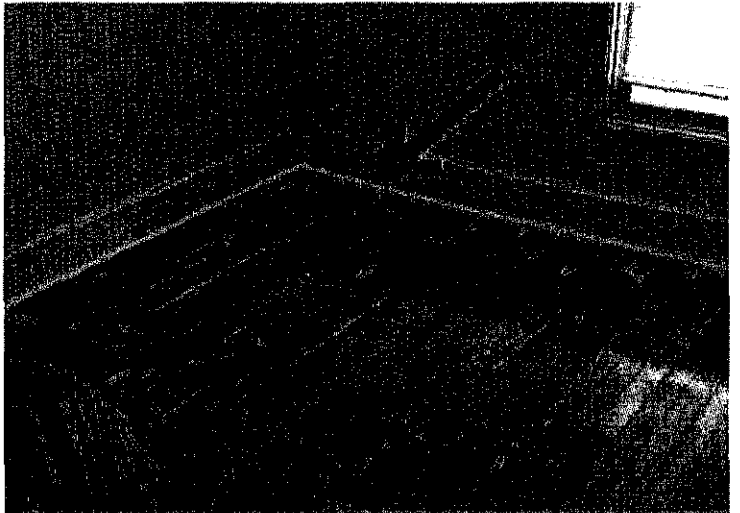
Missing aluminum trim noted along fascia at left side of house. Recommend having licensed contractor replace trim.



Damaged screens noted at crawlspace vents around the home. Recommend having a qualified person repair or replace the vent screens to prevent rodent entry into the crawlspace.



Excessive floor bounce noted in: living room, laundry room and kitchen. See floor joist comments on the structural page.



Report Number
T2U87R71820

INSPECTION PICTURE ADDENDUM

Washer connections.



Dryer is not connected to dryer vent.



Partial insulation installed in crawl space. Consult insulation contractor for full insulation installation if desired.

Crawlspace has 3 +/- inches of fiberglass blanket insulation which is rated at R-11. This may have been typical for the construction period but does not meet current standards. Consult an insulation company for upgrades if desired.

Crawl space insulation is installed backwards. The vapor barrier(insulation paper) should face the sub floor.



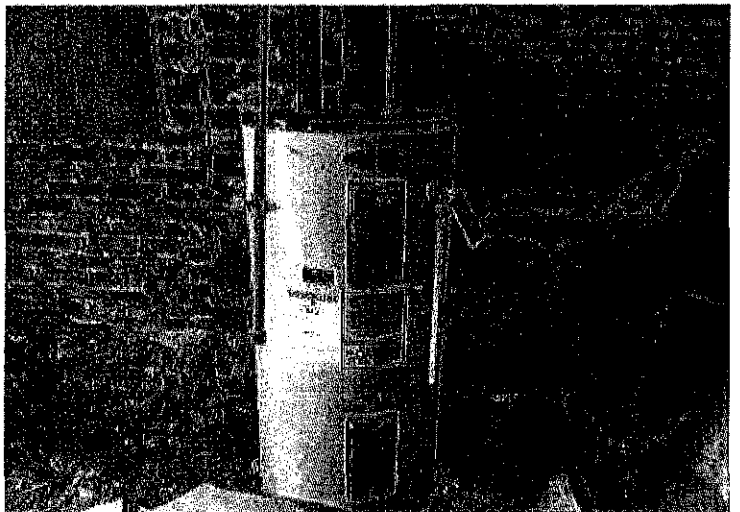
Report Number
T2U87R71820

INSPECTION PICTURE ADDENDUM

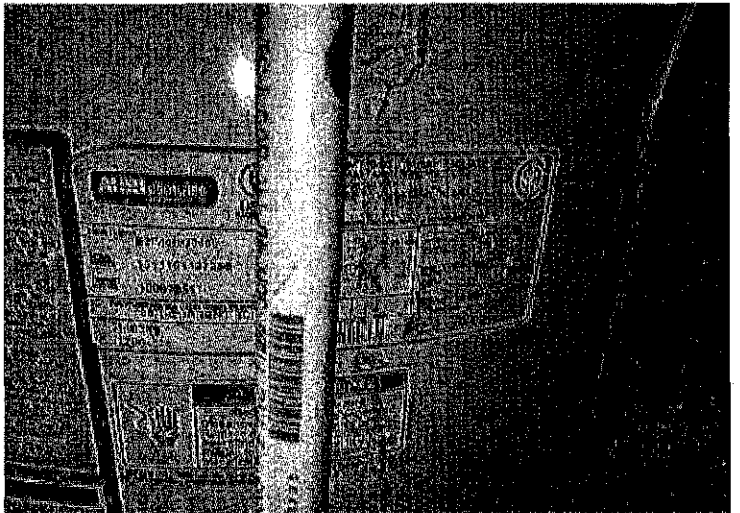
Numerous additional piers and supports have been added to crawl space framing. Piers and supports appear secure.



Water heater located in crawl space.



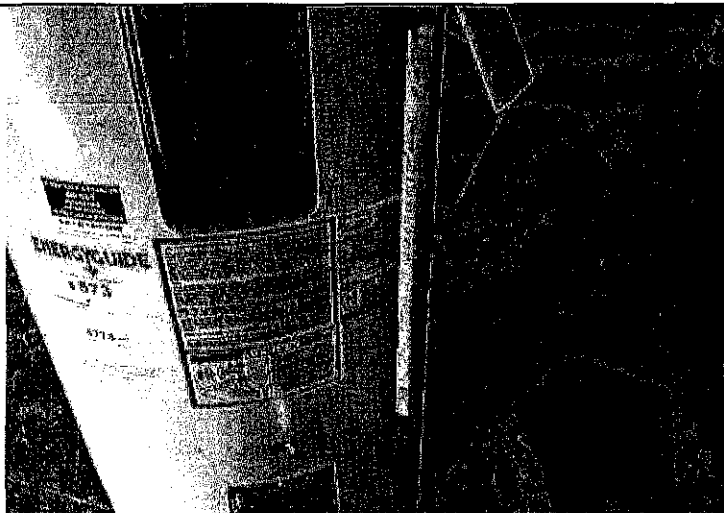
Water heater data plate



Report Number
T2U87R71820

INSPECTION PICTURE ADDENDUM

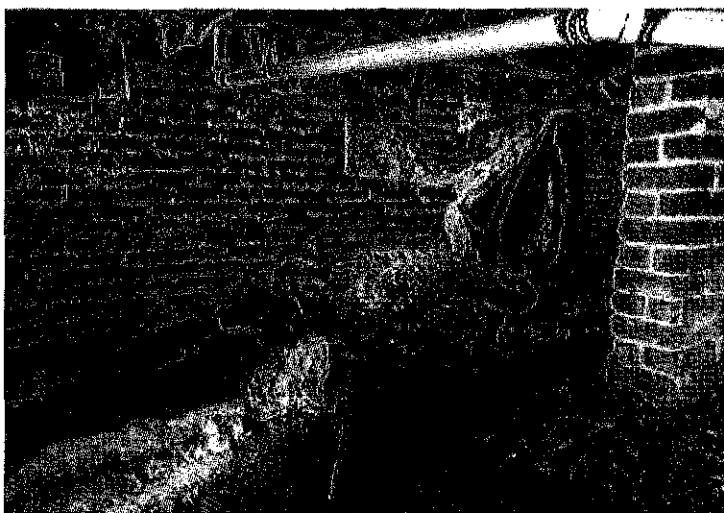
Recommend having a qualified person extend pipe on water heater pressure relief valve to the exterior within 6" of the ground.



Partial insulation installed in crawl space. Consult insulation contractor for full insulation installation if desired.

Crawlspace has 3 +/- inches of fiberglass blanket insulation which is rated at R-11. This may have been typical for the construction period but does not meet current standards. Consult an insulation company for upgrades if desired.

Crawl space insulation is installed backwards. The vapor barrier (insulation paper) should face the sub floor.



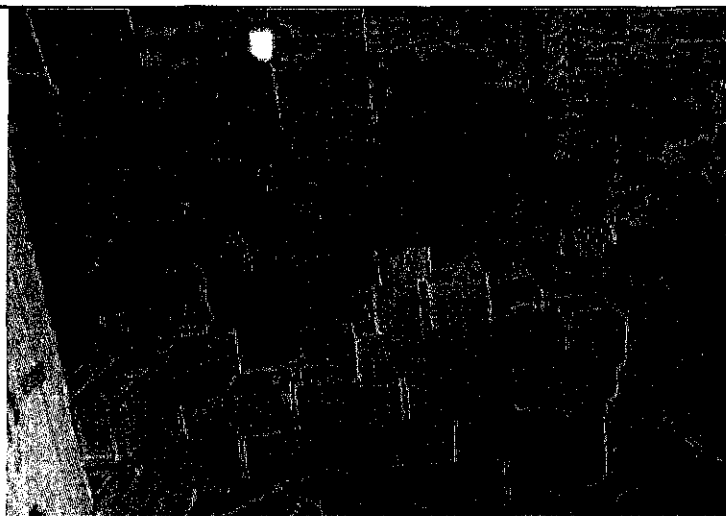
Previous repairs noted to crawlspace framing at bathroom. Consult owner for history of repairs. Framing appears secure.



Report Number
T2U87R71820

INSPECTION PICTURE ADDENDUM

Crawl space has been dug out. Recommend having licensed contractor insure that original piers are properly supported,



Floor joist are loose from girder under front porch.
Recommend having qualified person repair joists.



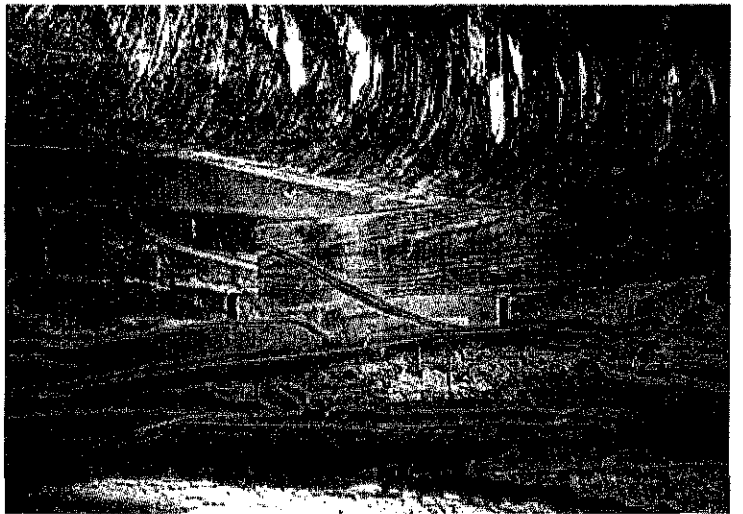
Report Number
T2U87R71820

INSPECTION PICTURE ADDENDUM

Low and inaccessible areas in crawl space were not
crawled



Numerous additional piers and supports have been
added to crawl space framing. Piers and supports
appear secure.



GENERAL INFORMATIONReport Number
T2U87R71820******* GENERAL COMMENTS ON THE INSPECTION *******

PLEASE REVIEW ENTIRE REPORT CAREFULLY. FOR QUICK REFERENCE OF DEFECTIVE ITEMS AND INSPECTOR NOTES,
REFER TO THE SUMMARY PAGE AT THE BEGINNING OF THE REPORT.

INSPECTION TIME

2:00 PM

TEMPERATURE

89 Degrees Fahrenheit

PEOPLE PRESENT AT THE INSPECTION

Inspector Only

STRUCTURE OCCUPIED

Yes

APPROXIMATE AGE

Per Realtor, house was built about 1920

RESIDENCE TYPE

Single family detached

HOME STYLE

Traditional

NUMBER OF STORIES

One

CONSTRUCTION TYPE

Wood Frame

APPROXIMATE HOUSE ORIENTATION

Not noted

WEATHER AND SOIL CONDITIONS

Clear and dry

LOT DESCRIPTION

Typical residential lot.

S = Item is satisfactory

R = Item needs repair

I = Item needs investigated

NP = Item not present

NI = Item not inspected

STRUCTURALReport Number
T2U87R71820

= Tips, Tools, and Savings

S R I NP NI**FOUNDATION DETAILS****FOUNDATION-** Crawlspace

	☒	☐	☐	☐	☐
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INSPECTION METHOD & ACCESSIBLE AREAS

Accessible areas in crawl space were inspected by crawling through it and using a standard flash light. Crawl space inspection limited in those areas concealed by floor insulation, duct work, plumbing pipes and low or inaccessible areas.

Limited attic inspection by walking or crawling through it. Attic inspection limited in those areas concealed by insulation, duct work, plumbing pipes and low or inaccessible areas.

FLOOR/SLAB- Dirt

	☒	☐	☐	☐	☐
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SUBFLOOR- Planks

	☒	☐	☐	☐	☐
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PIER/COLUMNS/FOUND. WALL- Brick and Block

	☐	☒	☐	☐	☐
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Numerous additional piers and supports have been added to crawl space framing. Piers and supports appear secure.

Crawl space has been dug out. Recommend having licensed contractor insure that original piers are properly supported, Recommend sealing gaps where pipes and wires enter the foundation wall.

FLOOR JOIST & SILLS- Conventional framing

	☐	☒	☐	☐	☐
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Previous repairs noted to crawlspace framing at bathroom. Consult owner for history of repairs. Framing appears secure.

Floor joist are loose from girder under front porch. Recommend having qualified person repair joists.

Girder under front porch is free floating on one end. Recommend having qualified person properly support girder.

GIRDER- Double, wood

	☒	☐	☐	☐	☐
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MOISTURE Wood Moisture content 15-17 % Acceptable levels are below 19%

	☒	☐	☐	☐	☐
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SUMP PUMP

	☐	☐	☐	☒	☐
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CRAWL SPACE VAPOR BARRIER- None

	☐	☒	☐	☐	☐
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Recommend installing a plastic vapor barrier on ground through the crawlspace to help control moisture levels in the framing.

ROOF DETAILS**ROOF FRAMING-** Conventional rafter & bracing

	☒	☐	☐	☐	☐
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CEILING JOISTS- Conventional joist & bearing

	☒	☐	☐	☐	☐
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The majority of ceiling joists and/or trusses could not be inspected closely due to insulation and the limited amount of floored areas. Appeared serviceable where visible.

ROOF DECKING- Planks/OSB

	☒	☐	☐	☐	☐
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Roof sheathing, where visible in the attic, is typical for the construction period and is in good condition.

Typical construction standard, OSB has been added over original plank roof decking.

WALL DETAILS**EXTERIOR/INTERIOR WALLS**

	☒	☐	☐	☐	☐
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Framing of exterior and interior walls appears to be 2 x 4 studs. Unable to inspect wall framing for condition and spacing of studs due to sheetrock and/or other wall coverings.

ADDITIONAL STRUCTURAL ITEM (IF NEEDED)

☐	☐	☐	☒	☐
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S = Item is satisfactory

R = Item needs repair

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EXTERIOR

Report Number
T2U87R71820

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S R I NP NI

WALL CLADDING- Vinyl

☐ ☒ ☐ ☐ ☐ ☐

Mildew growth noted along the vinyl siding. Recommend cleaning the vinyl siding.

FLASHING

☒ ☐ ☐ ☐ ☐ ☐

TRIM

☒ ☐ ☐ ☐ ☐ ☐

Majority of trim is concealed by vinyl / aluminum boxing and could not be observed.

FRONT DOOR- ☐ Double ☐ Fiberglass ☒ Glass ☒ Metal ☒ Single ☐ Wood

☐ ☐ ☒ ☐ ☐ ☐

Weatherstripping is damaged at the front entry door. Recommend having a qualified person replace the damaged weatherstripping.

REAR DOORS- ☐ Double ☐ Fiberglass ☒ Glass ☒ Metal ☒ Single ☐ Wood

☒ ☐ ☐ ☐ ☐ ☐

SIDE DOORS- ☐ Double ☐ Fiberglass ☐ Glass ☐ Metal ☐ Single ☐ Wood

☐ ☐ ☐ ☐ ☐ ☒

SLIDING GLASS DOOR- ☐ Insulated ☐ Screened ☐ Tempered

☐ ☐ ☐ ☒ ☐

WINDOWS- (exterior side) ☐ Awning ☒ Double Hung ☒ Insulated ☒ Screens ☐ Slider ☒ Vinyl ☐ Casement ☐ Fixed ☐ Metal ☐ Single Hung ☐ Storm ☐ Wood

☐ ☒ ☐ ☐ ☐ ☐ ☐

GARAGE- DOOR OPENER-

☐ ☐ ☐ ☒ ☐

DECK- Wood

☐ ☒ ☐ ☐ ☐ ☐

Deck is pulling away from house at rear entry door. Recommend having licensed contractor repair deck. Recommend pressure washing and applying a wood preservative to the deck and deck railings.

DECK RAILS- Wood

☒ ☐ ☐ ☐ ☐ ☐

EXTERIOR BALCONY-

☐ ☐ ☐ ☒ ☐

EXTERIOR BALCONY RAILS-

☐ ☐ ☐ ☒ ☐

STOOP-

☐ ☐ ☐ ☒ ☐

STOOP RAILS-

☐ ☐ ☐ ☒ ☐

PORCH- Masonry

☒ ☐ ☐ ☐ ☐

PORCH RAILS- Metal

☒ ☐ ☐ ☐ ☐

SOFFIT/EAVES- Vinyl

☒ ☐ ☐ ☐ ☐

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EXTERIOR

Report Number
T2U87R71820

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S R I NP NI

FASCIA- Alum. clad

☐ ☐ ☒ ☐ ☐ ☐

Missing aluminum trim noted along fascia at left side of house. Recommend having licensed contractor replace trim.

DRIVEWAY- Asphalt

☐ ☐ ☒ ☐ ☐ ☐

Tree roots are causing the driveway to crack. Recommend having a qualified person evaluate the trees and driveway and make necessary repairs to prevent further damage.

PATIOS/SLABS-

☐ ☐ ☐ ☐ ☒ ☐

WALKS-

☐ ☐ ☐ ☐ ☒ ☐

RETAINING WALLS-

☐ ☐ ☐ ☐ ☒ ☐

VEGETATION- Grass/Shrubs

☒ ☐ ☐ ☐ ☐ ☐

TREES/LIMBS

☐ ☒ ☐ ☐ ☐ ☐

Large tree close to the house may cause foundation cracking.

GRADE/DRAINAGE

☒ ☐ ☐ ☐ ☐ ☐

ADDITIONAL EXTERIOR ITEMS (IF NEEDED)

☐ ☐ ☐ ☒ ☐

☐ ☐ ☐ ☒ ☐

S = Item is satisfactory

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ROOF

Report Number
T2U87R71820

 = Tips, Tools, and Savings

S R I NP NI

ROOF COVERINGS- Fiberglass / Asphalt Composition

ROOF STYLE- Gable

	☒	☐	☐	☐	☐
	☐	☐	☐	☐	☐

GUTTERS-

	☐	☐	☐	☒	☐
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DOWNSPOUTS-

	☐	☐	☐	☒	☐
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SPLASH BLOCKS DISCHARGE-

	☐	☐	☐	☒	☐
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FLASHING & ROOF PENETRATIONS

	☐	☒	☐	☐	☐
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Gaps noted around chimney flashing on roof. Chimney flashing needs to be properly sealed to prevent leaks.

SKYLIGHTS

	☐	☐	☐	☒	☐
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WATER PENETRATION

	☐	☐	☐	☒	☐
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ADDITIONAL ROOF ITEMS (IF NEEDED)

☐	☐	☐	☒	☐
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☐	☐	☐	☒	☐
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ROOF INSPECTED FROM:



The roof was inspected from attic & grade.

ROOF AREAS NOT INSPECTED



Roof pitch was too steep to walk.

Note: Items noted "R" (needing repair) or "I" (needing further investigation) should be repaired and/or evaluated by a qualified repair person prior to purchase or sale. Apparent serviceability of roofing system is reported but is not a warranty or guarantee of the remaining life expectancy. The home inspector is NOT required to walk on the roofing or inspect attached accessories including solar systems, antennae and lightning arrestors.

S = Item is satisfactory R = Item needs repair I = Item needs investigated NP = Item not present NI = Item not inspected

PLUMBING		WATER HEATER		= Tips, Tools, and Savings		S	R	I	NP	NI
# 1	Water Heater Location	Crawl space	40	Gallon						
	Manufacturer	Whirlpool	Serial Number	1511101137266						
	Estimated Age	5	Model Number	E2F40RD045V						
			Water	110						
			Temperature							
☒ Electric ☐ Gas ☐ Propane ☐ Tankless										
Recommend having a qualified person extend pipe on water heater pressure relief valve to the exterior within 6" of the ground.										

Note: Items noted "R" (needing repair) or "I" (needing further investigation) should be repaired and/or evaluated by a qualified repair person prior to purchase or sale. If well water is used for drinking purposes, we recommend it be tested by a lab or the health dept. Underground septic systems, sewer lines, and water treatment equipment are not inspected. If present, we recommend a septic system inspection and/or contractor evaluation before closing. The home inspector is not required to: state the effectiveness of anti-siphon devices; determine whether water supply and waste disposal systems are public or private; operate automatic safety controls; operate any valve except water closet flush valves, fixture faucets, and hose faucets. The home inspector is not required to inspect: water conditioning systems; fire and lawn sprinkler systems; on-site water supply quantity and quality; on-site waste disposal systems; foundation irrigation systems; bathroom spas, except as to functional flow and functional drainage; swimming pools; solar water heating equipment; or inspect the system for proper sizing, design, or use of proper materials.

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ELECTRICAL

Report Number
T2U87R71820

📖 = Tips, Tools, and Savings

S R I NP NI

SERVICE ENTRANCE- Overhead

📖 ☒ ☐ ☐ ☐ ☐ ☐

SERVICE WIRES SIZE & TYPE- 2 Aluminum = 100 Amps & 240 Volts

📖 ☒ ☐ ☐ ☐ ☐ ☐

GROUNDING EQUIPMENT- ☐ Not Present ☒ To Ground Stake ☐ To Water Pipe

📖 ☒ ☐ ☐ ☐ ☐ ☐

The ground stake is buried and ground connection could not be observed. Ground wire found to be secured.

MAIN PANEL- Located at- Outside

📖 ☐ ☒ ☐ ☐ ☐ ☐

Open knockouts noted in the main electrical panel. Recommend having a qualified person properly seal the gaps to help prevent rodent and insect entry into the panel.

SUB PANELS- Located at-

📖 ☐ ☐ ☐ ☐ ☒ ☐

OVER CURRENT/FAULT PROTECTION- ☐ ARC Breaker ☒ Circuit Breakers ☐ Fuses ☐ GFCI Breaker

📖 ☒ ☐ ☐ ☐ ☐ ☐

GROUND FAULT PROTECTION- ☒ Baths ☐ Exterior ☒ Kitchen

📖 ☒ ☐ ☐ ☐ ☐ ☐

Currently present at: ☐ Carport ☐ Garage ☐ None

110 VOLT CIRCUITS - Material- ☐ Aluminum ☒ Copper ☐ Could not Inspect

📖 ☒ ☐ ☐ ☐ ☐ ☐

220 VOLT CIRCUITS - Material- ☐ Aluminum ☒ Copper ☐ Could not Inspect

📖 ☒ ☐ ☐ ☐ ☐ ☐

RECEPTACLES (representative #-) Type- ☐ 2 Prong ☒ 3 Prong

📖 ☒ ☐ ☐ ☐ ☐ ☐

Personal property prevented the testing of all receptacles. A representative number of receptacles were checked for polarity and were found to be serviceable.

INTERIOR LIGHT FIXTURES, CEILING FANS & SWITCHES

📖 ☒ ☐ ☐ ☐ ☐ ☐

EXTERIOR LIGHT FIXTURES, CEILING FANS & SWITCHES

📖 ☒ ☐ ☐ ☐ ☐ ☐

SMOKE DETECTORS

📖 ☐ ☒ ☐ ☐ ☐ ☐

Since 1999, safety standards require one smoke detector in every bedroom and adjoining hallways wired together with battery back up. Install additional smoke detectors as needed for personal safety.

DOORBELL

📖 ☐ ☐ ☐ ☐ ☒ ☐

ADDITIONAL ELECTRICAL ITEM (IF NEEDED)

☐ ☐ ☐ ☒ ☐ ☐

S = Item is satisfactory

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HEATINGReport Number
T2U87R71820

[Icon] = Tips, Tools, and Savings

S R I NP NI

HEATING UNIT MFG # 1

Goodman

MODEL NUMBER

PGB024075-1

SERIAL NUMBER

0304613890

ENERGY SOURCE☐ Electric☐ Oil☒ Natural Gas ☐ Propane**HEATING UNIT DESCRIPTION**☐ Baseboard☐ Hot Water☐ Solar☒ Forced Air☐ Mini-Split☐ Steam☐ Heat Pump☐ Radiant Heat**SYSTEM**☒ Central☐ Room unit**TYPE**☒ Package System☐ Split System**UNIT LOCATION**☐ Attic☒ Outside☐ Basement☐ Crawlspace☐ Garage☐ Inside**Area Served:**

Entire House

TOTAL CAPACITY(in BTU's)

75 ,000 BTU's

APPROXIMATE AGE(in years)

2003

HEATING EQUIPMENT

[Icon] [X] [] [] [] [] []

OPERATION - AIR TEMP. RISE

Return -

Supply -

[Icon] [] [] [] [] [] [X]

The furnace was not operated due to manufacturers recommendations not to operate during high exterior temperatures. The unit did switch to heating when the thermostat was activated.

OPERATING & SAFETY CONTROLS

[Icon] [X] [] [] [] [] []

FLUE

[Icon] [X] [] [] [] [] []

ADDITIONAL HEATING ITEM (IF NEEDED)

[] [] [] [X] [] []

Note: Items noted "R" (needing repair) or "I" (needing further investigation) should be repaired and/or evaluated by a qualified repair person prior to purchase or sale. For gas or oil furnaces, the only cover that was removed was the access cover on the burner assembly. The heat exchanger cannot be examined without extensive disassembly of the cabinet. Since this is not possible during a standard, visual home inspection, you may want to obtain a warranty contract on heating units and / or have heat exchanger technically evaluated by an HVAC technician prior to sale. Cracks in flue liners are often concealed by the normal build up of creosote. Our visual inspection may not detect all possible problems with chimneys. The home inspector is not required to: operate heating systems when weather conditions or other circumstances may cause equipment damage; operate automatic safety controls; ignite or extinguish solid fuel fires; or ignite a pilot light. The home inspector is not required to inspect: the interior of flues; fireplace insert flue connections; heat exchanger; humidifiers; electronic air filters; the uniformity or adequacy of heat supply (air flow) to the various rooms; or solar space heating equipment.

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NI = Item not inspected

HVAC Distribution

Report Number
T2U87R71820

 = Tips, Tools, and Savings

S	R	I	NP	NI
☐	☐	☐	☐	☐

☒ Flex
 ☐ None
 ☐ Uninsulated
 DUCTS- (includes supports & insl.)
 ☒ Insulated
 ☒ Sheet Metal

☒	☐	☐	☐	☐
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FILTER - Size(s): 14 X 25 X 1

☐	☒	☐	☐	☐
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Air filters in return for HVAC system are dirty and need to be replaced. It is very important to keep air filters changed regularly to help maximize heating and A/C efficiency.

ADDITIONAL DUCT ITEM (IF NEEDED)

☐	☐	☐	☒	☐
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INTERIOR

Report Number
T2U87R71820

= Tips, Tools, and Savings

S R I NP NI

WALLS & CEILINGS

☒ ☐ ☐ ☐ ☐

FLOORS (does not include carpeting or finish treatments)

☐ ☒ ☐ ☐ ☐

Flooring is not level throughout house

Excessive floor bounce noted in: living room, laundry room and kitchen. See floor joist comments on the structural page.

STEPS & STAIRWAYS

☐ ☐ ☐ ☒ ☐

INTERIOR BALCONY & RAILINGS

☐ ☐ ☐ ☒ ☐

COUNTERS & BUILT-IN CABINETS (representative #)

☒ ☐ ☐ ☐ ☐

INTERIOR DOORS (representative #)

☒ ☐ ☐ ☐ ☐

WINDOWS (interior side of windows)

☒ ☐ ☐ ☐ ☐

All windows could not be checked for operation due to personal property. A representative number of windows were tested and opened and closed normally.

ADDITIONAL INTERIOR ITEMS (IF NEEDED)

☐ ☐ ☐ ☒ ☐

☐ ☐ ☐ ☒ ☐

S = Item is satisfactory R = Item needs repair I = Item needs investigation NP = Item not present NI = Item not inspected

INSULATION & VENTILATION

Report Number
T2U87R71820

= Tips, Tools, and Savings

S R I NP NI

BASEMENT INSULATION-	☐ Blown	☐ Fiberglass	☐ Roll/batt	☐ Vermiculite	☐	☐	☐	☐	☐
in. thick	☐ Cellulose	☐ None	☐ Spray Foam						

CRAWLSPACE INSULATION-	☐ Blown	☒ Fiberglass	☒ Roll/batt	☐ Vermiculite	☐	☐	☐	☐	☐
3+/- in. thick	☐ Cellulose	☐ None	☐ Spray Foam						

Partial insulation installed in crawl space. Consult insulation contractor for full insulation installation if desired.
Crawlspace has 3 +/- inches of fiberglass blanket insulation which is rated at R-11. This may have been typical for the construction period but does not meet current standards. Consult an insulation company for upgrades if desired.
Crawl space insulation is installed backwards. The vapor barrier(insulation paper) should face the sub floor.

ATTIC INSULATION-	☒ Blown	☐ Fiberglass	☐ Roll/batt	☐ Vermiculite	☐	☐	☐	☐	☐
4 in. thick	☒ Cellulose	☐ None	☐ Spray Foam						

4+/- inches of blown cellulose insulation is present in attic which is rated about R-13. This may have been typical for the age but is less than the current standard. Contact an insulation company for upgrade if desired.

VAPOR RETARDERS-	☒ Kraft backed paper	☐ Other	☐ Plastic	☒	☐	☐	☐	☐	☐
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CRAWLSPACE VENTILATION-	☒ 8" x 16" Foundation Vents	☐ Other	☐	☐	☐	☐	☐	☐	☐
	☐ Fan	☐ Screened Crawl Door							

Damaged screens noted at crawlspace vents around the home. Recommend having a qualified person repair or replace the vent screens to prevent rodent entry into the crawlspace.

ATTIC VENTILATION-	☒ Gable	☐ Powerfan	☐ Soffit	☐ Turbine	☒	☐	☐	☐	☐
	☐ Louvers	☒ Ridge	☐ Static						

WHOLE HOUSE FAN	☐	☐	☐	☐	☒	☐
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BATHROOM VENTS- To attic	☐	☒	☐	☐	☐	☐
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Bathroom exhaust fans vent to the attic and can produce unnecessary moisture. Current standard is to vent to the exterior via soffit vents.

DRYER VENT- To exterior wall	☐	☒	☐	☐	☐	☐
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The dryer vent rain cap is loose along rear of the home. Recommend having a qualified person seal the rain cap against the siding to prevent water penetration.
Dryer is not connected to dryer vent.

ADDITIONAL INSULATION ITEMS (IF NEEDED)

	☐	☐	☐	☒	☐
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	☐	☐	☐	☒	☐
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	☐	☐	☐	☒	☐
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Note: Items noted "R" (needing repair) or "I" (needing further investigation) should be repaired and/or evaluated by a qualified repair person prior to purchase or sale. The home inspector is not required to report on: concealed insulation and vapor retarders; or venting equipment that is integral with household appliances. The home inspector shall: move insulation where readily visible evidence indicates the possibility of a problem; and move floor insulation where plumbing drain/waste pipes penetrate floors, adjacent to earth-filled stoops or porches, and at exterior doors.

SAFETY INSPECTOR	Report Number T2U87R71820	 = Tips, Tools, and Savings
SMOKE DETECTORS # - One SMOKE DETECTORS WORK? - Yes		
CARBON MONOXIDE DETECTORS # - None CARBON MONOXIDE DETECTORS WORKING? -		
DEADBOLTS INSTALLED? - Yes DEADBOLTS WORKING? - Yes		
FIRE EXTINGUISHERS # - None		
SECURITY SYSTEM INSTALLED? No		
ADDITIONAL SAFETY ITEMS (IF NEEDED)		

We are proud to provide this Safety Report with support from Nationwide Insurance, ADT, and Safe Homes for Safe Kids.
Please review entire report for other safety related items.



SUPPLEMENTAL INFORMATION

Report Number
T2U87R71820

All directional references are made facing the front door of the house. This report is intended for the exclusive use of our client. Items noted "R" (needing repair) or "I" (needing further investigation) should be repaired and/or evaluated by a qualified repair person prior to purchase or sale. This is a visual inspection of readily accessible components only and is not technically exhaustive.

Home inspectors are NOT required to report on: the life expectancy of any component or system; the causes of the need for a repair; the methods, materials and costs of corrections; the suitability of the property for any specialized use; compliance or noncompliance with codes, ordinances, statutes, regulatory requirements or restrictions; the market value of a property or its marketability; the advisability or inadvisability of purchase of the property; any component or system that was not inspected; the presence or absence of pests such as wood damaging organisms, rodents, or insects; cosmetic damage, underground items, or items not permanently installed - any information given on these items should be considered incomplete and should be further evaluated prior to sale.

Home inspectors are NOT required to: offer warranties or guarantees of any kind; calculate the strength, adequacy, or efficiency of any system or component; enter any area or perform any procedure that may damage the property or its components or be dangerous to adversely affect the health or safety of the home inspector or other persons; operate any system that has been shut down or otherwise inoperable; operate any system that does not respond to normal controls; move personal items, panels, furniture, equipment, plant life, soil, snow, ice, or debris that obstructs access or visibility; determine the presence or absence of any suspected adverse environmental condition or hazardous substance - including toxins, carcinogens, noise, contaminants in the building or in soil, water or air; determine the effectiveness of any system installed to control or remove suspected hazardous substances; predict future condition, including failure of components; project operating costs of components; evaluate acoustical characteristics of any system or component; inspect special equipment or accessories that are not listed in this report; disturb insulation except: where readily visible evidence indicates the possibility of a problem, where plumbing drain/waste pipes penetrate floors and adjacent to earth filled stoops or porches and at exterior doors - any information given on these items should be considered incomplete and should be further evaluated prior to sale. Home inspectors shall NOT : Offer or perform any act or service contrary to law; offer to perform engineering, architectural, plumbing, electrical or any job function requiring an occupational license in the jurisdiction where the inspection is taking place, unless the home inspector holds a valid occupational license, in which case the home inspector shall inform the client that the the home inspector is so licensed, and therefore qualified to go beyond this section and perform additional inspections beyond those listed as line items in this report.

STRUCTURAL

Note: Items noted "R" (needing repair) or "I" (needing further investigation) should be repaired and/or evaluated by a qualified repair person prior to purchase or sale. Due to recent advances in modular construction techniques, it is sometimes difficult to determine if a home is modular or "stick built". Therefore, no determination was made by the inspector other than a general framing description.

EXTERIOR

Note: Items noted "R" (needing repair) or "I" (needing further investigation) should be repaired and/or evaluated by a qualified repair person prior to purchase or sale. Conditions behind siding, gutters, awnings and heavy shrubbery are not visible and are expressly excluded from this report. Representative site drainage cannot be accessed if it has been dry for an extended period of time. No guarantee is made for compromised insulation seals on windows and doors because this condition may only be apparent during certain weather conditions. The home inspector is NOT required to inspect storm windows & doors, screening, shutters, awnings, and similar seasonal accessories; fences; presence of safety glazing in doors and windows; garage door remote controls; geological and soil conditions; recreational facilities (including spas, saunas, steam baths, swimming pools, tennis courts, playground equipment, and other exercise, entertainment or athletic facilities); detached buildings or structures; any environmental hazard or buried fuel tanks.

ELECTRICAL

Note: Items noted "R" (needing repair) or "I" (needing further investigation) should be repaired and/or evaluated by a qualified repair person prior to purchase or sale. The home inspector is not required to: insert any tool, probe, or testing device inside the panels; test or operate any over current device except ground fault circuit interrupters; dismantle any electrical device or control other than to remove the covers of the main and auxiliary distribution panels; operate and test smoke detectors when detectors are part of a central system. The home inspector is not required to inspect: low voltage systems; security system devices, heat detectors, or carbon monoxide detectors; telephone, security, cable TV, intercoms, or other ancillary wiring that is not a part of the primary electrical distribution system; or built-in vacuum equipment. "Representative number" means, for multiple identical components such as electrical outlets, one such component per room. Safety Note: To help prevent fatal electric shocks, modern standards require Ground Fault Circuit protection at the receptacles serving the kitchen, bathrooms, & laundry (within 6' of sink); also garage, unfinished basements, exterior, crawl space, whirlpools, spas, pools, & fountains - if not present, client should add ground fault protection for personal safety.

PLUMBING

Note: Items noted "R" (needing repair) or "I" (needing further investigation) should be repaired and/or evaluated by a qualified repair person prior to purchase or sale. If well water is used for drinking purposes, we recommend it be tested by a lab or the health dept. Underground septic systems, sewer lines, and water treatment equipment are not inspected. If present, we recommend a septic system inspection and/or contractor evaluation before closing. The home inspector is not required to: state the effectiveness of anti-siphon devices; determine whether water supply and waste disposal systems are public or private; operate automatic safety controls; operate any valve except water closet flush valves, fixture faucets, and hose faucets. The home inspector is not required to inspect: water conditioning systems; fire and lawn sprinkler systems; on-site water supply quantity and quality; on-site waste disposal systems; foundation irrigation systems; bathroom spas, except as to functional flow and functional drainage; swimming pools; solar water heating equipment; or inspect the system for proper sizing, design, or use of proper materials.

SUPPLEMENTAL INFORMATION

Report Number
T2U87R71820

INTERIORS

Note: Items noted "R" (needing repair) or "I" (needing further investigation) should be repaired and/or evaluated by a qualified repair person prior to purchase or sale. "Representative number" means, for multiple identical components such as interior doors and windows, one such component shall be operated per room. The home inspector is not required to inspect: paint, wallpaper, and other finish treatments on : interior walls, ceilings, and floors; carpeting, draperies, blinds, or other window treatments.

ROOF

Note: Items noted "R" (needing repair) or "I" (needing further investigation) should be repaired and/or evaluated by a qualified repair person prior to purchase or sale. Apparent serviceability of roofing system is reported but is not a warranty or guarantee of the remaining life expectancy. The home inspector is NOT required to walk on the roofing or inspect attached accessories including solar systems, antennae and lightning arrestors.

INSULATION

Note: Items noted "R" (needing repair) or "I" (needing further investigation) should be repaired and/or evaluated by a qualified repair person prior to purchase or sale. The home inspector is not required to report on: concealed insulation and vapor retarders; or venting equipment that is integral with household appliances. The home inspector shall: move insulation where readily visible evidence indicates the possibility of a problem; and move floor insulation where plumbing drain/waste pipes penetrate floors, adjacent to earth-filled stoops or porches, and at exterior doors.



**Advantage
Inspection**

APPENDIX PAGE 557 Inspection Report

09.13.2019

Advantage Inspection Upstate Inc.

Post Office Box 4137 Greenville SC 29608 | 864-298-0405



prepared for

Debra Mowery



109 Linda Lane
Easley SC 29642

YOUR inspection report from Advantage Inspection Upstate Inc. opens the door to a world of resource, education, and promotional incentives designed to help protect your largest assets!

Thank you for your Trust in Advantage Inspection Upstate Inc.!

Inspector:
Roan Southerlin



**Advantage
Inspection**

APPENDIX PAGE 558 Table of Contents

09.13.2019

Advantage Inspection Upstate Inc.

Post Office Box 4137 Greenville SC 29608 | 864-298-0405

Cover	Page 1
Table of Contents	Page 2
Client Letter	Page 3
Invoice	Page 4
Conditions / Contract	Page 5 - 6
Report Summary	Page 7 - 8
Photographs	Page 9 - 24
General Information	Page 25
Structural	Page 26
Exterior	Page 27 - 28
Roof & Attic	Page 29
Plumbing	Page 30 - 31
Plumbing - Water Heater	Page 32
Plumbing - Bathroom	Page 33
Electrical	Page 34
Heating	Page 35
Heating - Fireplace	Page 36
Cooling	Page 37
HVAC Distribution	Page 38
Interior	Page 39
Insulation & Ventilation	Page 40
Appliances	Page 41
Safety Inspection	Page 42
Supplemental Information	Page 43 - 44

Definition of Evaluation Headings

S = Satisfactory - Component is not necessarily perfect but is functional allowing for normal wear and tear.

R = Needs repair - Component does not function properly or adversely affects the habitability of the dwelling.

I = Investigate Further - Component warrants further investigation by a specialist or requires subsequent observation(s).

NP = Not Present - Component was not present in the structure

NI = Not Inspected - Component was not inspected or the inspection was limited for some reason.

Items noted "R" (needing repair) or "I" (needing further investigation) should be repaired and/or evaluated by a qualified repair person prior to purchase or sale.

Advantage Inspection Upstate Inc. . . "For A Higher Level of Certainty"

TM

www.advantageinspection.com

Client Letter

09.13.2019



**Advantage
Inspection**

Advantage Inspection Upstate Inc.

Post Office Box 4137 Greenville SC 29608 | 864-298-0405

Dear Debra Mowery

We want to thank you for selecting Advantage Inspection to conduct the inspection of your new property purchase. We do our very best to provide a comprehensive inspection and report. If after careful review there are any questions that you would like to ask, please do not hesitate to call.

Payment is expected and/or processed at the time of inspection. Inside the client copy of the report, you will find a copy of the invoice for the inspection service.

We appreciate your business and wish you well in your new home!

Sincerely,

Adrian Smith
Advantage Inspection
PO Box 4137
Greenville, SC 29608
864-298-0405
AdrianSmith@advantageinspection.com

Invoice

09.13.2019



Advantage Inspection

Advantage Inspection Upstate Inc.

Post Office Box 4137 Greenville SC 29608 | 864-298-0405

BILL TO:**Debra Mowery**
 Day Phone:
 Other Phone:
INSPECTION ADDRESS
 109 Linda Lane
 Easley, SC 29642
INSPECTION NUMBER

T2U87R71821

REALTOR
 Debra Mowery
 410-937-2291

DESCRIPTION OF SERVICES		AMOUNT
Inspection		\$325.00
Re Inspection		
Radon		
CL-100		
Closing Fee		
Mold Test		
		-\$162.50
INVOICE PAYMENT DESCRIPTION	TOTAL BILLING	\$162.50
	AMOUNT PAID	\$0.00
Thank You	AMOUNT DUE	\$162.50

COMMENTS ON THE INSPECTION OR SERVICE

PLEASE ENCLOSE A COPY OF THIS BILL OR WRITE THE INSPECTION NUMBER ON YOUR CHECK AND REMIT IMMEDIATELY TO:

 Advantage Inspection Upstate
 PO Box 4137 Greenville SC 29608
<http://www.advantage-inspection.com>



Advantage Inspection

APPENDIX PAGE 561 Service Contract

09.13.2019

Advantage Inspection Upstate Inc.

Post Office Box 4137 Greenville SC 29608 | 864-298-0405

Client(s): Debra Mowery

Inspection Address: 109 Linda Lane
Easley, SC 29642

Inspector: Roan Southerlin

Inspection Date: 09/13/2019

Inspection Costs: \$162.50

REAL ESTATE INSPECTION AGREEMENT PAGE 1 OF 2

SCOPE OF INSPECTION SERVICES (What we WILL inspect): The Company will perform a limited visual inspection (the "Inspection") which will include the following items if present and accessible. These items are generally accepted as "standard" inspection components" required by most nationally recognized inspector associations and regulatory agencies:

General Information: Persons present during the inspection; approximate age of the structure; construction type and style; weather and soil conditions; residence type; number of stories; approximate house orientation; general lot description.

Grounds: Grade/drainage; yard drains; walks and driveways; landscaping; patio/slabs; outside lighting; trees/limbs; fences/gates; outside faucets; retaining walls.

Exterior: Siding; siding cracks; shutters; trim rot; paint and caulking; fascia; soffit/eaves; porch, porch rails; stoop; stoop rails; deck; deck rails; doors; sliding door(s); garage; garage door opener; windows.

Roof: Materials: Roof style; flashing and roof penetrations; skylights; gutters; downspouts; splash blocks; roof framing; ceiling joists; roof decking; water penetration, whole house fan; ventilation; insulation; attic access.

Fireplace: General condition; gas logs; damper; chimney condition; flue liner.

Foundation - Basement: Accessible areas; moisture penetration; piers; foundation walls; floor joist and sills; girders; sub floor; floors/slabs; insulation;

Crawlspace: Accessible areas; moisture penetration; sump pump; vapor barrier; piers; foundation walls; floor joist and sills; girders; sub floor; ventilation; insulation. Slab condition: Viewable components.

Electrical: Service entrance; service wires- size and types; grounding equipment; main panel; sub panels; over current protection; ground fault protection; 110 volts and 220 volt circuits; receptacles; light fixtures and switches; safety concerns.

HVAC - Heating: Unit manufacturer; model number; serial number; location; air temperature rise; general condition; heating unit description; energy source; system type; total capacity; approximate age. **Cooling:** Unit manufacturer; model number; serial number; air temperature drop; general condition; cooling unit description; energy, location; total capacity; approximate age.

Plumbing: Water supply; well pump; water shut offs; water pressure; water pipes; water pipe support; water pipe insulation; water heater; waste water disposal; waste and vent pipes; waste pipe support; plumbing fixtures; kitchen sink; laundry connections; dryer exhaust; bath rooms.

Interior: Rooms/floors; walls; smoke alarms; ceilings; stairs; doors.

Appliances: - Permanently installed: Dishwasher; disposal; oven; range; refrigerator; trash compactor and microwave.

INSPECTION LIMITATIONS (What we WILL NOT inspect): The Inspection will be a limited visual inspection of the aforesaid items. The Inspection will not be invasive or technically exhaustive, and cannot detect latent conditions or concealed defects such as sewer line back-up or hidden structural damage. The Inspection is intended to reduce risk but will not eliminate risk. Since the Inspection will be based upon visual observations made during a limited time period, the Company will not be responsible for any condition affecting any system or component which is intermittent and not detectable during the Inspection (for example - compromised insulation seals on windows). The Inspector will not light pilot lights, activate the main water, gas or electric systems, energize electrical circuits which are shut off or are otherwise inoperable or operate any system or component which does not respond to normal operating controls.

The Inspection will not include or address the following items: code compliance, durability, environmental concerns INCLUDING MOLD, compliance with any conservation or energy standard, efficiency, fitness for purpose, flood or seismic risks, underground plumbing, future life, future performance, especially that of foundations, insurability, merchantability, obsolescence, quality, safety of any item inspected, septic systems, wells, cisterns, private water supplies water quality or volume, central vacuum systems, solar systems whether active or inactive, security systems, soils systems, lead paint, asbestos, radon, toxic mold, flammable materials, refrigerators, freezers, remote overhead door transmitters/receivers, floor coverings, wall coverings, free standing kitchen appliances, laundry appliances, water conditioners, swimming pools, spas, tennis courts, playground equipment or other recreational or leisure appliances and self-cleaning or continuous-cleaning capabilities of ovens, wood destroying organisms or insects and non-wood infesting insects such as fleas, cockroaches, bees, mites, ticks, flies, etc. unless specifically stated, any opinion in the inspection report pertaining to aforementioned items is to be considered partial and incomplete.

WRITTEN OR ELECTRONIC INSPECTION REPORT: The Company will render a written and or electronic inspection report outlining the condition of items inspected as they existed at the time of the Inspection (the "Report"). The Report will contain the opinions of the Inspector which opinions may change should conditions change which affect the items inspected. Although code compliance and engineering evaluation are specifically excluded from the Inspection, some codes may be used as a reference or basis for the opinion of the Inspector. The inspection services to be provided are further defined and limited by the Report and any attachments thereto. The Company will provide the Report to the Client, or Client's authorized representative (person(s) ordering inspection, submitting payment, or otherwise designated to represent the Client). Distribution of copies of the Report to other parties will be at Client's direction, or as otherwise specified by law. The Report will not be released until payment is received by the Company.

Initials

Debra Mowery - 109 Linda Lane, Easley, SC 29642

CLIENT RESPONSIBILITY: The Client is responsible for arranging access to the structure to be inspected and is responsible for insuring that all utilities are operational prior to the scheduled Inspection. The attendance of Client during the Inspection is encouraged however Client acknowledges that attendance at the inspection is at the Client's or any other attending party's own risk.

GENERAL STATEMENTS AND AGREEMENTS THAT APPLY TO HOME INSPECTIONS: Before completion of any contractual agreements on the Property, Client should obtain second opinions or cost estimates by appropriate specialists on items where performance may be reported as questionable, in need of repair or servicing or unsafe. It is specifically understood and agreed that the Inspection Company and the Clients are bound only by the terms and conditions of this Agreement and have not relied on any other representations, oral or otherwise.

DISCLAIMER OF WARRANTIES AND GUARANTEES - The Inspection Company or inspector(s) make no guarantee or warranty as to any of the following:

1. that all repair needs and hazards have been discovered or disclosed in accessible or inaccessible areas.
2. That inspection company or the inspector will pay for the repair of undiscovered problems or conditions.
3. That any of the items inspected are designed or constructed in a good or workmanlike manner.
4. That any of the items inspected will continue to perform in the future as they are performing at the time of inspection.
5. That the building will not experience or contain wood destroying insect activity or damage.
6. No guaranty or warranty of merchantability or fitness of use of the condition of the property.

LIMITS OF LIABILITY: Home inspections are not insurance and do not provide protection against unexpected conditions or repair /replacement needs and costs. The Client acknowledges that there are risks involved in purchasing property, and while the ordering of a home inspection may reduce the risks, risk cannot be eliminated. Client acknowledges that the Company is not an insurer and does not insure against defects in the Property. The maximum liability of the Company or its employees for errors and omissions in the inspection process shall be Limited to the amount of the fee paid for the applicable inspection. Client agrees to pay all legal expenses and reasonable compensation for loss of time that may be incurred by any inspector, owner or employee of the Company as a result of any legal action brought by the Client where the Client does not prevail. Client understands that comprehensive inspections may be available from other companies.

DISPUTE RESOLUTION: Should a concern or dispute arise over the condition of an inspected item after the date of the inspection, Client agrees to notify the Company in writing within fourteen (14) days of the discovery of the condition and provide the Company with the opportunity to re-inspect the disputed item and document any concerns prior to the commencement of repair or replacement work. Notwithstanding the above, immediate repairs should be made regardless of whether or not the Company has been given the opportunity to re-inspect a condition should circumstances warrant immediate repair. However, Client's failure to give the Company notice and the opportunity to re-inspect an item where immediate repairs are not required to protect life or property shall preclude Client from pursuing a claim against the Company for that item. In no event shall any action be brought against the inspection company for a breach of this Agreement at any time beyond one (1) year after the date of this Agreement.

MISCELLANEOUS - Entire Agreement: This Agreement, and the Inspection Report issued by the Company, constitutes the sole Agreement between Client and the Company. **Third Party Indemnification:** All services are performed and the Report is prepared for the sole and exclusive use and benefit of the Client. The Report is not intended for the use or benefit of anyone other than the Client and no third party shall have any right arising from the Inspection or the Report. Reports are non-transferable and may not be relied upon by other parties without the written consent of both the Client and the Company, unless otherwise specified by law. In consideration of the Company furnishing the Report, Client will indemnify and hold the Company harmless from any claims, demands or costs as a result of any third party demand or claim arising out of the Inspection or the Report. **Applicable law:** This report shall be construed under the laws of the state in which the inspection was performed. **Seller's Disclosure:** The Report will be supplemental to any real estate transfer or seller's disclosure statement and shall not be used as a substitute for such disclosure statements. Wherever there is a reference herein to the Client, the singular includes the plural and the masculine includes the feminine and the neuter. By signing below, I acknowledge that I have read this Agreement, that I understand the terms and conditions hereof and I agree to be bound by these terms and conditions

COMPANY RELATIONSHIPS with third party providers. (Your company name). has affiliations with third party providers, Lowes, Nationwide Insurance, ADT, etc. These providers may offer special, value added services / discounts for our clients. By signing this contract below, you authorize these vendors to contact you about these services. These providers are approved by Advantage Inspection Greenville.

The Client agrees to allow the inspection company to upload the client's inspection report to inspectornetwork.com for data storage / backup for confidential online distribution at the client's direction.

CLIENT(S): _____ DATE: _____ NOTE: THIS LAST PAGE OF THE INSPECTION AGREEMENT MUST BE SIGNED AND RETURNED TO OUR OFFICE WITH THE INSPECTION AUTHORIZATION COMPLETED PRIOR TO THE DAY OF INSPECTION.



Advantage Inspection

APPENDIX PAGE 563 Report Summary

09.13.2019

Advantage Inspection Upstate Inc.

Post Office Box 4137 Greenville SC 29608 | 864-298-0405

Prepared Debra Mowery
For: Report #: T2U87R71821

Inspection 109 Linda Lane
Address: Easley, SC 29642

Real Estate Debra Mowery
Agent: 410-937-2291

THIS SUMMARY IS NOT THE ENTIRE REPORT. THE COMPLETE REPORT MAY INCLUDE ADDITIONAL INFORMATION OF CONCERN TO THE CLIENT. IT IS STRONGLY RECOMMENDED THAT THE CLIENT READ THE COMPLETE REPORT. THIS SUMMARY INCLUDES ONLY THOSE ITEMS THAT DO NOT FUNCTION PROPERLY OR ADVERSELY AFFECT THE HABITABILITY OF THE DWELLING; OR APPEARS TO WARRANT FURTHER INVESTIGATION BY A SPECIALIST, OR REQUIRES SUBSEQUENT OBSERVATION(S).

THE FOLLOWING ITEMS SHOULD BE CHECKED FOR EXTENT OF DAMAGE AND/OR REPAIRED BY QUALIFIED REPAIR PERSON

Needs Repair

Structural

1. Moisture levels in crawl space are elevated at 20%. Recommend having a licensed contractor evaluate the crawlspace for recommendations on repairs to lower moisture levels in the crawlspace.
2. Fungal growth noted along floor joist in the crawlspace. Recommend having a licensed contractor properly remediate the fungal growth.
3. Recommend installing a plastic vapor barrier on ground through the crawlspace to help control moisture levels in the framing.

Exterior

4. Settling cracks noted to brick siding at front beside chimney. Recommend having a qualified person repair the cracks.
5. Deck is secured to house with masonry nail. Recommend having qualified person secure deck to house using bolts.
6. Deck is greater than 30" above grade and the deck rail height does not meet the 36" height requirement. Recommend having a licensed contractor evaluate the deck railings for recommendations on repairs.
7. Recommend trimming tree limbs in contact with the home. Tree limbs can damage gutters and roof shingles.
8. Porch height (30"+) requires a 36" high hand rail. Recommend having a qualified person install a handrail at the front porch.
9. All exterior wood and trim needs painting with proper preparation.
10. Crawl space under addition does not have access doors installed. Recommend installing crawl space doors to prevent pests.

Roof & Attic

11. Recommend installing gutters and down spouts to help with site drainage.

Plumbing

12. Accordion style drain pipe noted under the kitchen sink. This style drain pipe can collect debris in its grooves which can cause odors and leaks. Recommend replacing the accordion style drain pipe with a standard pvc drain pipe.
- 12b. Kitchen sink sprayer is broken. Recommend replacing the sink sprayer.

Plumbing - Water Heater

13. Recommend having a qualified person extend pipe on water heater pressure relief valve to the exterior within 6" of the ground.

Electrical

14. Missing panel covers are safety hazard. Recommend replacing panel covers.
15. White wires in the sub electrical panel being used as hot wires need to be properly identified by a licensed contractor.
16. The service entrance appears to be too low to the ground. Current standards state that these wires should be 10 feet above the ground and 12 feet above driveways. Consult with power company.
17. Two prong receptacles are not grounded. The receptacles are typical for the age and are functional but do not meet current standards.
- 17b. Two prong receptacles have been replaced with three prong receptacles and have not been grounded. These receptacles should be properly grounded by a qualified person.
- 17c. Missing receptacle cover plates need to be replaced.
18. Loose smoke detectors need to be properly secured to wall mounts.
19. Loose or hanging wires should be properly secured and terminated in covered junction boxes.
- 19b. Loose or hanging wires in crawl space should be stapled to floor joists at least every third joist.
- 19c. Open electrical junction boxes in the crawlspace need to have blank cover plates installed.
20. Inspector was unable to locate the main ground wire. Consult an electrician about installing one, or finding the existing one if present.
21. Missing electric panel cover is a safety hazard. Recommend having licensed contractor replace panel cover with approved weatherproof cover.
22. Missing interior lights need to be installed.

Heating - Fireplace

23. Creosote buildup noted in the fireplace flue. Recommend having a chimney sweep service and clean the fireplace flue.

Cooling

24. Recommend replacing torn and missing insulation on suction lines behind the AC unit.

24b. Due to excessive lengths of exposed evaporator lines. Recommend having qualified person conceal evaporator lines in protective conduit.

HVAC Distribution

25. Air filters in return for HVAC system are dirty and need to be replaced. It is very important to keep air filters changed regularly to help maximize heating and A/C efficiency.

Interior

26. Floors in addition need to be properly installed.

27. Recommend installing handrails along the interior stairways..

28. Step treads are not level. Recommend having licensed contractor repair steps.

29. Interior window trim in addition need to be installed.

29b. Replacement windows have been installed and storm windows left in place. Storm windows can not be opened due to replacement window screens.

29c. Numerous casement window crank handles missing. Recommend replacing crank handles.

Insulation & Ventilation

30. Dryer vent is broken in crawlspace which promotes lint and moisture build up. Dryer vent needs to be repaired to vent to exterior of home.

31. Damaged screens noted at crawlspace vents around the home. Recommend having a qualified person repair or replace the vent screens to prevent rodent entry into the crawlspace.

32. 8.5 +/- inches of blown fiberglass insulation is present in attic and rated at R-19+/- . This may have been typical for the age but is less than the current standard. Contact an insulation company for upgrade if desired.

33. Crawlspace has 3 +/- inches of fiberglass blanket insulation which is rated at R-11. This may have been typical for the construction period but does not meet current standards. Consult an insulation company for upgrades if desired.

33b. Crawl space insulation is falling down in various locations and should be tucked back up between the floor joists.

34. The bathroom exhaust vent rain cap is broken along rear of the home. The rain cap needs to be replaced to prevent moisture penetration.

Appliances

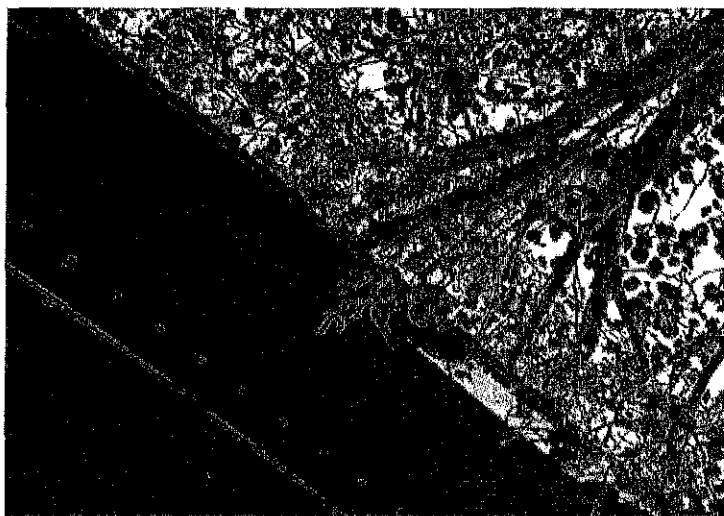
35. Garbage disposal is present but not installed.

Needs Further Investigation

Report Number
T2U87R71821

INSPECTION PICTURE ADDENDUM

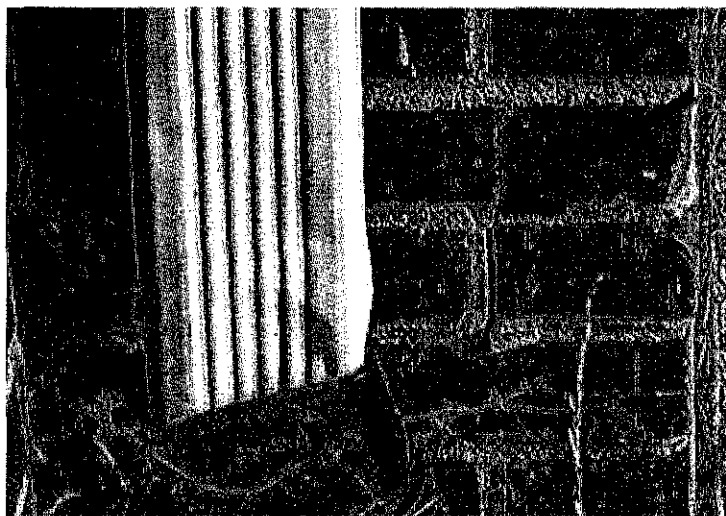
Recommend trimming tree limbs in contact with the home. Tree limbs can damage gutters and roof shingles.



Porch height (30"+) requires a 36" high hand rail. Recommend having a qualified person install a handrail at the front porch.



Settling cracks noted to brick siding at front beside chimney. Recommend having a qualified person repair the cracks.



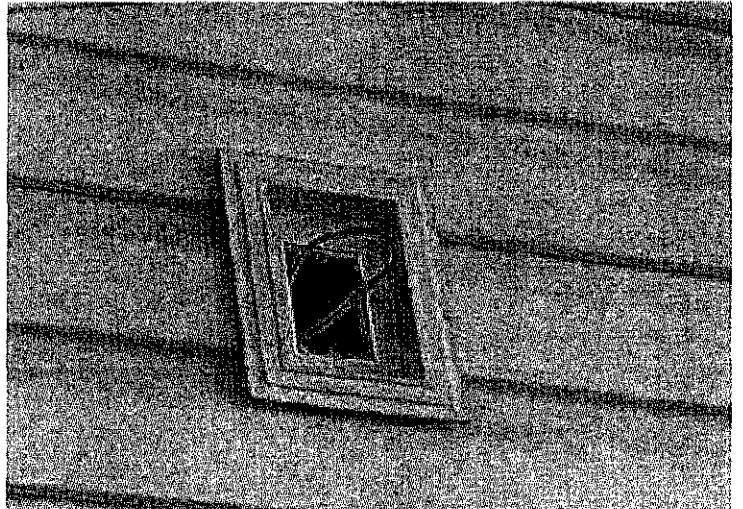
Report Number
T2U87R71821

INSPECTION PICTURE ADDENDUM

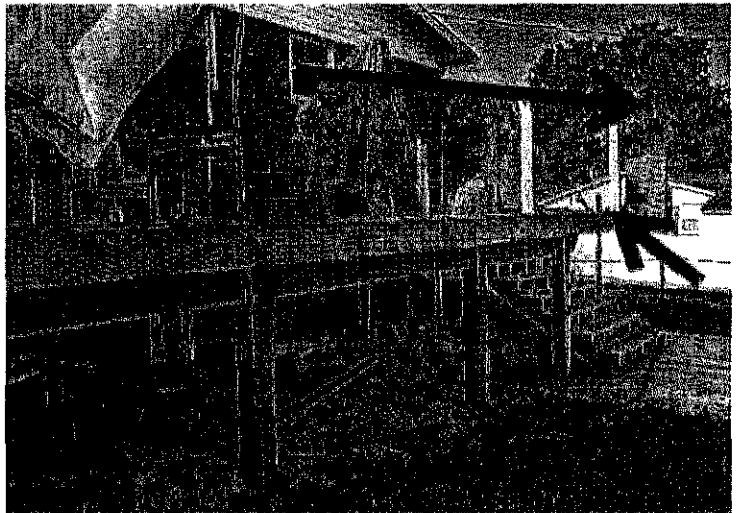
Damaged screens noted at crawlspace vents around the home. Recommend having a qualified person repair or replace the vent screens to prevent rodent entry into the crawlspace.



Open exterior junction boxes need to be covered.



Deck is greater than 30" above grade and the deck rail height does not meet the 36" height requirement. Recommend having a licensed contractor evaluate the deck railings for recommendations on repairs.



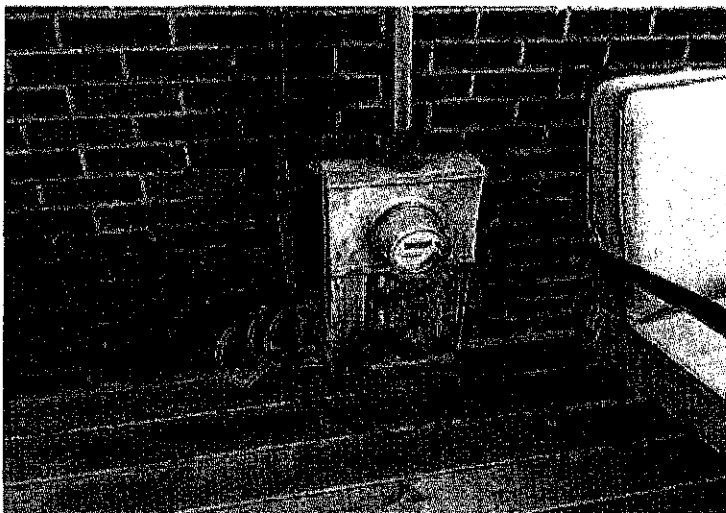
Report Number
T2U87R71821

INSPECTION PICTURE ADDENDUM

All exterior wood and trim needs painting with proper preparation.



Electric meter located at rear of house.



Missing electric panel cover is a safety hazard.
Recommend having licensed contractor replace panel cover with approved weatherproof cover.



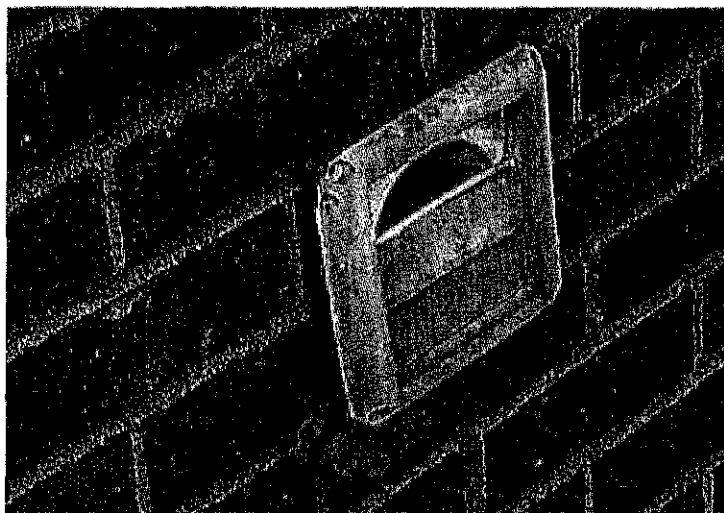
Report Number
T2U87R71821

INSPECTION PICTURE ADDENDUM

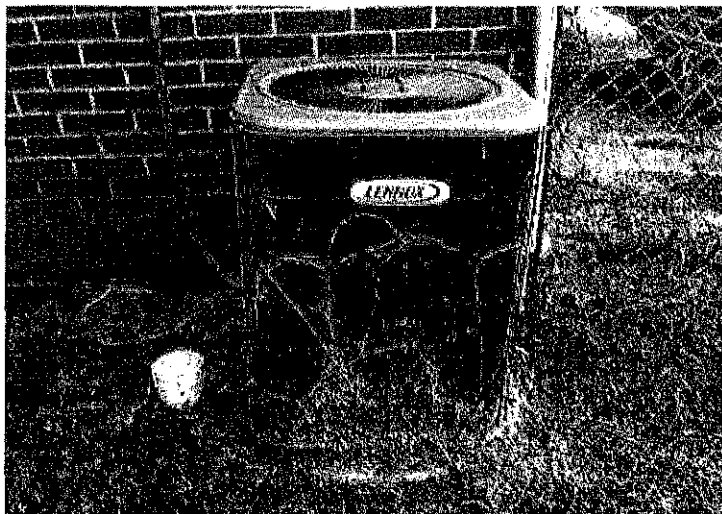
The service entrance appears to be too low to the ground. Current standards state that these wires should be 10 feet above the ground and 12 feet above driveways. Consult with power company.



The bathroom exhaust vent rain cap is broken along rear of the home. The rain cap needs to be replaced to prevent moisture penetration.



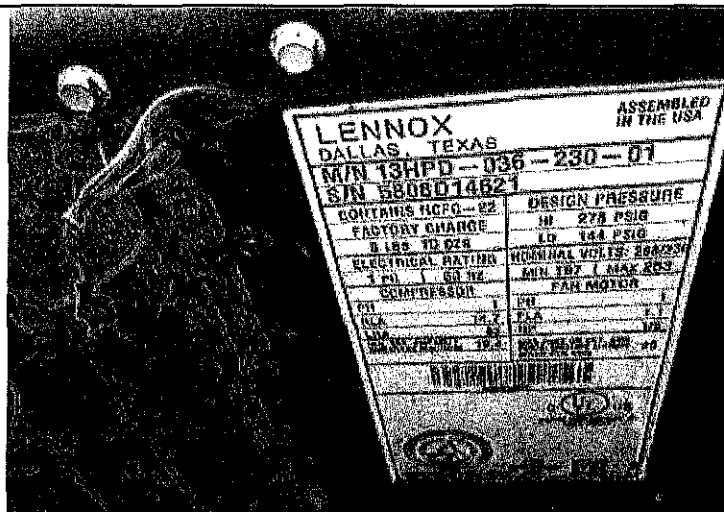
AC unit located at rear of house



Report Number
T2U87R71821

INSPECTION PICTURE ADDENDUM

AC data plate



Sewer cleanout located at rear of house



Recommend replacing torn and missing insulation on suction lines behind the AC unit.



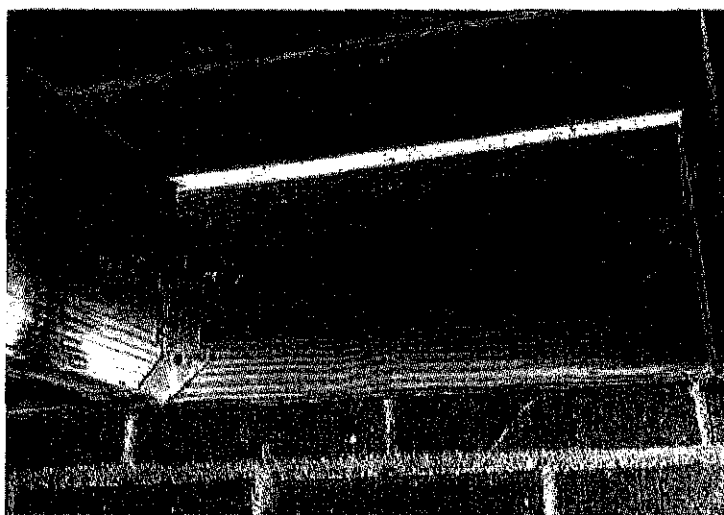
Report Number
T2U87R71821

INSPECTION PICTURE ADDENDUM

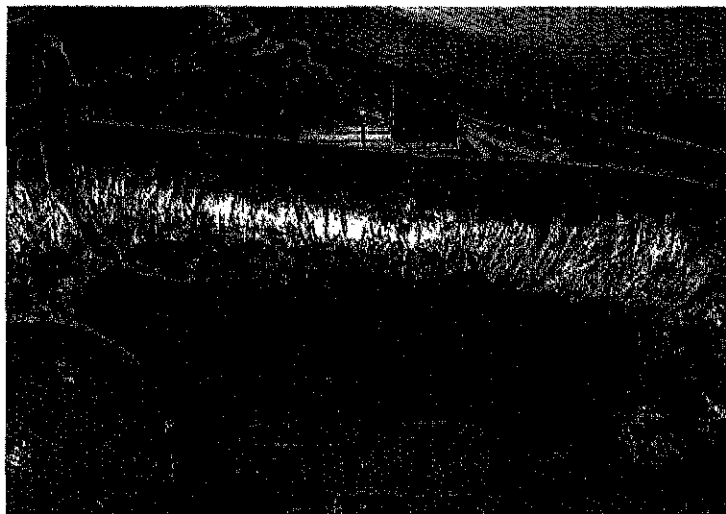
Due to excessive lengths of exposed evaporator lines.
Recommend having qualified person conceal evaporator
lines in protective conduit.



Deck is secured to house with masonry nail.
Recommend having qualified person secure deck to
house using bolts.



Furnace located in attic. Furnace inaccessible for full
visual inspection



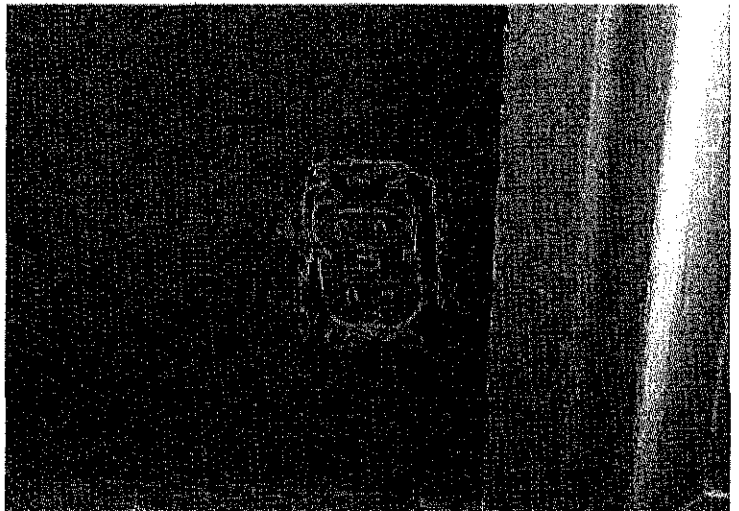
Report Number
T2U87R71821

INSPECTION PICTURE ADDENDUM

Missing interior lights need to be installed.



Missing receptacle cover plates need to be replaced.



Interior window trim in addition need to be installed.



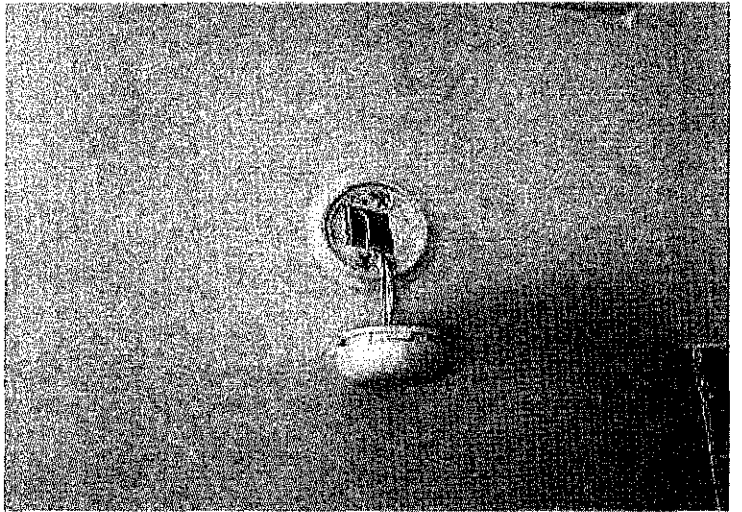
Report Number
T2U87R71821

INSPECTION PICTURE ADDENDUM

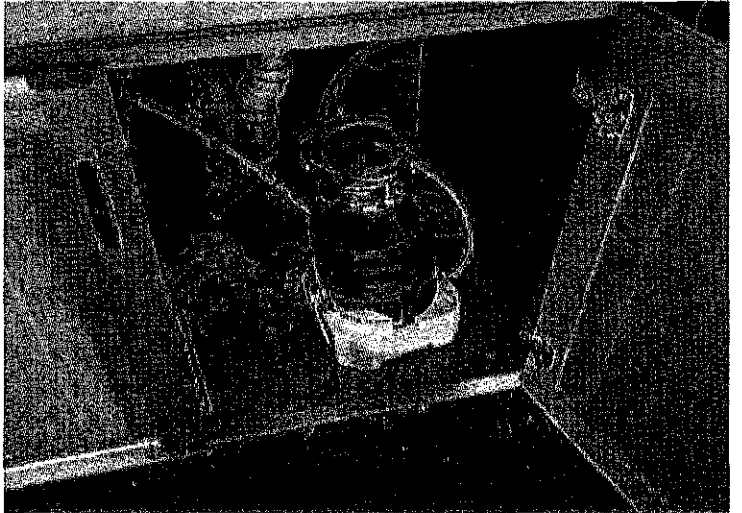
Floors in addition need to be properly installed.



Loose smoke detectors need to be properly secured to wall mounts.



Garbage disposal is present but not installed.



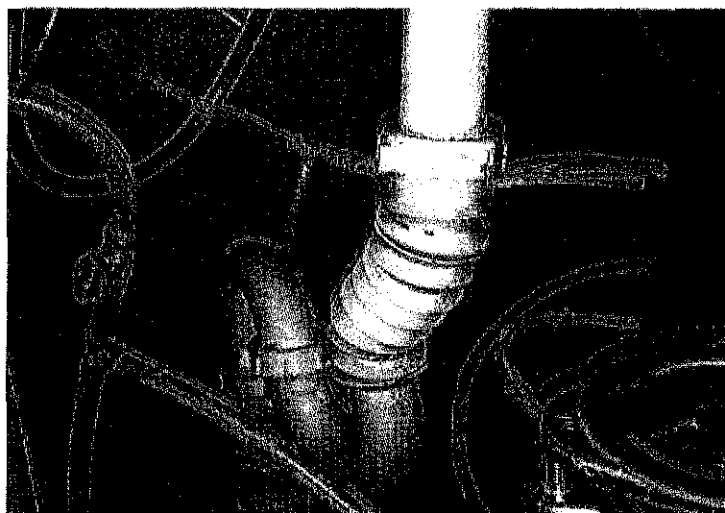
Report Number
T2U87R71821

INSPECTION PICTURE ADDENDUM

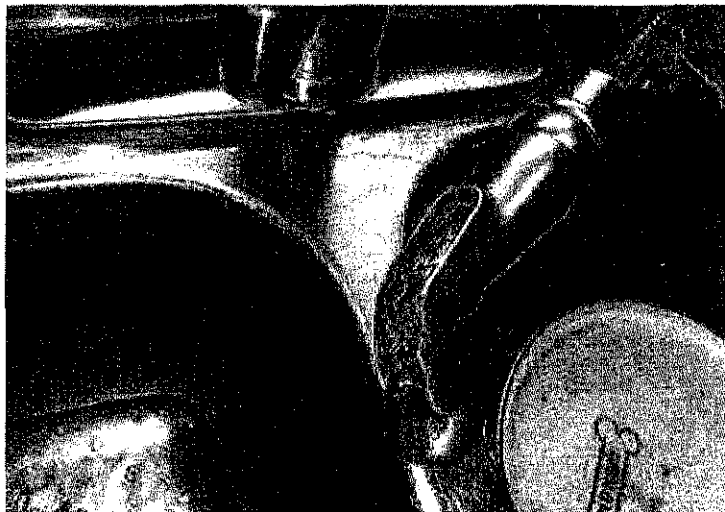
Recommend installing handrails along the interior stairways..



Accordion style drain pipe noted under the kitchen sink. This style drain pipe can collect debris in its grooves which can cause odors and leaks. Recommend replacing the accordion style drain pipe with a standard pvc drain pipe.



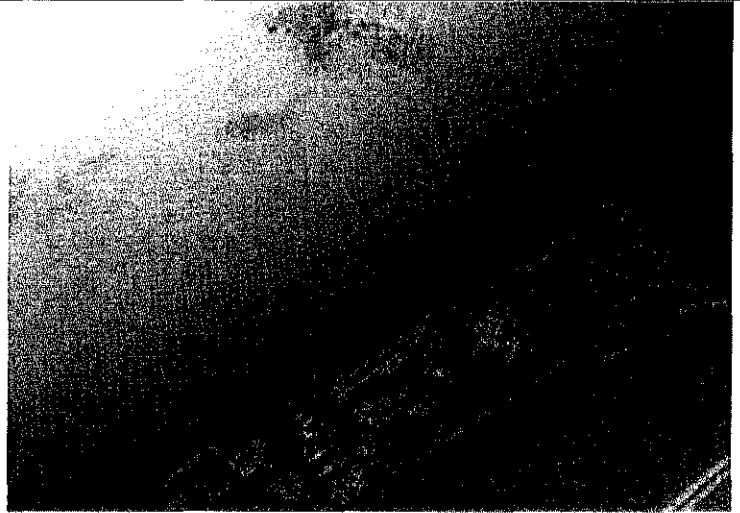
Kitchen sink sprayer is broken. Recommend replacing the sink sprayer.



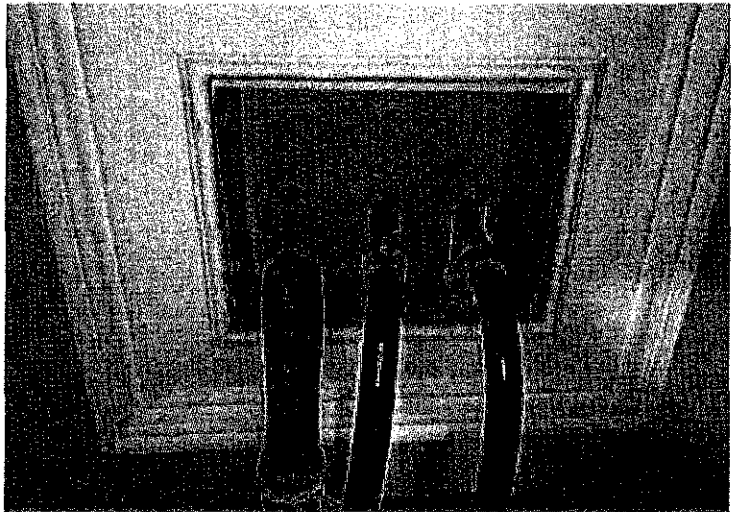
Report Number
T2U87R71821

INSPECTION PICTURE ADDENDUM

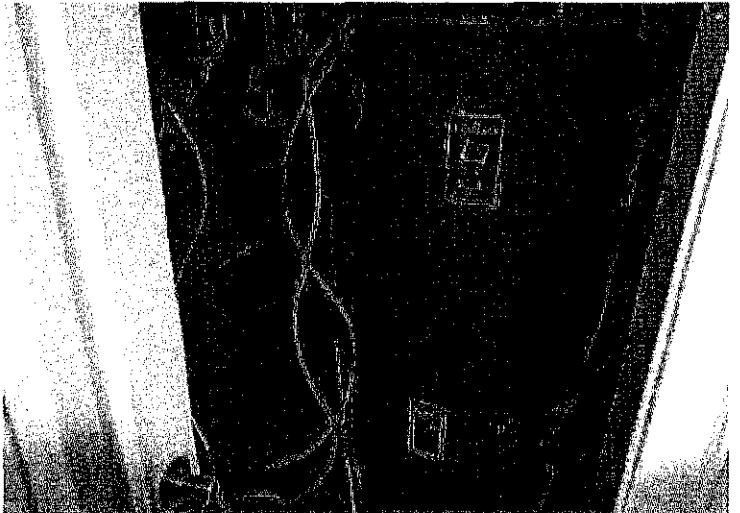
Dryer connections.



Washer connections.



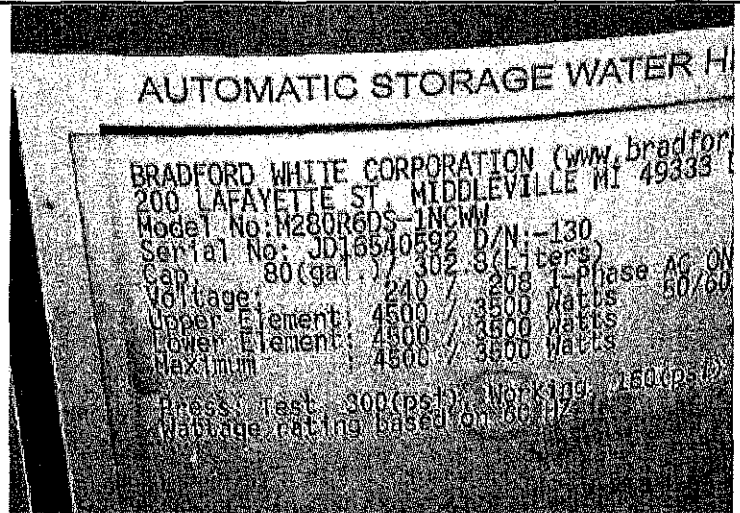
Water heater located in basement



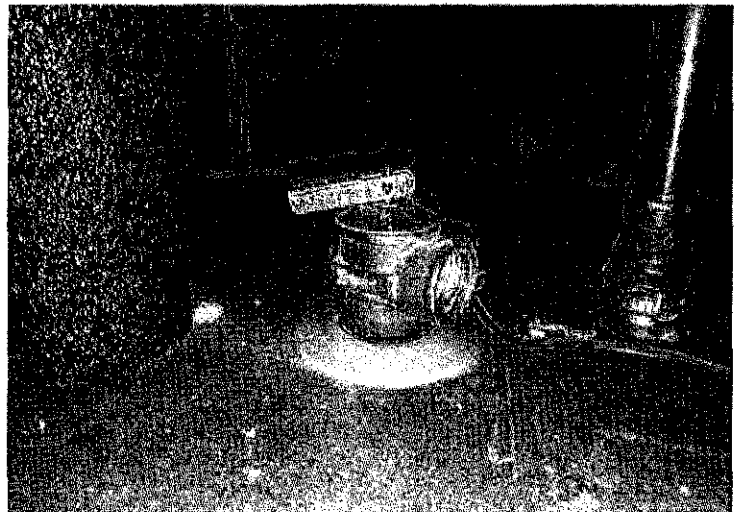
Report Number
T2U87R71821

INSPECTION PICTURE ADDENDUM

Water heater data plate



Recommend having a qualified person extend pipe on water heater pressure relief valve to the exterior within 6" of the ground.



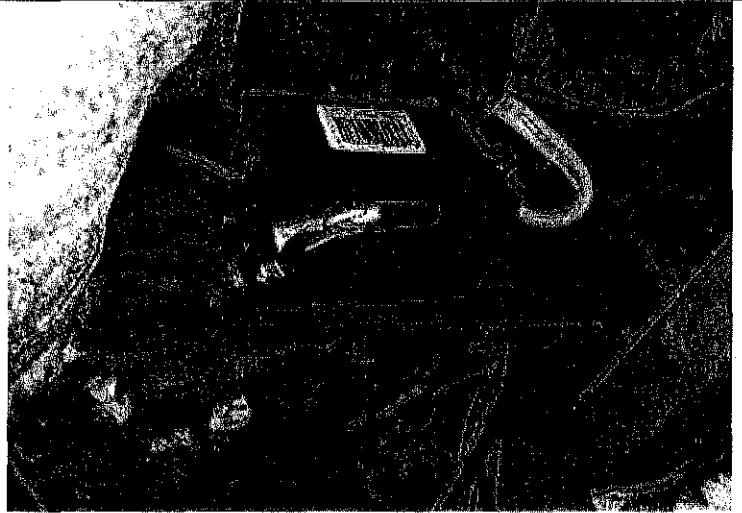
Main water shut off located in basement



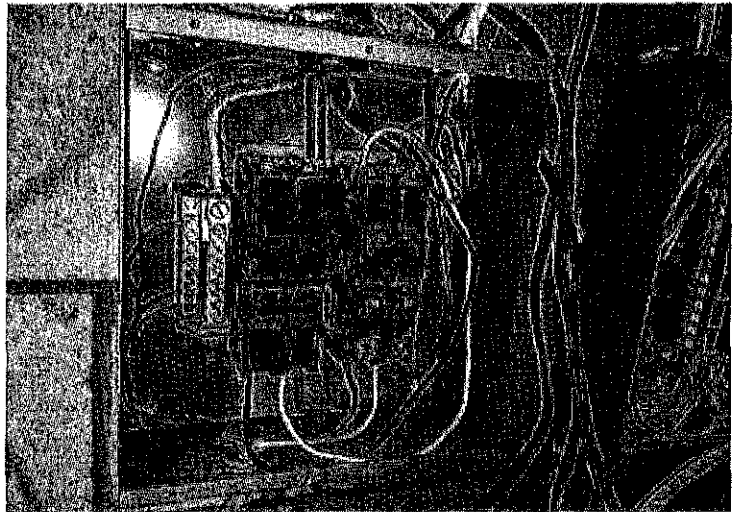
Report Number
T2U87R7182I

INSPECTION PICTURE ADDENDUM

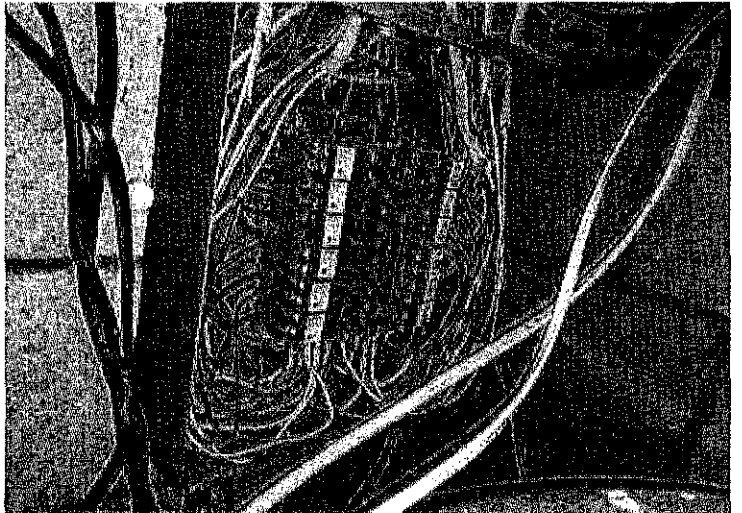
Open electrical junction boxes in the crawlspace need to have blank cover plates installed.



Missing panel covers are safety hazard. Recommend replacing panel covers.



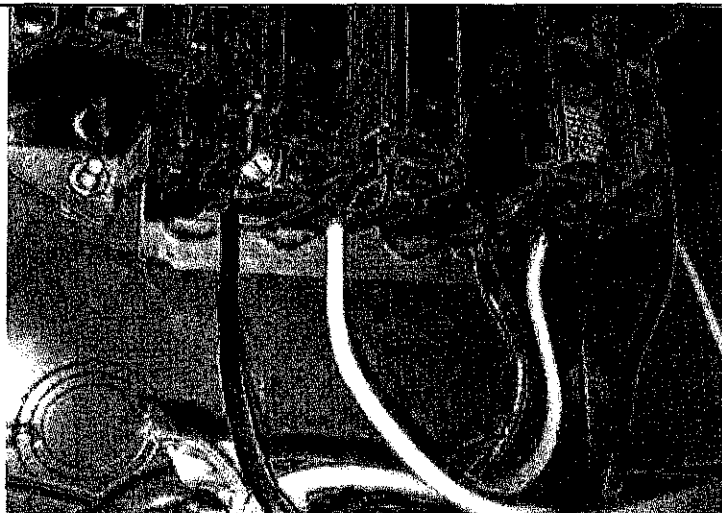
Missing panel covers are safety hazard. Recommend replacing panel covers.



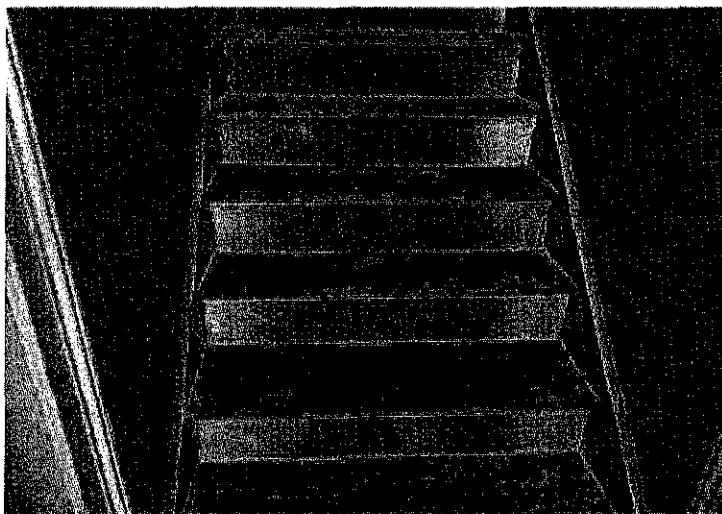
Report Number
T2U87R71821

INSPECTION PICTURE ADDENDUM

White wires in the sub electrical panel being used as hot wires need to be properly identified by a licensed contractor.



Step treads are not level. Recommend having licensed contractor repair steps.



Crawl space under addition does not have access doors installed. Recommend installing crawl space doors to prevent pests.



Report Number
T2U87R71821

INSPECTION PICTURE ADDENDUM

Loose or hanging wires should be properly secured and terminated in covered junction boxes.
Loose or hanging wires in crawl space should be stapled to floor joists at least every third joist.



Loose or hanging wires should be properly secured and terminated in covered junction boxes.
Loose or hanging wires in crawl space should be stapled to floor joists at least every third joist.



Crawlspace has 3 +/- inches of fiberglass blanket insulation which is rated at R-11. This may have been typical for the construction period but does not meet current standards. Consult an insulation company for upgrades if desired.

Crawl space insulation is falling down in various locations and should be tucked back up between the floor joists.



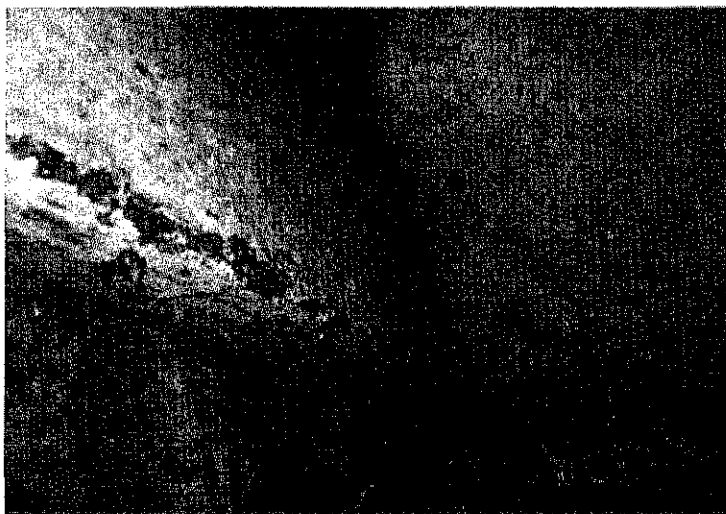
Report Number
T2U87R71821

INSPECTION PICTURE ADDENDUM

Fungal growth noted along floor joist in the crawlspace. Recommend having a licensed contractor properly remediate the fungal growth.



Fungal growth noted along floor joist in the crawlspace. Recommend having a licensed contractor properly remediate the fungal growth.



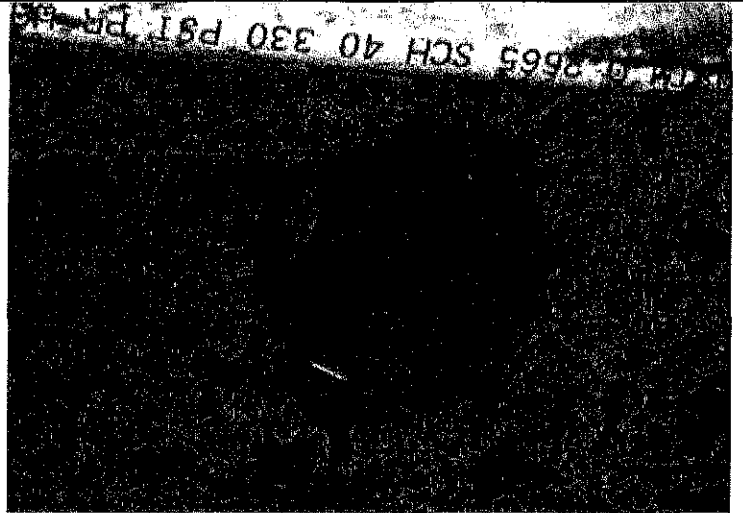
Fungal growth noted along floor joist in the crawlspace. Recommend having a licensed contractor properly remediate the fungal growth.



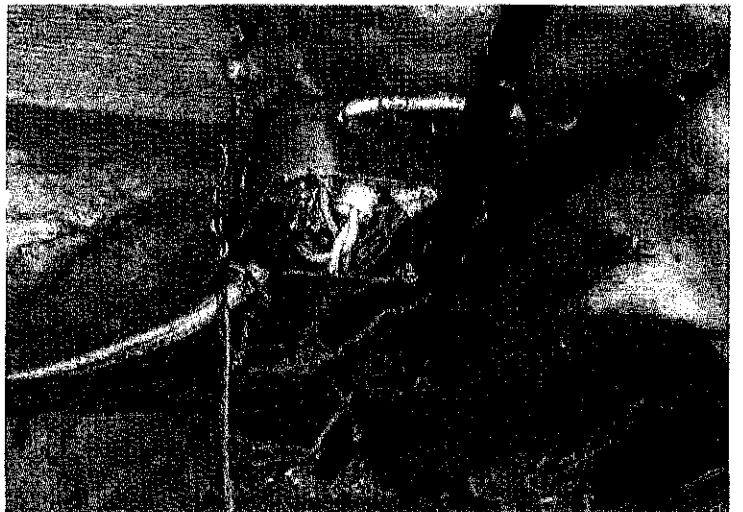
Report Number
T2U87R71821

INSPECTION PICTURE ADDENDUM

Dryer vent is broken in crawlspace which promotes lint and moisture build up. Dryer vent needs to be repaired to vent to exterior of home.



Open electrical junction boxes in the crawlspace need to have blank cover plates installed.



GENERAL INFORMATION

Report Number
T2U87R71821

******* GENERAL COMMENTS ON THE INSPECTION *******

PLEASE REVIEW ENTIRE REPORT CAREFULLY. FOR QUICK REFERENCE OF DEFECTIVE ITEMS AND INSPECTOR NOTES,
REFER TO THE SUMMARY PAGE AT THE BEGINNING OF THE REPORT.

INSPECTION TIME

9:00 AM

PEOPLE PRESENT AT THE INSPECTION

Homeowner

APPROXIMATE AGE

Per owner, house was built in 1972

HOME STYLE

Split Level

CONSTRUCTION TYPE

Wood Frame

WEATHER AND SOIL CONDITIONS

Clear and dry

TEMPERATURE

78 Degrees Fahrenheit

STRUCTURE OCCUPIED

Yes

RESIDENCE TYPE

Single family detached

NUMBER OF STORIES

Three

APPROXIMATE HOUSE ORIENTATION

South

LOT DESCRIPTION

Typical residential lot.

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STRUCTURALReport Number
T2U87R71821

[T] = Tips, Tools, and Savings

S R I NP NI

FOUNDATION DETAILS**FOUNDATION-** Crawlspace

☐	☒	☐	☐	☐	☐
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INSPECTION METHOD & ACCESSIBLE AREAS

Limited attic inspection by walking or crawling through it. Attic inspection limited in those areas concealed by insulation, duct work, plumbing pipes and low or inaccessible areas.

Accessible areas in crawl space were inspected by crawling through it and using a standard flash light. Crawl space inspection limited in those areas concealed by floor insulation, duct work, plumbing pipes and low or inaccessible areas.

FLOOR/SLAB- Dirt

☐	☒	☐	☐	☐	☐
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SUBFLOOR- Plywood

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Limited inspection of sub floor due to insulation, plumbing pipes and hvac ducting.

PIER/COLUMNS/FOUND. WALL- Brick and Block

☐	☒	☐	☐	☐	☐
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FLOOR JOIST & SILLS- Conventional framing

☐	☐	☒	☐	☐	☐
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Fungal growth noted along floor joist in the crawlspace. Recommend having a licensed contractor properly remediate the fungal growth.

GIRDER- Double, wood

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MOISTURE Wood Moisture content 19-21 % Acceptable levels are below 19%

☐	☒	☐	☐	☐	☐
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Moisture levels in crawl space are elevated at 20%. Recommend having a licensed contractor evaluate the crawlspace for recommendations on repairs to lower moisture levels in the crawlspace.

SUMP PUMP

☐	☐	☐	☐	☒	☐
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CRAWL SPACE VAPOR BARRIER- None

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Recommend installing a plastic vapor barrier on ground through the crawlspace to help control moisture levels in the framing.

ROOF DETAILS**ROOF FRAMING-** Conventional rafter & bracing

☐	☒	☐	☐	☐	☐
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CEILING JOISTS- Conventional joist & bearing

☐	☒	☐	☐	☐	☐
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The majority of ceiling joists and/or trusses could not be inspected closely due to insulation and the limited amount of floored areas. Appeared serviceable where visible.

ROOF DECKING- Plywood

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Roof sheathing, where visible in the attic, is typical for the construction period and is in good condition.

WALL DETAILS**EXTERIOR/INTERIOR WALLS**

☐	☒	☐	☐	☐	☐
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Framing of exterior and interior walls appears to be 2 x 4 studs. Unable to inspect wall framing for condition and spacing of studs due to sheetrock and/or other wall coverings.

ADDITIONAL STRUCTURAL ITEM (IF NEEDED)

☐	☐	☐	☒	☐	☐
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S = Item is satisfactory

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WALL CLADDING- Brick/Vinyl

= Tips, Tools, and Savings

Settling cracks noted to brick siding at front beside chimney. Recommend having a qualified person repair the cracks.

FLASHING

= Tips, Tools, and Savings

TRIM

= Tips, Tools, and Savings

Majority of trim is concealed by vinyl / aluminum boxing and could not be observed.
All exterior wood and trim needs painting with proper preparation.**FRONT DOOR-** ☐ Double ☐ Fiberglass ☒ Glass ☒ Metal ☒ Single ☐ Wood

= Tips, Tools, and Savings

REAR DOORS- ☒ Double ☐ Fiberglass ☒ Glass ☒ Metal ☐ Single ☐ Wood

= Tips, Tools, and Savings

SIDE DOORS- ☐ Double ☐ Fiberglass ☒ Glass ☒ Metal ☒ Single ☐ Wood

= Tips, Tools, and Savings

SLIDING GLASS DOOR- ☐ Insulated ☐ Screened ☐ Tempered

= Tips, Tools, and Savings

WINDOWS-
(exterior side) ☐ Awning ☒ Double Hung ☒ Insulated ☐ Screens ☐ Slider ☒ Vinyl
☒ Casement ☒ Fixed ☐ Metal ☐ Single Hung ☐ Storm ☐ Wood

= Tips, Tools, and Savings

GARAGE-**DOOR OPENER-**

= Tips, Tools, and Savings

DECK- Wood

= Tips, Tools, and Savings

Deck is secured to house with masonry nail. Recommend having qualified person secure deck to house using bolts.

DECK RAILS- None

= Tips, Tools, and Savings

Deck is greater than 30" above grade and the deck rail height does not meet the 36" height requirement. Recommend having a licensed contractor evaluate the deck railings for recommendations on repairs.

EXTERIOR BALCONY-

= Tips, Tools, and Savings

EXTERIOR BALCONY RAILS-

= Tips, Tools, and Savings

STOOP-

= Tips, Tools, and Savings

STOOP RAILS-

= Tips, Tools, and Savings

PORCH- Masonry

= Tips, Tools, and Savings

PORCH RAILS- None

= Tips, Tools, and Savings

Porch height (30"+) requires a 36" high hand rail. Recommend having a qualified person install a handrail at the front porch.

SOFFIT/EAVES- Vinyl

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EXTERIOR

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FASCIA- Alum. clad

☒ ☐ ☐ ☐ ☐ ☐

Fascia is covered with boxing and gutters and could not be fully inspected.

DRIVEWAY- Concrete

☒ ☐ ☐ ☐ ☐ ☐

Typical cracking observed on the driveway.

PATIOS/SLABS-

☐ ☐ ☐ ☒ ☐ ☐

WALKS- Concrete

☒ ☐ ☐ ☐ ☐ ☐

Typical cracking on walk way.

RETAINING WALLS-

☐ ☐ ☐ ☒ ☐ ☐

VEGETATION- Grass/Shrubs

☒ ☐ ☐ ☐ ☐ ☐

TREES/LIMBS

☐ ☒ ☐ ☐ ☐ ☐

Recommend trimming tree limbs in contact with the home. Tree limbs can damage gutters and roof shingles.

GRADE/DRAINAGE

☒ ☐ ☐ ☐ ☐ ☐

ADDITIONAL EXTERIOR ITEMS (IF NEEDED)

CRAWL SPACE

☐ ☒ ☐ ☐ ☐ ☐

Crawl space under addition does not have access doors installed. Recommend installing crawl space doors to prevent pests.

☐ ☐ ☐ ☒ ☐ ☐

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ROOF

Report Number
T2U87R71821

 = Tips, Tools, and Savings

S	R	I	NP	NI
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ROOF COVERINGS- Fiberglass / Asphalt Composition

	☒	☐	☐	☐	☐
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ROOF STYLE- Intersecting Gable

	☒	☐	☐	☐	☐
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GUTTERS- Aluminum

	☐	☒	☐	☐	☐
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Recommend installing gutters and down spouts to help with site drainage.

DOWNSPOUTS- Aluminum

	☒	☐	☐	☐	☐
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SPLASH BLOCKS DISCHARGE- Plastic pipe

	☒	☐	☐	☐	☐
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FLASHING & ROOF PENETRATIONS

	☒	☐	☐	☐	☐
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SKYLIGHTS

	☐	☐	☐	☒	☐
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WATER PENETRATION

	☒	☐	☐	☐	☐
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ADDITIONAL ROOF ITEMS (IF NEEDED)

☐	☐	☐	☒	☐
--------------------------	--------------------------	--------------------------	-------------------------------------	--------------------------

☐	☐	☐	☒	☐
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ROOF INSPECTED FROM:



The roof was inspected from attic, grade & on top.

ROOF AREAS NOT INSPECTED



No inaccessible areas on the roof.

Note: Items noted "R" (needing repair) or "I" (needing further investigation) should be repaired and/or evaluated by a qualified repair person prior to purchase or sale. Apparent serviceability of roofing system is reported but is not a warranty or guarantee of the remaining life expectancy. The home inspector is NOT required to walk on the roofing or inspect attached accessories including solar systems, antennae and lightning arrestors.

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PLUMBINGReport Number
T2U87R71821

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S R I NP NI

WATER SUPPLY DETAILS**WATER SUPPLY TYPE -** ☒ Public Sewer ☒ Public Water ☐ Septic ☐ Well**WATER SUPPLY-** ☐ Copper ☒ Not visible ☐ Polybutylene
☐ Galvanized ☐ Pex ☐ PVCThe water supply line is located outside. Water supply piping is buried and could not be inspected.
The water supply piping visible from foundation is made of:**WELL PUMP-** Manufacturer Est. Age.**WATER SHUT OFF LOCATION-** ☐ Foundation ☒ Meter ☒ Water heater

The main water shut off valve is located in the basement.

WATER PRESSURE Approximate P.S.I.G. 60**WATER DISTRIBUTION DETAILS****WATER PIPES-** ☐ Copper ☐ Galvanized ☐ Polybutylene
☐ CPVC ☒ Pex

The majority of water lines are concealed in floors and walls and could not be observed.

FUNCTIONAL FLOW

Functional water flow was observed at all fixtures where testing was possible and practical. Washing machine water flow was not tested.

WATER PIPE SUPPORT**WATER PIPE INSULATION****WASTE & VENT PIPE DETAILS****WASTE & VENT PIPES-** ☐ Cast Iron ☐ Galvanized
☐ Copper ☒ PVC

The drainage system was tested by running water through all fixtures and drains. Majority of pipes could not be observed.

FUNCTIONAL DRAINAGE

The drainage system was tested by running water through all fixtures and drains except the washing machine drain. Functional drainage appeared normal.

WASTE & VENT PIPE SUPPORT**EQUIPMENT & FUEL STORAGE****WASTE PUMP (SOMETIMES CALLED A LIFT STATION)****INTERIOR FUEL STORAGE / FUEL SUPPLY & VENT PIPING****PLUMBING FIXTURES****OUTSIDE FAUCETS****KITCHEN SINK**Accordion style drain pipe noted under the kitchen sink. This style drain pipe can collect debris in its grooves which can cause odors and leaks.
Recommend replacing the accordion style drain pipe with a standard pvc drain pipe.

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PLUMBING

Report Number
T2U87R71821

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☐ S ☐ R ☐ I ☐ NP ☐ NI

Kitchen sink sprayer is broken. Recommend replacing the sink sprayer.

LAUNDRY CONNECTIONS- ☒ Elect. Dryer ☐ Gas Dryer ☐ Mop Sink ☒ Washer

☒ ☐ ☐ ☐ ☐

Water and drain connections for washer and outlet for dryer observed only. Not tested.

ADDITIONAL PLUMBING ITEMS (IF NEEDED)

☐ ☐ ☐ ☒ ☐

☐ ☐ ☐ ☒ ☐

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PLUMBING

Report Number
T2U87R71821

WATER HEATER

 = Tips, Tools, and Savings

S	R	I	NP	NI
☐	☐	☐	☐	☐

WATER HEATER

1

Water Heater Location Basement

80

Gallon



Manufacturer Bradford white

Serial Number JD16540592

Estimated Age 7

Model Number M280R6DS-1NCWW

Water Temperature 120

☒ Electric ☐ Gas ☐ Propane ☐ Tankless

Recommend having a qualified person extend pipe on water heater pressure relief valve to the exterior within 6" of the ground.

Note: Items noted "R" (needing repair) or "I" (needing further investigation) should be repaired and/or evaluated by a qualified repair person prior to purchase or sale. If well water is used for drinking purposes, we recommend it be tested by a lab or the health dept. Underground septic systems, sewer lines, and water treatment equipment are not inspected. If present, we recommend a septic system inspection and/or contractor evaluation before closing. The home inspector is not required to: state the effectiveness of anti-siphon devices; determine whether water supply and waste disposal systems are public or private; operate automatic safety controls; operate any valve except water closet flush valves, fixture faucets, and hose faucets. The home inspector is not required to inspect: water conditioning systems; fire and lawn sprinkler systems; on-site water supply quantity and quality; on-site waste disposal systems; foundation irrigation systems; bathroom spas, except as to functional flow and functional drainage; swimming pools; solar water heating equipment; or inspect the system for proper sizing, design, or use of proper materials.

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PLUMBING

Report Number
T2U87R71821

BATHROOM

= Tips, Tools, and Savings

S R I NP NI

BATH FIXTURES # 1 - Second floor hall bathroom

☒ ☐ ☐ ☐ ☐ ☐

Second floor hall bathroom toilet was off at time of inspection. Water was turned on and tested then turned off.

BATH FIXTURES # 2 - Master bathroom

☒ ☐ ☐ ☐ ☐ ☐

BATH FIXTURES # 3 - Basement bathroom

☒ ☐ ☐ ☐ ☐ ☐

Note: Items noted "R" (needing repair) or "I" (needing further investigation) should be repaired and/or evaluated by a qualified repair person prior to purchase or sale. If well water is used for drinking purposes, we recommend it be tested by a lab or the health dept. Underground septic systems, sewer lines, and water treatment equipment are not inspected. If present, we recommend a septic system inspection and/or contractor evaluation before closing. The home inspector is not required to: state the effectiveness of anti-siphon devices; determine whether water supply and waste disposal systems are public or private; operate automatic safety controls; operate any valve except water closet flush valves, fixture faucets, and hose faucets. The home inspector is not required to inspect: water conditioning systems; fire and lawn sprinkler systems; on-site water supply quantity and quality; on-site waste disposal systems; foundation irrigation systems; bathroom spas, except as to functional flow and functional drainage; swimming pools; solar water heating equipment; or inspect the system for proper sizing, design, or use of proper materials.

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ELECTRICALReport Number
T2U87R71821

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S R I NP NI

SERVICE ENTRANCE- Overhead

[] [] [] [] [] []

The service entrance appears to be too low to the ground. Current standards state that these wires should be 10 feet above the ground and 12 feet above driveways. Consult with power company.

SERVICE WIRES SIZE & TYPE- 4/0 Aluminum = 200 Amps & 240 Volts

[] [] [] [] [] []

GROUNDING EQUIPMENT- ☒ Not Present ☐ To Ground Stake ☐ To Water Pipe

[] [] [] [] [] []

Inspector was unable to locate the main ground wire. Consult an electrician about installing one, or finding the existing one if present.

MAIN PANEL- Located at- Outside

[] [] [] [] [] []

Missing electric panel cover is a safety hazard. Recommend having licensed contractor replace panel cover with approved weatherproof cover.

SUB PANELS- Located at- Basement

[] [] [] [] [] []

Missing panel covers are safety hazard. Recommend replacing panel covers.

OVER CURRENT/FAULT PROTECTION- ☐ ARC Breaker ☒ Circuit Breakers ☐ Fuses ☐ GFCI Breaker

[] [] [] [] [] []

White wires in the sub electrical panel being used as hot wires need to be properly identified by a licensed contractor.

GROUND FAULT PROTECTION- ☒ Baths ☐ Exterior ☒ Kitchen

[] [] [] [] [] []

Currently present at: ☐ Carport ☐ Garage ☐ None

[] [] [] [] [] []

110 VOLT CIRCUITS - Material- ☐ Aluminum ☒ Copper ☐ Could not Inspect

[] [] [] [] [] []

Loose or hanging wires should be properly secured and terminated in covered junction boxes.
Loose or hanging wires in crawl space should be stapled to floor joists at least every third joist.
Open electrical junction boxes in the crawlspace need to have blank cover plates installed.

220 VOLT CIRCUITS - Material- ☐ Aluminum ☒ Copper ☐ Could not Inspect

[] [] [] [] [] []

RECEPTACLES (representative #-) Type- ☒ 2 Prong ☒ 3 Prong

[] [] [] [] [] []

Two prong receptacles are not grounded. The receptacles are typical for the age and are functional but do not meet current standards.
Two prong receptacles have been replaced with three prong receptacles and have not been grounded. These receptacles should be properly grounded by a qualified person.
Missing receptacle cover plates need to be replaced.

INTERIOR LIGHT FIXTURES, CEILING FANS & SWITCHES

[] [] [] [] [] []

Missing interior lights need to be installed.

EXTERIOR LIGHT FIXTURES, CEILING FANS & SWITCHES

[] [] [] [] [] []

Open exterior junction boxes need to be covered.

SMOKE DETECTORS

[] [] [] [] [] []

Loose smoke detectors need to be properly secured to wall mounts.

DOORBELL

[] [] [] [] [] []

ADDITIONAL ELECTRICAL ITEM (IF NEEDED)

[] [] [] [] [] []

S = Item is satisfactory R = Item needs repair I = Item needs investigation NP = Item not present NI = Item not inspected

HEATING	Report Number T2U87R71821	FIREPLACE	= Tips, Tools, and Savings	☐ S ☐ R ☐ I ☐ NP ☐ NI
FIREPLACE # 1-	Description: Masonry	Location: Living Room	☐ ☒ ☐ ☐ ☐ ☐	
GAS LOGS				☐ ☐ ☐ ☐ ☒ ☐
DAMPER				☐ ☒ ☐ ☐ ☐ ☐
CHIMNEY/FLUE CONDITION				☐ ☐ ☒ ☐ ☐ ☐
Creosote buildup noted in the fireplace flue. Recommend having a chimney sweep service and clean the fireplace flue.				
ADDITIONAL FIREPLACE ITEM (IF NEEDED)				
				☐ ☐ ☐ ☒ ☐

Note: Items noted "R" (needing repair) or "I" (needing further investigation) should be repaired and/or evaluated by a qualified repair person prior to purchase or sale. For gas or oil furnaces, the only cover that was removed was the access cover on the burner assembly. The heat exchanger cannot be examined without extensive disassembly of the cabinet. Since this is not possible during a standard, visual home inspection, you may want to obtain a warranty contract on heating units and / or have heat exchanger technically evaluated by an HVAC technician prior to sale. Cracks in flue liners are often concealed by the normal build up of creosote. Our visual inspection may not detect all possible problems with chimneys. The home inspector is not required to: operate heating systems when weather conditions or other circumstances may cause equipment damage; operate automatic safety controls; ignite or extinguish solid fuel fires; or ignite a pilot light. The home inspector is not required to inspect: the interior of flues; fireplace insert flue connections; heat exchanger; humidifiers; electronic air filters; the uniformity or adequacy of heat supply (air flow) to the various rooms; or solar space heating equipment.

S = Item is satisfactory

R = Item needs repair

I = Item needs investigation

NP = Item not present

NI = Item not inspected

AIR CONDITIONING

Report Number
T2U87R71821

 = Tips, Tools, and Savings

☒ S ☐ R ☐ I ☐ NP ☐ NI

A/C MFG UNIT # 1

Lennox

MODEL NUMBER

13HPD-036-230-01

SERIAL NUMBER

5808D14621

TOTAL CAPACITY(in Tons)

3 Tons per data plate

AREA SERVED:

Entire House

SYSTEM

☒ Central

☐ Room units

TYPE

☐ Dual zone

☐ Package system

☒ Split system

LOCATION

☐ Inside

☒ Outside

ENERGY

☒ Electric

☐ Gas

APPROXIMATE AGE(in years)

2008

A/C EQUIPMENT

 ☐ ☒ ☐ ☐ ☐ ☐

Recommend replacing torn and missing insulation on suction lines behind the AC unit.

Due to excessive lengths of exposed evaporator lines. Recommend having qualified person conceal evaporator lines in protective conduit.

OPERATION - AIR TEMP. DROP

Return - 73

Supply - 56

 ☒ ☐ ☐ ☐ ☐ ☐

The temperature output with respect to the return temperature on the air conditioning unit was within normal limits at the time of the inspection.

A/C OPERATING CONTROLS

 ☒ ☐ ☐ ☐ ☐ ☐

ADDITIONAL A/C ITEM (IF NEEDED)

☐ ☐ ☐ ☒ ☐ ☐

Note: Items noted "R" (needing repair) or "I" (needing further investigation) should be repaired and/or evaluated by a qualified repair person prior to purchase or sale. This report does not reflect a technically exhaustive evaluation and should not be interpreted as a prediction of the remaining life expectancy of the air conditioner. Special HVAC license is required to check refrigerant pressures and other internal components. If you wish to have a technical evaluation, we suggest you have the system serviced and evaluated by a licensed HVAC technician. the home inspector is not required to: operate cooling systems when weather conditions or other circumstances may cause equipment damage; inspect window air conditioners; or inspect the uniformity or adequacy of cool-air supply to the various rooms.

S = Item is satisfactory

R = Item needs repair

I = Item needs investigated

NP = Item not present

NI = Item not inspected

HVAC Distribution

Report Number
T2U87R71821

 = Tips, Tools, and Savings

S	R	I	NP	NI
☒	☐	☐	☐	☐

☒ Flex
 ☐ None
 ☐ Uninsulated
DUCTS- (includes supports & insl.)
 ☒ Insulated
 ☒ Sheet Metal

--	--	--	--	--

FILTER - Size(s): 14 X 20 X 1

Air filters in return for HVAC system are dirty and need to be replaced. It is very important to keep air filters changed regularly to help maximize heating and A/C efficiency.

ADDITIONAL DUCT ITEM (IF NEEDED)

			☒	
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S = Item is satisfactory

R = Item needs repair

I = Item needs investigated

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NI = Item not inspected

INTERIOR

Report Number
T2U87R71821

= Tips, Tools, and Savings

☐ S ☐ R ☐ I ☐ NP ☐ NI

WALLS & CEILINGS

☒ ☐ ☐ ☐ ☐

FLOORS (does not include carpeting or finish treatments)

☐ ☒ ☐ ☐ ☐

Floors in addition need to be properly installed.

STEPS & STAIRWAYS

☐ ☒ ☐ ☐ ☐

Step treads are not level. Recommend having licensed contractor repair steps.

INTERIOR BALCONY & RAILINGS

☐ ☒ ☐ ☐ ☐

Recommend installing handrails along the interior stairways..

COUNTERS & BUILT-IN CABINETS (representative #)

☒ ☐ ☐ ☐ ☐

INTERIOR DOORS (representative #)

☒ ☐ ☐ ☐ ☐

WINDOWS (interior side of windows)

☐ ☒ ☐ ☐ ☐

Interior window trim in addition need to be installed.

Replacement windows have been installed and storm windows left in place. Storm windows can not be opened due to replacement window screens.

Numerous casement window crank handles missing. Recommend replacing crank handles.

ADDITIONAL INTERIOR ITEMS (IF NEEDED)

☐ ☐ ☐ ☒ ☐

☐ ☐ ☐ ☒ ☐

S = Item is satisfactory

R = Item needs repair

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NI = Item not inspected

INSULATION & VENTILATIONReport Number
T2U87R71821

= Tips, Tools, and Savings

S R I NP NI

**BASEMENT
INSULATION-**

in. thick

☐ Blown ☐ Fiberglass ☐ Roll/batt ☐ Vermiculite
☐ Cellulose ☐ None ☐ Spray Foam


☐	☐	☐	☒	☐
--------------------------	--------------------------	--------------------------	-------------------------------------	--------------------------

CRAWLSPACE**INSULATION-**

3+/- in. thick

☐ Blown ☒ Fiberglass ☒ Roll/batt ☐ Vermiculite
☐ Cellulose ☐ None ☐ Spray Foam


☐	☒	☐	☐	☐
--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------

Crawlspace has 3 +/- inches of fiberglass blanket insulation which is rated at R-11. This may have been typical for the construction period but does not meet current standards. Consult an insulation company for upgrades if desired.

Crawl space insulation is falling down in various locations and should be tucked back up between the floor joists.

ATTIC**INSULATION-**

8 in. thick

☒ Blown ☒ Fiberglass ☐ Roll/batt ☐ Vermiculite
☐ Cellulose ☐ None ☐ Spray Foam


☐	☒	☐	☐	☐
--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------

8.5 +/- inches of blown fiberglass insulation is present in attic and rated at r-19+/- . This may have been typical for the age but is less than the current standard. Contact an insulation company for upgrade if desired.

VAPOR RETARDERS-
☒ Kraft backed paper ☐ Other ☐ Plastic

☒	☐	☐	☐	☐
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CRAWLSPACE**VENTILATION-**
☒ 8" x 16" Foundation Vents ☐ Other

☐ Fan ☐ Screened Crawl Door

☐	☒	☐	☐	☐
--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------

Damaged screens noted at crawlspace vents around the home. Recommend having a qualified person repair or replace the vent screens to prevent rodent entry into the crawlspace.

ATTIC**VENTILATION-**
☒ Gable ☐ Powerfan ☒ Soffit ☐ Turbine

☐ Louvers ☒ Ridge ☐ Static

☒	☐	☐	☐	☐
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------

WHOLE HOUSE FAN

☐	☐	☐	☒	☐
--------------------------	--------------------------	--------------------------	-------------------------------------	--------------------------

BATHROOM VENTS- To exterior wall

☐	☒	☐	☐	☐
--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------

The bathroom exhaust vent rain cap is broken along rear of the home. The rain cap needs to be replaced to prevent moisture penetration.

DRYER VENT- To crawlspace

☐	☒	☐	☐	☐
--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------

Dryer vent is broken in crawlspace which promotes lint and moisture build up. Dryer vent needs to be repaired to vent to exterior of home.

ADDITIONAL INSULATION ITEMS (IF NEEDED)

☐	☐	☐	☒	☐
--------------------------	--------------------------	--------------------------	-------------------------------------	--------------------------

☐	☐	☐	☒	☐
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Note: Items noted "R" (needing repair) or "I" (needing further investigation) should be repaired and/or evaluated by a qualified repair person prior to purchase or sale. The home inspector is not required to report on: concealed insulation and vapor retarders; or venting equipment that is integral with household appliances. The home inspector shall: move insulation where readily visible evidence indicates the possibility of a problem; and move floor insulation where plumbing drain/waste pipes penetrate floors, adjacent to earth-filled stoops or porches, and at exterior doors.

S = Item is satisfactory R = Item needs repair I = Item needs investigated NP = Item not present NI = Item not inspected

BUILT-IN KITCHEN APPLIANCES

Report Number
T2U87R71821

 = Tips, Tools, and Savings

☐ S ☐ R ☐ I ☐ NP ☐ NI

KITCHEN # 1	Manufacturer	Model #	Serial #						
DISHWASHER	Samsung	DW80J7550UG	0CY4GDAFI406173A		☒	☐	☐	☐	☐
RANGE- Electric	Samsung	NE58K9500SG/AA	0DQM7DCHA00369K		☒	☐	☐	☐	☐
OVEN- Electric	Samsung	NE58K9500SG/AA	0DQM7DCHA00369K		☒	☐	☐	☐	☐
TRASH COMPACTOR					☐	☐	☐	☒	☐
GARBAGE DISPOSAL	Maintenance Warehou	465700-4	16031356629		☐	☒	☐	☐	☐
Garbage disposal is present but not installed.									
RANGE HOOD VENT	Samsung	ME21H706MQG	0ALB7WTH501776X		☒	☐	☐	☐	☐
MICROWAVE (Built-in)	Samsung	ME21H706MQG	0ALB7WTH501776X		☒	☐	☐	☐	☐
Microwave oven was tested and operated normally at the time of the inspection. Testing procedure verifies that the appliance is producing microwaves alone. All of the heating functions/features provided by the appliance were not evaluated. Radiation leakage is not checked as part of the inspection.									
REFRIGERATOR	Samsung	RF263TEABSG/AA	0AJD4BBHB02972P		☒	☐	☐	☐	☐
ADDITIONAL APPLIANCE ITEMS (IF NEEDED)									

Note: Washers and dryers are normally considered personal property and are not checked if present. Due to time constraints, self cleaning options on ovens are not tested. Since appliances are only turned on for a short period of time, extensive testing of timers, thermostats and other controls is not possible. Any appliance that is over ten years old is considered past its normal life expectancy. Appliances can fail at any time regardless of age; consider purchasing a home warranty service contract to cover repair or replacement. The home inspector is not required to inspect: locks, timers, self-cleaning oven functions, or thermostats for calibration or automatic operation; non built-in appliances; or refrigeration units. The home inspector is not required to operate: appliances in use; or any appliance that is shut down or otherwise inoperable.

SAFETY INSPECTOR	Report Number T2U87R71821	 = Tips, Tools, and Savings
SMOKE DETECTORS # - One SMOKE DETECTORS WORK? - Yes		
CARBON MONOXIDE DETECTORS # - None CARBON MONOXIDE DETECTORS WORKING? -		
DEADBOLTS INSTALLED? - Yes DEADBOLTS WORKING? - Yes		
FIRE EXTINGUISHERS # - None		
SECURITY SYSTEM INSTALLED? No		
ADDITIONAL SAFETY ITEMS (IF NEEDED)		

We are proud to provide this Safety Report with support from Nationwide Insurance, ADT, and Safe Homes for Safe Kids.
Please review entire report for other safety related items.



SUPPLEMENTAL INFORMATION

Report Number
T2U87R71821

All directional references are made facing the front door of the house. This report is intended for the exclusive use of our client. Items noted "R" (needing repair) or "I" (needing further investigation) should be repaired and/or evaluated by a qualified repair person prior to purchase or sale. This is a visual inspection of readily accessible components only and is not technically exhaustive.

Home inspectors are NOT required to report on: the life expectancy of any component or system; the causes of the need for a repair; the methods, materials and costs of corrections; the suitability of the property for any specialized use; compliance or noncompliance with codes, ordinances, statutes, regulatory requirements or restrictions; the market value of a property or its marketability; the advisability or inadvisability of purchase of the property; any component or system that was not inspected; the presence or absence of pests such as wood damaging organisms, rodents, or insects; cosmetic damage, underground items, or items not permanently installed - any information given on these items should be considered incomplete and should be further evaluated prior to sale.

Home inspectors are NOT required to: offer warranties or guarantees of any kind; calculate the strength, adequacy, or efficiency of any system or component; enter any area or perform any procedure that may damage the property or its components or be dangerous to adversely affect the health or safety of the home inspector or other persons; operate any system that has been shut down or otherwise inoperable; operate any system that does not respond to normal controls; move personal items, panels, furniture, equipment, plant life, soil, snow, ice, or debris that obstructs access or visibility; determine the presence or absence of any suspected adverse environmental condition or hazardous substance - including toxins, carcinogens, noise, contaminants in the building or in soil, water or air; determine the effectiveness of any system installed to control or remove suspected hazardous substances; predict future condition, including failure of components; project operating costs of components; evaluate acoustical characteristics of any system or component; inspect special equipment or accessories that are not listed in this report; disturb insulation except where readily visible evidence indicates the possibility of a problem, where plumbing drain/waste pipes penetrate floors and adjacent to earth filled stoops or porches and at exterior doors - any information given on these items should be considered incomplete and should be further evaluated prior to sale. Home inspectors shall NOT : Offer or perform any act or service contrary to law; offer to perform engineering, architectural, plumbing, electrical or any job function requiring an occupational license in the jurisdiction where the inspection is taking place, unless the home inspector holds a valid occupational license, in which case the home inspector shall inform the client that the the home inspector is so licensed, and therefore qualified to go beyond this section and perform additional inspections beyond those listed as line items in this report.

STRUCTURAL

Note: Items noted "R" (needing repair) or "I" (needing further investigation) should be repaired and/or evaluated by a qualified repair person prior to purchase or sale. Due to recent advances in modular construction techniques, it is sometimes difficult to determine if a home is modular or "stick built". Therefore, no determination was made by the inspector other than a general framing description.

EXTERIOR

Note: Items noted "R" (needing repair) or "I" (needing further investigation) should be repaired and/or evaluated by a qualified repair person prior to purchase or sale. Conditions behind siding, gutters, awnings and heavy shrubbery are not visible and are expressly excluded from this report. Representative site drainage cannot be accessed if it has been dry for an extended period of time. No guarantee is made for compromised insulation seals on windows and doors because this condition may only be apparent during certain weather conditions. The home inspector is NOT required to inspect storm windows & doors, screening, shutters, awnings, and similar seasonal accessories; fences; presence of safety glazing in doors and windows; garage door remote controls; geological and soil conditions; recreational facilities (including spas, saunas, steam baths, swimming pools, tennis courts, playground equipment, and other exercise, entertainment or athletic facilities); detached buildings or structures; any environmental hazard or buried fuel tanks.

ELECTRICAL

Note: Items noted "R" (needing repair) or "I" (needing further investigation) should be repaired and/or evaluated by a qualified repair person prior to purchase or sale. The home inspector is not required to: insert any tool, probe, or testing device inside the panels; test or operate any over current device except ground fault circuit interrupters; dismantle any electrical device or control other than to remove the covers of the main and auxiliary distribution panels; operate and test smoke detectors when detectors are part of a central system. The home inspector is not required to inspect: low voltage systems; security system devices, heat detectors, or carbon monoxide detectors; telephone, security, cable TV, intercoms, or other ancillary wiring that is not a part of the primary electrical distribution system; or built-in vacuum equipment. "Representative number" means, for multiple identical components such as electrical outlets, one such component per room. Safety Note: To help prevent fatal electric shocks, modern standards require Ground Fault Circuit protection at the receptacles serving the kitchen, bathrooms, & laundry (within 6' of sink); also garage, unfinished basements, exterior, crawl space, whirlpools, spas, pools, & fountains - if not present, client should add ground fault protection for personal safety.

PLUMBING

Note: Items noted "R" (needing repair) or "I" (needing further investigation) should be repaired and/or evaluated by a qualified repair person prior to purchase or sale. If well water is used for drinking purposes, we recommend it be tested by a lab or the health dept. Underground septic systems, sewer lines, and water treatment equipment are not inspected. If present, we recommend a septic system inspection and/or contractor evaluation before closing. The home inspector is not required to: state the effectiveness of anti-siphon devices; determine whether water supply and waste disposal systems are public or private; operate automatic safety controls; operate any valve except water closet flush valves, fixture faucets, and hose faucets. The home inspector is not required to inspect: water conditioning systems; fire and lawn sprinkler systems; on-site water supply quantity and quality; on-site waste disposal systems; foundation irrigation systems; bathroom spas, except as to functional flow and functional drainage; swimming pools; solar water heating equipment: or inspect the system for proper sizing, design, or use of proper materials.

SUPPLEMENTAL INFORMATION

Report Number
T2U87R71821

INTERIORS

Note: Items noted "R" (needing repair) or "I" (needing further investigation) should be repaired and/or evaluated by a qualified repair person prior to purchase or sale. "Representative number" means, for multiple identical components such as interior doors and windows, one such component shall be operated per room. The home inspector is not required to inspect: paint, wallpaper, and other finish treatments on : interior walls, ceilings, and floors; carpeting, draperies, blinds, or other window treatments.

ROOF

Note: Items noted "R" (needing repair) or "I" (needing further investigation) should be repaired and/or evaluated by a qualified repair person prior to purchase or sale. Apparent serviceability of roofing system is reported but is not a warranty or guarantee of the remaining life expectancy. The home inspector is NOT required to walk on the roofing or inspect attached accessories including solar systems, antennae and lightning arrestors.

INSULATION

Note: Items noted "R" (needing repair) or "I" (needing further investigation) should be repaired and/or evaluated by a qualified repair person prior to purchase or sale. The home inspector is not required to report on: concealed insulation and vapor retarders; or venting equipment that is integral with household appliances. The home inspector shall: move insulation where readily visible evidence indicates the possibility of a problem; and move floor insulation where plumbing drain/waste pipes penetrate floors, adjacent to earth-filled stoops or porches, and at exterior doors.

STATE OF SOUTH CAROLINA

CERTIFICATE OF TITLE

OF A VEHICLE

VEHICLE ID NUMBER SAJNX2748TC226376	YEAR MAKE 1996 JAGU	MODEL XJS 2+	NEW/USED USED
BODY STYLE CN	DATE ISSUED 03-07-2016	ODOMETER 93,879	WEIGHT 3980
VEHICLE BRAND(S) ACTUAL MILEAGE	TITLE NUMBER 770390308945836		

FULL NAME OF OWNER(S)
MOWERY, DEBRA

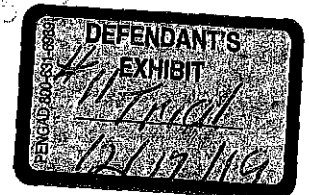
CUSTOMER NUMBER: 033851837



THE SOUTH CAROLINA DEPARTMENT OF MOTOR VEHICLES HEREBY CERTIFIES THAT THE PERSON HEREIN IS REGISTERED BY THIS DEPARTMENT AS THE LAWFUL OWNER OF THE VEHICLE DESCRIBED SUBJECT TO THE LIENS, IF ANY, HEREIN SET FORTH.

KEVIN A. SHWEDO
EXECUTIVE DIRECTOR

NIKKI R. HALEY
GOVERNOR





STATE OF SOUTH CAROLINA)
COUNTY OF PICKENS)

LEASE AGREEMENT

This Lease is entered into this 6TH day of February, 2019 by and between L&N Building ("Lessor") and Debra Mowery and Cole T. Reynolds ("Lessee").

Lessor is the owner of the premises described below and desires to lease the Premises to a suitable lessee for business purposes.

Lessee desires to lease the premises for the purpose of operating a Real Estate Brokerage Office. To be known as Upstate RE Group Inc..

The parties desire to enter a Lease Agreement defining their rights, duties and liabilities relating to the premises.

In consideration of the mutual covenants contained herein, the parties agree as follows.

I.

Lessor leases to Lessee approximately 900' square feet located in the County of Pickens, State of South Carolina and being known and identified as 1738 East Main Street, Easley, SC 29640.

II.

Lessor leases the above premises for a period of 24 months commencing on the 6th day of February 2019 and ending the last day of January 2021. Monthly Lease payments are \$815.00 per month (which includes water/sewer fee) and a deposit of \$800.00 to be paid at the signing of this Lease.

See Addendum:

All monthly payments to be paid in advance to the Lessor at the address specified by Lessor from time to time. In the event the monthly payment is not received by the 10th of the month, the Lessee shall pay an additional \$20.00 per day for the period of the delinquency. Said payment shall be a late charge.

In the event real property taxes increases for any tax year more than paid by Lessor January 1st, 2017, Lessee will pay increase upon receiving statement from Lessor. This amount shall be paid upon reassessment statement and based said address square footage.

The Lessee shall not operate any other type business without the specific written consent of the Lessor.

III.

Lessor shall maintain the roof and exterior of the building in a good state of repair and the Lessee shall maintain the interior of the premises in a good state of repair. Any repairs necessary shall be immediately provided by the responsible party and in the event the repairs required of the Lessor would affect the business operation by the Lessee, the repairs would be coordinated between the parties.

Lessee shall furnish the Lessor a copy of comprehensive general liability insurance in a minimum amount of \$500,000.00 with the Lessor designated as "additional insured". In the event Lessor desires additional coverage, Lessor shall pay Lessee for the additional increase in insurance premium due to the additional coverage. The Lessee will be responsible for contents and all liability insurance including vandalism and glass breakage.

Lessee accepts the building in an "as is" condition on the date of occupancy.

See Addendum:

There shall be no improvements or changes to the building without the specific written consent of the Lessor which shall not be unreasonably withheld. In the event improvements are permitted the Lessor reserves the right upon termination to have the improvements removed and replaced to normal condition or to retain the improvements.

When applicable, Lessee shall be solely responsible for cost of its sign and shall pay to Lessor a monthly amount for electrical power if applicable as determined by an electrical engineer who shall pro-rate the power on the basis of other electrical use for the sign.

All exterior signs including window signs must be approved by the Lessor, which shall not be unreasonably withheld.

Lessee shall have the right to a joint use of the parking area located in front of the leased premises.

IV.

All applications and connections for the necessary utility services on the demised premises shall be made in the name of Lessee only, and Lessee shall be solely liable for utility charges as they become due, including those for gas, electricity, cable television, satellite television, internet and telephone services if applicable. All cable and satellite television installations must have prior approval by Lessor.

See Addendum:

Lessor fully warrants electrical, plumbing, window AC unit and gas wall

furnace system upon occupancy. Lessee shall pay all maintenance and repair there after.

The Lessee shall utilize the same service people that the Lessor utilizes. No service personal or Lessee employees will be allowed on the roof without the Lessor's representative accompanying.

See Addendum:

V.

Lessor does hereby grant to the Lessee a right to renew the lease for an additional two-year term provided written notice to Lessor is given 60 days prior to renewal. In the event the lease is renewed the lease payments shall be increased by the amount of any additional property taxes on the premises.

VI.

Lessee shall neither use nor occupy the demised premises or any part thereof for any unlawful, disreputable or ultra hazardous business purpose nor operate or conduct business in a manner constituting a nuisance of any kind.

VII.

Lessee shall indemnify Lessor against all expenses, liabilities and claims of every kind, including reasonable attorney fees, by or on behalf of any person or entity arising out of either (1) a failure by Lessee to perform any of the terms or conditions of this lease, (2) any injury or damage happening on or about the demised premises or (3) failure to comply with any law or any governmental authority.

VIII.

**Each of the following events shall constitute a default or breach of this Lease
by Lessee:**

- (1) If Lessee, or any successor or assignee of Lessee while
in possession, shall file a petition in bankruptcy or insolvency
or for reorganization under any bankruptcy act, or shall
voluntarily take advantage of any such act by answer or other
wise, or shall make an assignment for the benefit of creditors.**
- (2) If involuntary proceedings under any bankruptcy law or
insolvency act shall be instituted against Lessee, or if a
receiver or trustee shall be appointed of all or substantially all
of the property of Lessee, and such proceedings shall not be
dismissed or the receivership or trusteeship vacated within 30
days after the institution or appointment.**
- (3) If Lessee shall fail to pay Lessor any rent or additional rent
when the rent shall become due and shall not make the
payment within 15 days after notice in writing thereof by
Lessor to Lessee.**
- (4) If Lessee shall fail to perform or comply with any of the
conditions of this Lease and if the non-performance shall
continue for a period of 15 days after the notice thereof by
Lessor to Lessee or, if the performance cannot be reasonably**

had within the 15 day period and shall not diligently proceed to completion of performance.

- (5) If Lessee shall vacate or abandon the demised premises.
- (6) If this Lease or the estate of Lessee hereunder shall be transferred to or shall pass to or devolve on any other person or party, except in the manner herein permitted.

IX.

In the event of any default hereunder, the Lessor shall have the right to cancel and terminate this Lease by giving to Lessee not less than 15 days notice of the cancellation and termination. In the event Lessor cancels due to default, Lessor may re-enter the premises after the 15-day notice and take possession. After re-entry the Lessor may recover from Lessee all damages proximately resulting from the breach, including costs of recovering the premises and the present value of the worth of the balance of the Lease over the reasonable rental value of the premises for the remainder of the lease term, which sum shall be immediately due Lessor from Lessee.

X.

In the event of a partial destruction of the premises during the term from any cause and the repairs require a closing of the Lessee's business, the lease payment shall be held in abeyance until the repairs are completed and the period during which the repairs are made shall be extended on the end of this lease period. In the event of partial or total destruction and the Lessor elects not to make repairs, then this Lease shall immediately terminate.

XI.

Lessor shall have the right to a reasonable inspection of the premises by giving reasonable notice. Lessee shall be granted peaceable and quite enjoyment of the demised premises.

XII.

This agreement shall not be assigned, pledged or encumbered without the written consent of the Lessor, which shall not be unreasonably withheld.

XIII.

No promotions shall conducted outside the building, on side walk or parking lot.

XIV.

If applicable, parking lot covenants are a part of this lease.

XV.

Lessor has included water and sewer in monthly rental payment.

XVI.

This document contains the entire understanding between the parties and any and all agreements, representations and understanding are merged in this document and the Lease shall not be altered without the written consent of the parties.

XVII.

Lessee to utilize the exterior sign pole at the corner of building and one section of the sign pole at the corner of Rosewood Drive and East Main street. Lessee is also allowed to have up to 15 square of roof signage. All Signage must

meet City of Easley Planning and Development Office Zoning Codes and Ordinances.

IN WITNESS WHEREOF we set our hands and seals this 6th day of February, 2019.

WITNESS:

LESSEE:

300 Bank

Debra Mowery CFO
Debra Mowery
109 Linda Lane
Easley, SC 294

300 Bank

Cole Reynolds BIC
Cole T. Reynolds

WITNESS:

LESSOR:
L & N Building.

300 Bank

Barbara G. Ellis

George D. Newton
BY: George D. Newton, Agent

PERSONALLY appeared before me the witnesses made oath that (s)he saw the Lessor and Lessee sign, seal and as their act and deed deliver the within Lease and that (s)he with the other witnesses subscribe above witnessed the execution thereof.

SWORN to before me this 6th Day of February, 2019.

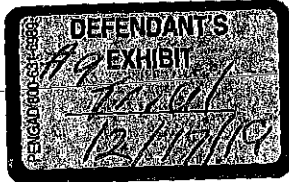
Barbara G. Ellis
NOTARY PUBLIC FOR SOUTH CAROLINA

My Commission Expires: 2/23/2020

Addendum to Lease Agreement:

1. Lessee is fully responsible for all carpet, cubical and x-ray room removal and disposal.
2. Noticeable building discrepancies at occupancy is a small bullet hole in East Main Street front window.
3. Changes approved by Lessor:
Removal and replacement of carpet, cubical s and x-ray room.
4. A \$15.00 dollar water and sewer fee is part of this lease and lease payment
5. No personnel are allowed on roof without Lessor personal present.

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE



STATE OF SOUTH CAROLINA
SECRETARY OF STATE
ARTICLES OF ORGANIZATION
Limited Liability Company – Domestic
Filing Fee - \$110.00

AUG 12 2016

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws §33-44-202 and §33-44-203.

1. The name of the limited liability company (Company ending must be included in name*)

TD Realty, LLC

***NOTE:** The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C.", "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is

109 Linda Lane

Street Address

Easley, SC

29642

City

Zip Code

3. The initial agent for service of process is

Debra Mowery

Name

Debra Mowery
Signature of Agent

and the street address in South Carolina for this initial agent for service of process is

109 Linda Lane

Street Address

Easley, SC

29642

City

Zip Code

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

- (a) Debra Mowery

Name

109 Linda Lane

Street Address

Easley

SC

29642

City

State

Zip Code

- (b)

Name

Street Address

160818-0020

FILED: 08/12/2016

TD REALTY, LLC

Filing Fee: \$110.00 ORIG

City

Zip Code

Mark Hammond

South Carolina Secretary of State

Form Revised by South Carolina
Secretary of State July 2014
ROA PAGE 531

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. _____

6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a) _____
 Name

 Street Address

 City State Zip Code

(b) _____
 Name

 Street Address

 City State Zip Code

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under §33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time.

9. Any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

Alisa M. Hickey
 Signature of Organizer

08/10/2016

Date

 Signature of Organizer

 Date



ARTICLES OF ORGANIZATION LLC

Date: 1/4/08

The undersigned, with the intention of creating a Maryland Limited Liability Company files the following Articles of Organization:

1. The name of the Limited Liability Company is Hawk Shadow Business Services, LLC. #

2. Statement of Purpose: The purpose of Hawk Shadow Business Services, LLC is to engage in services and support of accounting, bookkeeping, taxes, instruction and all aspects of business administration and development for all individuals, small to medium size businesses for profit and non-profit. In addition, doing any other work incidental to /or connected with business services.

The foregoing purposes and activities shall be interpreted as examples only and not as limitations, and nothing therein shall be deemed as prohibiting the LLC from engaging in any lawful act or activity for which an LLC may be organized under the laws of the State of Maryland.

3. Statement of duration: Hawk Shadow Business Services, LLC will be doing business for the next 30 years.

4. As the business, Hawk Shadow Business Services, LLC is located ^{at 1602 Main St, Whiteford, MD 21} within the state of registration, the resident agent of the Limited Liability Company in the state of Maryland. Is Debra Mowery

5. Address of the resident agent:

Debra Mowery
C/O Hawk Shadow Business Services, LLC
1602 Main St.
Whiteford, Maryland 21160

2008 JAN - 6 A 11: 05

6. Signatures of Authorized Persons:



7. Signatures of Resident Agent:


I hereby consent to my designation in this document

8. Filing parties return address is:

Hawk Shadow Business Services, LLC
1602 Main Street
Whiteford, Maryland 21160

ARTICLES OF ORGANIZATION
LLCDate: 4/5/06

The undersigned, with the intention of creating a Maryland Limited Liability Company files the following Articles of Organization:

1. The name of the Limited Liability Company is Hawk Shadow Business Services, LLC.
2. Statement of Purpose: The Purpose of Hawk Shadow Business Services, LLC is to engage in services and support of accounting, bookkeeping, taxes, instruction and all aspects of business administration and development for all individuals, small to medium size businesses for profit and non-profit. In addition, doing any other work incidental to/or connected with business services.
3. The address of the Limited Liability Company in Maryland is: ✓
1602 Main Street, Whiteford, MD 21160
4. The resident agent of the Limited Liability Company in the state of Maryland is Debra Mowery, whose address is: ✓

C/O Hawk Shadow Business Services, LLC
1602 Main Street
Whiteford, MD 21160

The foregoing purposes and activities shall be interpreted as examples only and not as limitations, and nothing therein shall be deemed as prohibiting the LLC from engaging in any lawful act or activity for which an LLC may be organized under the laws of the State of Maryland.

CUST ID: 0001773090
WORK ORDER: 0001216128
DATE: 04-20-2006 05:00 PM
AMT. PAID: \$100.00

5. Signature of Authorized Persons:

Alba Mowery

6. Signature of Resident Agent:

Alba Mowery
I hereby consent to my designation in this document

Filing parties return address is:

Hawk Shadow Business Services, LLC
1602 Main Street
Whiteford, MD 21160

State of Maryland
DEPARTMENT OF
ASSESSMENTS AND TAX

CUST ID:0001067956
WORK ORDER:0000705564
DATE:02-28-2003 10:01 AM
AMT. PAID:\$12.00

APPENDIX PAGE 617

PARRIS N. GLENDE
Governor
RONALD W. WINEH
Director
PAUL B. ANDERSON
Administrator

Charter Division

TRADE NAME:

Hawk Shadow Business Services

ADDRESS(ES) WHERE NAME IS USED:

1602 main Street
Whiteford, MD 21160

FULL LEGAL NAME OF OWNER OF BUSINESS USING THE TRADE NAME:

Debra Mowery

If the owner is an individual or general partnership, does it have a personal property account ("L" number)? YES NO

If YES, what is that number? I, _____

If NO, see instruction 7 on the other side of this form.

ADDRESS OF OWNER:

338 Torbert Road
Fawn Grove, PA ZIP: 17321

DESCRIPTION OF BUSINESS:

Bookkeeping & Accounting
Services

I AFFIRM AND ACKNOWLEDGE UNDER PENALTIES OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Debra Mowery
SIGNATURE OF OWNER

2003 FEB 26 A 11:05

SIGNATURE OF OWNER

SIGNATURE OF OWNER

SIGNATURE OF OWNER

TELEPHONE (410) 767-1350
Room 809 - 301 West Preston Street - Baltimore, Maryland 21201
MRS (Maryland Relay Service) 1-800-735-2258 TT/Voice
FAX (410) 333-7097
web site: <http://www.dat.state.md.us>

Revised 6/96

ROA PAGE 537



STATE OF SOUTH CAROLINA

IN THE COURT OF COMMON PLEAS

COUNTY OF PICKENS

THIRTEENTH JUDICIAL CIRCUIT

TERENCE "TERRY" CARROLL,

NOTICE OF AND CERTIFICATE OF
MECHANICS AND OR MATERIALMAN'S LIEN

TO:

DEBRA MOWERY and
T D REALTY,

DEFENDANTS,

NOTICE IS HEREBY GIVE THAT: TERENCE "TERRY" CARROLL

109 LINDA LANE
EASLEY SC 29642IS DUE AND OWED THE SUM OF: \$100,000.00 (ONE HUNDRED THOUSAND AND NO
CENTS) DOLLARS

FROM: DEFENDANTS DEBRA MOWERY and T D REALTY

ADDRESS OF REAL PROPERTY LOCATED AT: 539 POPE FIELD ROAD, EASLEY SC

A STATEMENT of just and true account of said indebtedness, with all just credits given, being
attached and made part hereof, together with interest (none) except any statutory amount, from
date: MAY 3rd, 2018;THE DEBT IS DUE THE UNDERSIGNED for: HOURLY WORK INCOME FOR PAINTING,
PREPARING AND COMPLETEING THE JOB THAT WAS AGREED TO AND
CONTRACTED. PLAINTFF STATES THAT THE JOB WAS NOT PAID FOR AS AGREED
AND CONTRACTED DUE TO THE DEFENDANTS FAILING TO PAY FOR WORK
LABOR ALREADY DONE AND RECEVIED.THE OWNER AND OR CONTRACTOR OR AUTHORIZED PARTY, person or persons so
authorized, or rightfully acting for said owner, or said is due the undersigned because such
improvements and or materials have been provided or completed, for an on any structures,
buildings, houses, etc. located thereon, within the last ninety (90) days of the date hereof, to wit
on or after the date noted above.THAT BY VIRTUE THEREOF: by the service and filing of this Notice and Certificate and
pursuant to the provisions of the Statutes in such cases made and provided, the undersigned has
or claims a lien to secure the payment of the debt so due and the costs of enforcing said lien upon
the real property and any structures located there located. hearin and above mentioned, located
at: address as indicated above and described and stated here:

REAL PROPERTY THREE:

All that piece, parcel or lot of land in State of South Carolina, County of Pickens, About one mile south of Easley SC on Pope Field Road, known and designated at Tract No. Three(3) on plat of lands of T. D. Wade plat by JC Smith February 3, 1950, Beginning at iron pin on highway at the line of Home Maulding, then along Highway North 58-15 West 221.9 ft to iron pin; then North 24 East 225 ft to iron pin on land of Reeves Estate then South 70 East 37.7 ft to a stone, then with lands of Reeves Estate And Home Mauldin South 12 East 315.4 ft to iron pin on the road. This is the same real property conveyed to USBank National Association as Indenture Trustee for Springleaf Mortgage Loan Trust 2013-1, by and through Nationstar Mtg. LLC as Attorney in Fact by Deed of Daniel Hunt Special Referee for Pickens County South Carolina recorded on July 15, 2016 in Deed Book 1785 page 261 ROD Office Pickens County SC. Then by Grantor to Debra Mowery by Deed recorded in Deed Book 1796 page 188 8-30-2016.

TMS 5028-09-16-6537/Physical address 539 Pope Field Road Easley SC
grantees address 109 Lind Lane Easley SC 29642.

THE FORGOING IS TRUE OF MY OWN KNOWLEDGE:

T. D. Wade
signed (with position if corporation)

SWORN TO AND SUBSCRIBED TO BEFORE ME THIS

May 17, 2018

[Signature]
NOTARY PUBLIC FOR SOUTH CAROLINA

MY COMMISSION EXPIRES: 3/31/2018

STATE OF SOUTH CAROLINA
COUNTY OF PICKENS

STATEMENT OF ACCOUNT

PERSONALLY APPEARED BEFORE ME, the undersigned officer or owner or authorized person: Terence Carroll, AND UPON OATH, I state that the amount this just and correct and due and owing at this time and date is: ~~\$100,000.00~~ \$0.00. The same has been adjusted for any lawful offsets, and payments and credits known to me to have been allowed. I am an officer of the corporation noted or I am the person who performed the labor and or provided the materials or both, or I am the owner of the business that has contracted and provide both the labor and the materials as indicated. I am authorized to make this statement Affidavit.

SWORN TO BEFORE ME THIS DATE

T. D. Wade
signed (position & or Ownership)

[Signature]
NOTARY PUBLIC FOR SOUTH CAROLINA

MY COMMISSION EXPIRES: 3/31/2018

A. U.S. DEPARTMENT OF HOUSING & URBAN DEVELOPMENT SETTLEMENT STATEMENT		B. TYPE OF LOAN: 1. ☐ FHA 2. ☐ FmHA 3. ☒ CONV. UNINS. 4. ☐ VA 5. ☐ CONV. INS. 6. FILE NUMBER: [REDACTED] 7. LOAN NUMBER: 8. MORTGAGE INS CASE NUMBER:	
C. NOTE: This form is furnished to give you a statement of actual settlement costs. Amounts paid to and by the settlement agent are shown. Items marked "POC" were paid outside the closing; they are shown here for informational purposes and are not included in the totals.			
D. NAME AND ADDRESS OF BORROWER: [REDACTED]		E. NAME AND ADDRESS OF SELLER: Debra Mowery	
G. PROPERTY LOCATION: 539 Popefield Rd Easley, SC 29642 Pickens County, South Carolina		H. SETTLEMENT AGENT: Bagwell & Corley Law Firm, PC PLACE OF SETTLEMENT 10121 Clemson Blvd., Ste. D Seneca, SC 29678	
		F. NAME AND ADDRESS OF LENDER:	
		I. SETTLEMENT DATE: May 18, 2018	

J. SUMMARY OF BORROWER'S TRANSACTION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">100. GROSS AMOUNT DUE FROM BORROWER:</td> </tr> <tr> <td>101. Contract Sales Price</td> <td style="text-align: right;">61,000.00</td> </tr> <tr> <td>102. Personal Property</td> <td></td> </tr> <tr> <td>103. Settlement Charges to Borrower (Line 1400)</td> <td style="text-align: right;">855.60</td> </tr> <tr> <td>104.</td> <td></td> </tr> <tr> <td>105.</td> <td></td> </tr> <tr> <td colspan="2"><i>Adjustments For Items Paid By Seller in advance</i></td> </tr> <tr> <td>106. City/Town Taxes to</td> <td></td> </tr> <tr> <td>107. County Taxes to</td> <td></td> </tr> <tr> <td>108. Assessments to</td> <td></td> </tr> <tr> <td>109.</td> <td></td> </tr> <tr> <td>110.</td> <td></td> </tr> <tr> <td>111.</td> <td></td> </tr> <tr> <td>112.</td> <td></td> </tr> <tr> <td>120. 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220. TOTAL PAID BY/FOR BORROWER	942.07																																																																																																																																																																				
300. CASH AT SETTLEMENT FROM/TO BORROWER:																																																																																																																																																																					
301. Gross Amount Due From Borrower (Line 120)	61,855.60																																																																																																																																																																				
302. Less Amount Paid By/For Borrower (Line 220)	(942.07)																																																																																																																																																																				
303. CASH (X FROM) (TO) BORROWER	60,913.53																																																																																																																																																																				
400. GROSS AMOUNT DUE TO SELLER:																																																																																																																																																																					
401. Contract Sales Price	61,000.00																																																																																																																																																																				
402. Personal Property																																																																																																																																																																					
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420. GROSS AMOUNT DUE TO SELLER	61,000.00																																																																																																																																																																				
500. REDUCTIONS IN AMOUNT DUE TO SELLER:																																																																																																																																																																					
501. Excess Deposit (See Instructions)																																																																																																																																																																					
502. Settlement Charges to Seller (Line 1400)	450.70																																																																																																																																																																				
503. Existing loan(s) taken subject to																																																																																																																																																																					
504. Payoff of first Mortgage																																																																																																																																																																					
505. Payoff of second Mortgage																																																																																																																																																																					
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520. TOTAL REDUCTION AMOUNT DUE SELLER	892.77																																																																																																																																																																				
600. CASH AT SETTLEMENT TO/FROM SELLER:																																																																																																																																																																					
601. Gross Amount Due To Seller (Line 420)	61,000.00																																																																																																																																																																				
602. Less Reductions Due Seller (Line 520)	(892.77)																																																																																																																																																																				
603. CASH (X TO) (FROM) SELLER	60,107.23																																																																																																																																																																				

The undersigned hereby acknowledge receipt of a completed copy of pages 1&2 of this statement & any attachments referred to herein.

Borrower

Daryl Charles Everhart

Seller

Debra Mowery



L. SETTLEMENT CHARGES

700. TOTAL COMMISSION Based on Price			\$	@	%	Paid From	Paid From
Division of Commission (line 700) as Follows:						BORROWER'S	SELLER'S
						FUND SAT	FUND SAT
						SETTLEMENT	SETTLEMENT
701. \$	to						
702. \$	to						
703. Commission Paid at Settlement							
704.	to						
800. ITEMS PAYABLE IN CONNECTION WITH LOAN							
801. Loan Origination Fee	%	to					
802. Loan Discount	%	to					
803. Appraisal Fee		to					
804. Credit Report		to					
805. Lender's Inspection Fee		to					
806. Mortgage Ins. App. Fee		to					
807. Assumption Fee		to					
808.							
809.							
810.							
811.							
900. ITEMS REQUIRED BY LENDER TO BE PAID IN ADVANCE							
901. Interest From	to	@ \$	/day	(days	%)		
902. Mortgage Insurance Premium for	months to						
903. Hazard Insurance Premium for	years to						
904.							
905.							
1000. RESERVES DEPOSITED WITH LENDER							
1001. Hazard Insurance	@ \$		per				
1002. Mortgage Insurance	@ \$		per				
1003. City/Town Taxes	@ \$		per				
1004. County Taxes	@ \$		per				
1005. Assessments	@ \$		per				
1006.	@ \$		per				
1007.	@ \$		per				
1008. Aggregate Adjustment	@ \$		per				
1100. TITLE CHARGES							
1101. Settlement or Closing Fee	to						
1102. Abstract or Title Search	to	Bagwell & Corley Law Firm, PC					
1103. Title Examination	to	Landvision Titles				180.00	
1104. Title Insurance Binder	to	Bagwell & Corley Law Firm, PC					
1105. Document Preparation - Deed	to	Bagwell & Corley Law Firm, PC					225.00
1106. Notary Fees	to						
1107. Attorney's Fees	to	Bagwell & Corley Law Firm, PC				410.00	
(includes above item numbers:)							
1108. Title Insurance	to	Commonwealth Land Title Insurance Corporation				255.60	
(includes above item numbers:)							
1109. Lender's Coverage	\$						
1110. Owner's Coverage	\$	61,000.00			255.60		
1111.							
1112.							
1113.							
1200. GOVERNMENT RECORDING AND TRANSFER CHARGES							
1201. Recording Fees: Deed \$	10.00; Mortgage \$			Releases \$		10.00	
1202. City/County Tax/Stamp: Deed				Mortgage			
1203. State Tax/Stamp: Deed		225.70; Mortgage					225.70
1204.		Pickens County Register of Deeds					
1205. Mortgage Satisfaction Release		Pickens County Register of Deeds					
1300. ADDITIONAL SETTLEMENT CHARGES							
1301. Survey	to						
1302. Pest Inspection	to						
1303.							
1304.							
1305.							
1400. TOTAL SETTLEMENT CHARGES (Enter on Lines 103, Section J and 502, Section K)						855.60	450.70

By signing page 1 of this statement, the signatories acknowledge receipt of a completed copy of page 2 of this two page statement.

This is a certified true copy.
*Buyer's Closing Cost paid by Seller

Bagwell & Corley Law Firm, PC
Settlement Agent

From: cherrie <cherrie@bagwellcorley.com>

To: Debra Mowery <debramowery@verizon.net>

Cc: scott <scott@bagwellcorley.com>

Subject: RE: Sale of 539 Popefield Rd, Easley, SC

Date: Wed, May 16, 2018 12:32 pm

Debra,

Daryl told me that he wants to go ahead and close and get his new survey plat later.

Cherrie Roberson, Paralegal

Bagwell & Corley Law Firm, PC

10121 Clemson Blvd, Ste D, Seneca, SC 29678

Phone 864.886.8123

Fax 864.886.8124

Bagwell & Corley Office Locations

Seneca Office - 10121 Clemson Blvd, Suite D, Seneca, SC 29678

Walhalla Office - 603 W. Main St., Walhalla, SC 29691

Powdersville Office - 4891 SC-153, Suite D, Easley, SC 29642

Anderson Office - 100 Miracle Mile Dr, Suite F, Anderson, SC 29621

SECURITY ALERT: Any emails sent from Bagwell & Corley will come from an email address ending in "@bagwellcorley.com" Always double-check any emails purporting to be from our firm to make sure this is the case.

Within the real estate closing industry, there has been a rash of fraudulent emails purportedly sent from closing attorneys and real estate agents asking buyers, lenders, etc. to send funds to an erroneous account, usually via a wire transfer. In the event you receive any such emails or any other suspicious communications, please contact us at (864) 886-8123 immediately. DO NOT send any funds to any accounts until you have verified wiring instructions by phone directly with our office.

PLEASE NOTE, EFFECTIVE APRIL 1, 2017, ALL FUNDS FOR CLOSING OVER \$1,000 MUST BE WIRED INTO OUR ESCROW ACCOUNT. PLEASE CONTACT ME FOR WIRING INSTRUCTIONS AND CALL TO CONFIRM THEM BEFORE SENDING WIRE.

REALTORS - please fill out our closing information forms. [Click for Information Forms](#)

The information contained in this message may be privileged, confidential, and protected from disclosure. If you are not the intended recipient, or an employee, or agent responsible for delivering this message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by replying to the message and deleting from your computer.

----- Original Message -----

Subject: Re: Sale of 539 Popefield Rd, Easley, SC

From: Debra Mowery <debramowery@verizon.net>

Date: Wed, May 16, 2018 12:06 pm

To: cherrie@bagwellcorley.com

That works for me as long as he is satisfied with the survey.

-----Original Message-----

From: cherrie <cherrie@bagwellcorley.com>

To: Debra Mowery <debramowery@verizon.net>

Sent: Tue, May 15, 2018 3:20 pm

Subject: Sale of 539 Popefield Rd, Easley, SC

Debra,

We now have the title examination back on this property, and Daryl Everhart would like to close in our **SENECA** office **this Friday, May 18, 2018 at 2:00pm**. Please let me know asap if that works for you.

Thank you.

Cherrie Roberson, Paralegal

Bagwell & Corley Law Firm, PC
10121 Clemson Blvd, Ste D, Seneca, SC 29678
Phone 864.886.8123
Fax 864.886.8124

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STATE OF SOUTH CAROLINA

COUNTY OF OCONEE

CONTRACT OF SALE

KNOW ALL MEN BY THESE PRESENTS that **Debra Mowery** (hereinafter referred to as "Seller") and **Daryl Charles Everhart** (hereinafter referred to as "Purchaser") have this day entered into an agreement wherein and whereby Seller agrees to sell to Purchaser the following described property:

539 Popefield Road
Easley, SC 29642

Pickens County
TMS: 5028-09-16-6537

1. **PAYMENT OF PURCHASE PRICE.** The "Purchase Price" for the Property shall be the sum of SIXTY-ONE THOUSAND AND NO/100 (\$61,000.00) DOLLARS.

2. **EARNEST MONEY:** Total \$500.00 Earnest Money is paid as follows: \$500.00 accompanies this offer to be a Credit to Purchaser at closing or disbursed only as Parties agree in writing or by Court Order or by Contract or as required for closing by closing attorney. Purchaser and Seller authorize Bagwell & Corley Law Firm, PC as Escrow Agent to deposit and hold and disburse earnest money according to the terms of this Contract, the law and any regulations.

3. **CONVEYANCE.** Seller agrees to convey title to the above-described property to Purchaser by General Warranty Deed free and clear of all liens or encumbrances except:

- (a) Taxes and assessments for 2018 and subsequent years.
- (b) Restrictions, protective covenants and easements of record, if any; provided that such restrictions and/or easements, if any, do not affect marketability for residential purposes.

Purchaser agrees to obtain a clear title examination. Should defects that affect marketability be discovered, Seller agrees to cooperate in whatever manner requested in order to clear such defects, at Seller's expense.

The deed shall be delivered at the stipulated place of closing and the transaction closed on or before June 1, 2018, not later than 5:00pm.

4. **PRORATIONS AND EXPENSES.** Taxes, water, sewer charges, fuel oil, electricity and other assessments shall be prorated as of the date of closing.

5. **CLOSING COSTS** to be paid as follows:

- (a) SELLER shall pay for attorney fees for closing and preparation of deed and property taxes to the day of closing.
- (b) PURCHASER shall pay for title examination, appraisal, survey, property insurance and recording fees (including deed stamps) for deed.

6. **SURVEY.** Purchaser may obtain a plat of survey on such property. If the survey shows any encroachments upon or shortages in the property herein described or that the improvements located on the subject property encroach onto property of others, a copy of such survey shall be furnished to Seller and Seller shall cure such defects prior to closing. Failure to so eliminate such encroachments shall be regarded as a default by Seller.

7. **INSPECTION:** Purchaser, at his expense, shall have the privilege and responsibility of inspecting the structure, square footage, environmental concerns, including but not limited to radon gas, lead-based paint and lead-based paint hazards, wetland study, appurtenant buildings, heating, air conditioning,

Contract of Sale Between Debra Mowery  and Daryl Charles Everhart 

Page 1 of 2

electrical and plumbing systems as well as built-in appurtenant equipment or appliances prior to day of closing or possession. In the event repairs are necessary, the seller shall be notified within 15 consecutive days after both parties sign this Contract. TIME IS OF THE ESSENCE. If Purchaser fails to notify seller within this time, Purchaser shall waive any and all rights under the terms of this paragraph. If lender's commitment requires any additional inspection or certification, there are to be provided by Purchaser.

8. **DEFAULT BY PURCHASER.** If Purchaser fails to perform this Contract within the times specified herein, time being of the essence of this Contract, Seller shall have the right and option, upon five (5) days written notice to Purchaser, to terminate this Contract, and in such event, any and all deposits and payments shall be retained by or for the account of Seller as consideration for damages, and Seller shall be relieved of all obligations under this Contract.

9. **DEFAULT BY SELLER.** If Seller shall fail to perform under the terms of this Contract, any and all payments and deposits shall, at the option of Purchaser, be returned to Purchaser on demand, and Purchaser shall not thereby waive any remedy Purchaser may have because of such failure to perform. Upon Seller's failure to correct marketability within the time limited by this Contract, any and all payments and deposits shall be returned to Purchaser on demand, and all rights and liabilities arising hereunder shall terminate, or Purchaser, at his option shall close this transaction in the same manner as if no such defect has been found.

10. **ATTORNEY FEES AND COSTS.** In the event either party hereto should default in the performance of any of the terms and conditions hereof and it becomes necessary in the opinion of the party free from fault to place this Contract in the hands of an attorney for enforcement or suit is brought on same, the defaulting party hereby agrees to pay all costs, charges and expenses of same, including a reasonable attorney fee and abstract fees.

11. **RISK OF LOSS.** In case the property herein referred to is destroyed wholly or partially by fire or other casualty prior to delivery of the deed, Purchaser or Seller shall have the option to terminate this Contract within ten (10) days of the event thereof.

12. **PERSONS BOUND.** The covenants herein contained shall be binding on the parties hereinabove mentioned, their heirs, successors and/or assigns. Whenever used, the singular number shall include the plural and the use of any gender shall include all genders.

13. **POSSESSION AND CLOSING.** Seller shall tender the necessary documents to transfer title and Purchaser shall tender the balance of the purchase price in order to close this transaction on or before June 1, 2018. Purchaser shall be given possession of the property at closing. Time is of the essence.

14. **TIME OF ACCEPTANCE.** If this Contract is not executed by all parties hereto on or before May , 2018 at 5:00pm, the aforesaid deposit shall be, at the option of Purchaser, returned to him and this Contract shall be null and void. The date of this Contract for all purposes shall be regarded as the date of execution by Seller.

IN WITNESS WHEREOF, the parties have set their hands and seals this 7 day of May 2018.

SIGNED IN THE PRESENCE OF:

Witness

Witness


Debra Mowery, Seller

Daryl Charles Everhart, Purchaser



Closing Disclosure

Closing Information

Date Issued
 Closing Date 02/29/2016
 Disbursement Date 02/29/2016
 Settlement Agent Lawyers Trust Title Com
 File # 16-14
 Property 4548 Church Street
 Whiteford, MD 21160
 Sale Price \$169,900

Transaction Information

Borrower
 Seller Debra Mowary
 4548 Church Street
 Whiteford, MD 21160

Summary of Transactions

SELLER'S TRANSACTION

Due to Seller at Closing	\$170,479.79
01 Sale Price of Property	\$169,900.00
02 Sale Price of Any Personal Property Included in Sale	
03	
04	
05	
06	
07	
08	
Adjustments for Items Paid by Seller in Advance	
09 City/Town Taxes to	
10 County Taxes 02/29/2016 to 06/30/2016	\$499.19
11 Assessments to	
12 Sewer Assessment 02/29/2016 to 06/30/2016	\$80.60
13	
14	
15	
16	
Due from Seller at Closing	\$92,255.37
01 Excess Deposit	
02 Closing Costs Paid at Closing (J)	\$12,653.90
03 Existing Loan(s) Assumed or Taken Subject to	
04 Payoff of First Mortgage Loan	\$78,101.47
05 Payoff of Second Mortgage Loan	
06	
07	
08 Seller Credit	\$1,500.00
09	
10	
11	
12	
13	
Adjustments for Items Unpaid by Seller	
14 City/Town Taxes to	
15 County Taxes to	
16 Assessments to	
17	
18	
19	
CALCULATION	
Total Due to Seller at Closing	\$170,479.79
Total Due from Seller at Closing	\$92,255.37
Cash ☐ From ☒ To Seller	\$78,224.42

Contact Information

REAL ESTATE BROKER (B)

Name	Execuhome Realty
Address	9912 Harford Road, Suite 7 Parkville, MD 21294
License ID	MD 513377
Contact	Jim Shipley
Contact License ID	MD 29116
Email	JimShipley@mrls.com
Phone	(410) 458-1290

REAL ESTATE BROKER (S)

Name	Long & Foster Real Estate, Inc.
Address	3004 Emmorton Road Aberdeen, MD 21007
License ID	
Contact	Kimberly Grubb
Contact License ID	38712
Email	kimberly.grubb@inf.com
Phone	(410) 322-7981

SETTLEMENT AGENT

Name	Lawyers Trust Title Company
Address	901 Dulaney Valley Road, Suite 708 Towson, MD 21286
License ID	
Contact	
Contact License ID	
Email	
Phone	



Questions? If you have questions about the loan terms or costs on this form, use the contact information above. To get more information or make a complaint, contact the Consumer Financial Protection Bureau at www.consumerfinance.gov/mortgage-closing

Closing Cost Details

Loan Costs		Seller-Paid	
		At Closing	Before Closing
A. Origination Charges			
01	0% of Loan Amount (Points)		
02			
03			
04			
05			
06			
B. Services Borrower Did Not Shop For			
01			
02			
03			
04			
05			
06			
07			
08			
09			
10			
C. Services Borrower Did Shop For			
01			
02			
03			
04			
05			
06			
07			
08			
D. Other Costs			
E. Taxes and Other Government Fees			
01	Recording Fees Deed: Mortgage:		
02	County Transfer Tax w/Exempt to Harford County, Maryland	\$849.50	
03	State Recordation Tax to Clerk of the Circuit Court	\$561.00	
04	State Transfer Tax to Clerk of the Circuit Court	\$424.75	
F. Prepays			
01	Homeowner's Insurance Premium mo. to		
02	Mortgage Insurance Premium mo. to		
03	Prepaid Interest from to		
04	Property Taxes mo. to		
05			
G. Initial Escrow Payment at Closing			
01	Homeowner's Insurance per month for mo.		
02	Mortgage Insurance per month for mo.		
03	Property Taxes per month for mo.		
04	Aggregate Adjustment		
05			
06			
07			
08			
H. Other			
01	Broker Flat Fee to Long & Foster - Frederick	\$945.00	
02	Final Water Reading to Harford County, MD	\$89.65	
03	Payoff Delivery to Lawyers Trust Title Company	\$25.00	
04	Procure record release to Lawyers Trust Title Company	\$185.00	
05	Real Estate Commission Buyers Broker to Execuhome Realty	\$4,247.50	
06	Real Estate Commission Sellers Broker to Long & Foster Real	\$5,946.50	
07			
08			
I. TOTAL CLOSING COSTS		\$12,659.90	\$0.00

Advantage Title Company
File No. AT-REO29326SP
Tax ID# 05-022479

LIBER 09294 FOLIO 507



This Deed, made this 09 day of July, 2011, by and between Federal Home Loan Mortgage Corporation, party of the first part, GRANTOR; and Debra Mowery, party of the second part, GRANTEE.

- Witnesseth -

That in consideration of the sum of SIXTY ONE THOUSAND NINE HUNDRED NINETY NINE AND 00/100 DOLLARS (\$61,999.00), which includes the amount of any outstanding Mortgage or Deed of Trust, if any, the receipt whereof is hereby acknowledged, the said GRANTOR does grant and convey to the said Debra Mowery, as sole owner, in fee simple, all that lot of ground situate in the County of Harford, State of Maryland, and described as follows, that is to say:

Beginning for the same at a slate stone now set on the westerly side of Penn Alley in the Village aforesaid, at the distance of fifty feet from the lands of the residence of Richard Roberts, and running thence parallel with and at an even distance therefrom of fifty feet north 43 1/4 degrees west 46 feet 4 inches thence, North 50 1/4 degrees east 114 feet 6 inches to Church Street, in the said village, which said line last described runs midway between the swelling on the lot now being described and the swelling house on the lot next adjoining on the westerly side, then, with Church Street South 39 degrees east 35 feet 1 inch to the westerly side of Penn Alley, aforesaid, then with Penn Alley south 45 degrees west 109 feet 6 inches to the place of beginning, together with the free and undisturbed use of Penn Alley or by whatsoever name the same may be known or called, as well also Church Street, which said lot is a part of lot number 2 shown on a plat made by J. Martin McNabb and filed in the Equity Suit of William H. Harlan vs. Annie H. McConkey, et al, in the year AD 1892 and surveyed a new on the 13th day of September in the year 1921 by Charles H. McNabb.

FOR INFORMATIONAL PURPOSES ONLY

The improvements thereon being known as 4548 Church Street, Whiteford, MD 21160.

Being the same lot or parcel of land conveyed in the Fee Simple Trustee's Deed dated January 12, 2011 from John S. Burson, sole acting Substitute Trustee, unto Federal Home Loan Mortgage Corporation and recorded among the Land Records of Harford County, Maryland in Book 9230, page 326.

Together with the buildings and improvements thereon erected, made or being; and all and every, the rights, alleys, ways, waters, privileges, appurtenances and advantages thereto belonging, or in anywise appertaining.

To Have and To Hold the said tract of ground and premises above described and mentioned, and hereby intended to be conveyed, together with the rights, privileges, appurtenances and advantages thereto belonging or appertaining unto and to the proper use and benefit of the said Debra Mowery, as sole owner, in fee simple.

20
40
409.20
155-

09294 Folio 508

This Deed is exempt from income tax withholding pursuant to Maryland Code Tax-General, Section 10-912(a)(7)(ii)(1), 10-912(a)(7)(ii)(2) and 10-912(d)(3)(i), and COMAR 03-04-12.03B(5)(a).

And the said party of the first part hereby covenants that it has not done or suffered to be done any act, matter or thing whatsoever, to encumber the property hereby conveyed; that it warrant specially the property hereby granted; and that it will execute such further assurances of the same as may be requisite.

In Witness Whereof, Grantor has caused this Deed to be properly executed and sealed the day and year first above written.

Authorized Signor of National Default REO Services, a
Delaware Limited Liability Company dba First American
Asset Closing Services ("FAACS"), as Attorney in
fact and/or agent

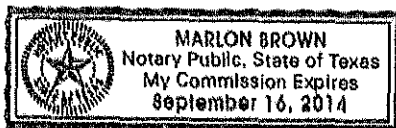
Federal Home Loan Mortgage Corporation
By: First American Asset Closing Services,
Its Attorney in Fact

By: [Signature]
Printed Name: Charlotte Elliott

STATE OF Texas, COUNTY OF Dallas, TO WIT:

I hereby certify that on this 29 day of July, 2011, before me, the
subscriber, a Notary Public of the State and County aforesaid, personally appeared
Charlotte Elliott, who acknowledged himself/herself to be the
of First American Asset Closing Services, Attorney
in Fact for the Grantor corporation, and that as such officer, being authorized to do so,
executed the foregoing Deed for the purposes therein contained, by signing the name
of the Corporation, by himself/herself as such officer and further, did certify that this
conveyance is not part of a transaction in which there is a sale, lease, exchange or
other transfer or all, or substantially all, of the property and assets of the Corporation,
giving oath under penalties of perjury that the consideration recited herein is correct.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.



[Signature]
Notary Public
My commission expires: 9-16-14

THIS IS TO CERTIFY that the within Deed was prepared by, or under the
supervision of the undersigned, an Attorney duly admitted to practice before the Court
of Appeals of Maryland.

[Signature]
Attorney Joe E. Hill, Jr.

AFTER RECORDING, PLEASE RETURN TO:

Advantage Title Company
2037 Liberty Road
Eldersburg, MD 21784

Please Return To:
Diplomat Title
134 Archer Street
Bel Air, MD 21014
410-893-2911

OTHER WATER/SEWER CHARGES DUE;
COLLECTION NOT REQUIRED NOW.

PER: phc DATE: 8/19/11 HANFORD COUNTY

HANFORD COUNTY MARYLAND
TRANSFER TAX PD. \$ 319.94

OTHER TAXES DUE; COLLECTION NOT
REQUIRED NOW. PER phc DATE: 8/19/11

Authorized Signor of National Default REO Services, a
Delaware Limited Liability Company dba First American
Asset Closing Services ("FAACS"), as Attorney in
fact and/or agent

Prepared by:

Hunoval Law Firm
1237 Gadsden Street, Suite 100
Columbia, SC 29202



State of ^{Texas}South Carolina)
County of ^{Denton}Pickens)

SPECIAL WARRANTY DEED

KNOW ALL MEN BY THESE PRESENTS, that U.S. Bank National Association, as Indenture Trustee for Springleaf Mortgage Loan Trust 2013-1, by and through Nationstar Mortgage, LLC as Attorney in Fact, (hereafter called "Grantor"), in consideration of Forty Eight Thousand Nine Hundred Dollars and no/100 (\$48,900.00), and no other valuable consideration, to the Grantor in hand paid at and before the sealing of these presents, by Debra Mowery (hereinafter called "Grantee"), in the State aforesaid, the receipt of which is hereby acknowledged, has granted, bargained, sold, and released, and by these presents does grant, bargain, sell and release unto the said Debra Mowery, his heirs and assigns, all of their right, title and interest in the following described property:

All that piece, parcel or lot of land in the State of South Carolina, County of Pickens, about one mile south of Easley on Pope Field Road, known and designated as Tract No. Three (3) on plat of lands of T.D. Wade made by J.C. Smith, Surveyor, February 3, 1950, thereon more fully described as follows:
Beginning at an iron pin on the highway at the line of Home Mauldin; thence along the Highway North 58-15 West 221.9 feet to iron pin; thence North 24 East 225 feet to iron pin on lands of the Reeves Estate; thence South 70 East 37.7 feet to a stone; thence with lands of Reeves Estate and Homer Mauldin South 12 East 315.4 feet to iron pin on the road.

DERIVATION: This being the property conveyed to U.S. Bank National Association, as Indenture Trustee for Springleaf Mortgage Loan Trust 2013-1, by and through Nationstar Mortgage, LLC as Attorney in Fact by deed of Daniel E. Hunt as Special Referee for Pickens County, State of South Carolina, recorded on July 15, 2016 in Book 1785 Page 261 in the Office of the Register of Deeds for Pickens County, South Carolina.

This conveyance is made subject to any restrictions, reservations, zoning ordinances or easements that may appear of record on the recorded plats or on the premises.

TMS: 5028-09-16-6537

Grantee Address: 109 Linda Lane, Easley, SC 29642

Any reference to this instrument to the singular shall include the plural, and vice versa. Any reference to one gender shall include the others, including the neuter. Such words of inheritance shall be applicable as are required by the gender of the Grantee.

TOGETHER WITH all and singular the rights, members, hereditaments and appurtenances to said premises belonging or in any wise incident or appertaining;

County Assessor
222 McDaniel Ave.. B-8
Pickens, SC 29671

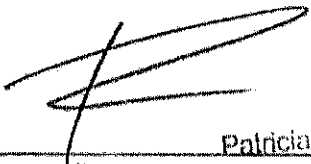
County Auditor
222 McDaniel Ave.. B-7
Pickens, SC 29671
ROA PAGE 550
Defendants 002073

TO HAVE AND TO HOLD all and singular the premises before mentioned unto the Debra Mowery, and his heirs and assigns forever.

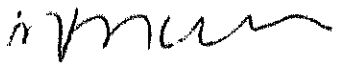
AND the Grantor does hereby bind Grantor's successors, executors and administrators, to specially warrant and forever defend all and singular that said premises unto the said Grantee, his heirs and assigns, against Grantor and Grantor's successors and against every person whomever lawfully claiming or to claim the same or a part thereof by, through or under Grantor, but not otherwise. Notwithstanding anything to the contrary contained herein, Grantor shall warrant and defend title only against defects, if any, which originated while Grantor held title to the subject property.

IN WITNESS WHEREOF, Grantor has set its hand and seal this 21st day of July, 2016.

SIGNED, SEALED, and DELIVERED
in the Presence of:



Patricia McCutchen
Witness #1

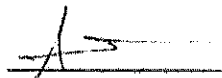


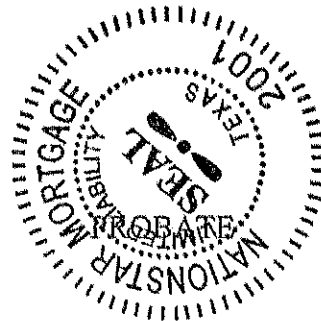
MARIOLA MUNOZ
Witness #2 / Notary Public

STATE OF Texas

COUNTY OF Denton

U.S. Bank National Association, as Indenture Trustee for
Springleaf Mortgage Loan Trust 2013-1, by and through
Nationstar Mortgage, LLC as Attorney in Fact

By: 
Its: Assistant Secretary



PERSONALLY APPEARED before me the undersigned witness, who, being duly sworn says that (s)he saw the within named Ashley Sexton as Assistant Secretary of Nationstar Mortgage LLC, sign, seal and as its act and deed, deliver the within Special Warranty Deed, and that (s)he with the other witness whose signature appears above, witnessed the execution thereof.

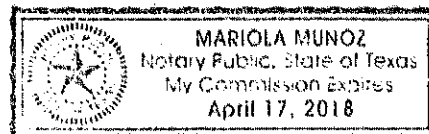


Patricia M. Cutchen
Witness #1

Sworn to before me this 21st
day of July, 2016.



Notary Public
My Commission Expires: _____



Inst # 201619910 DocType:DEED Page 1 of 4 BKD:1827 PG:215 12/29/2016
 11:22:52 AM, Fee: \$0.00 Cnty:\$11.00 St:\$26.00 PAID MCGUFFIN ROD PICKEN
 - County Assessor Auditor 222 McDaniel Ave., B8 B7 Pickens, SC 296

Prepared by:

Habovai Law Firm
 1237 Gadsden Street, Suite 100
 Columbia, SC 29202

State of South Carolina)

County of Easley Pickens)

SPECIAL WARRANTY DEED

KNOW ALL MEN BY THESE PRESENTS, that U.S. Bank National Association as Indenture Trustee for CSMC Trust 2014-CIMI Mortgage-Backed Notes, Series 2014-CIMI, (hereafter called "Grantor"), in consideration of Ten Thousand Dollars and no/100 (\$10,000.00), and no other valuable consideration, to the Grantor in hand paid at and before the sealing of these presents, by Debra Mowery (hereinafter called "Grantee"), in the State aforesaid, the receipt of which is hereby acknowledged, has granted, bargained, sold, and released, and by these presents does grant, bargain, sell and release unto the said Debra Mowery, his heirs and assigns, all of their right, title and interest in the following described property:

All that piece, parcel or lot of land, with improvements thereon, situate, lying and being in the Woodside Mills Village in the Town of Easley, SC, Pickens County, South Carolina, and being more particularly described as Lot 241 as shown on a plat entitled "A Subdivision of Woodside Mills, Easley, S.C." made by Piedmont Engineers Service, Greenville, S.C. December 1951, and recorded in the Office of the Clerk of Court for Pickens County, S.C., in Plat Book 1920 at Pages 136 and 137 inclusive. According to said plat, the within described lot is also known as No. 415 Ninth Street and fronts thereon 97.8 feet.

DERIVATION: This being the property conveyed to U.S. Bank National Association as Indenture Trustee for CSMC Trust 2014-CIMI Mortgage-Backed Notes, Series 2014-CIMI by deed of Charles B. Simmons, Jr. as Special Referee for Easley County, State of South Carolina, recorded on May 9, 2016 in Book 1768 Page 10 in the Office of the Register of Deeds for Easley County, South Carolina.

This conveyance is made subject to any restrictions, reservations, zoning ordinances or easements that may appear of record on the recorded plats or on the premises.

TMS: 5019-19-60-4852

Grantee Address: 204 South Ninth Street, Easley, SC 29640

Any reference to this instrument to the singular shall include the plural, and vice versa. Any reference to one gender shall include the others, including the neuter. Such words of inheritance shall be applicable as are required by the gender of the Grantee.

TOGETHER WITH all and singular the rights, members, hereditaments and appurtenances to said premises belonging or in any wise incident or appertaining;

TO HAVE AND TO HOLD all and singular the premises before mentioned unto the Debra Mowery, and his heirs and assigns forever.



Instrument # 201619910 BKD: 1827 PG: 216

AND the Grantor does hereby bind Grantor's successors, executors and administrators, to specially warrant and forever defend all and singular that said premises unto the said Grantee, his heirs and assigns, against Grantor and Grantor's successors and against every person whomever lawfully claiming or to claim the same or a part thereof by, through or under Grantor, but not otherwise. Notwithstanding anything to the contrary contained herein, Grantor shall warrant and defend title only against defects, if any, which originated while Grantor held title to the subject property.

IN WITNESS WHEREOF, Grantor has set its hand and seal this 17 day of June, 2016.

SIGNED, SEALED, and DELIVERED
in the Presence of:

U.S. Bank National Association as Indenture Trustee for
CSMC Trust 2014-CIMI Mortgage-Backed Notes, Series
2014-CIMI, by and through Nationstar Mortgage, LLC their
Attorney in Fact

By:
Its:

Kathy Hardy
Kathy Hardy
Assistant Secretary

Witness #1

Witness #2 / Notary Public

STATE OF

COUNTY OF

Colorado

Douglas

PROBATE

PERSONALLY APPEARED before me the undersigned witness, who, being duly sworn says that (s)he
saw the within named Kathy I as Assistant Secretary of
Nationstar Mortgage, sign, seal and as its act and deed, deliver the within Special Warranty Deed,
and that (s)he with the other witness whose signature appears above, witnessed the execution thereof.

Witness #1

Sworn to before me this 17
day of June, 2016.

Notary Public

My Commission Expires: _____

MICHELLE PATRISE WILLIAMS
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20144022738
MY COMMISSION EXPIRES JUNE 6, 2018



NO TITLE SEARCH. NO TITLE OPINION. DEED PREPARATION ONLY

State of South Carolina
County of Pickens

CORRECTIVE TITLE TO REAL ESTATE

Deed Prepared By:

Bradley K. Richardson, P.C.
Attorney at Law
133 Straight Drive
Anderson, SC 29625

WHEREAS, the subject property was deeded by public sale deed dated September 3, 2014 and recorded September 22, 2014 in Book 1632 at Page 236, Pickens County Register of Deeds from R. Murray Hughes, as Special Referee for Pickens County to Ocwen Loan Servicing, LLC and Federal Home Loan Mortgage Corporation.; and,

WHEREAS, Ocwen Loan Servicing, LLC assigned its successful bid to the Federal National Mortgage Corporation.

WHEREAS, Grantees name on the public sale deed inadvertently named Ocwen Loan Servicing, LLC herein;

WHEREAS, thereafter, Federal Home Loan Mortgage Corporation deeded their interest in the subject Property unto Debra Mowery, by deed dated January 26, 2015 and recorded January 28, 2015 in Book 1658 at Page 225, Pickens County Register of Deeds.

WHEREAS, Grantor, by this corrective deed wishes to confirm title to current owner Debra Mowery.

KNOW ALL MEN BY THESE PRESENTS, THAT R. Murray Hughes, as Special Referee for Pickens County, whether one or more, called Grantor, in the State aforesaid for/and in consideration of the sum of Five and 00/100 (\$5.00) dollars and other consideration (see affidavit filed)

To Grantor in hand paid at and before the sealing of these presents by Debra Mowery, hereinafter, whether one or more, called Grantee, (the receipt whereof is hereby acknowledged), have/has granted, bargained, sold and released, and by these Presents do(es) grant, bargain, sell and release unto the said Grantee and Grantee's heirs, or successors, and assigns forever the following described property, to wit:

WITNESS Grantor's Hand and Seal, this 28th day of July, in the year of our Lord 2017.

SIGNED, SEALED AND DELIVERED
IN THE PRESENCE OF

Kayla F. Burgess

R. Murray Hughes, as Special Referee for Pickens
County

Darrell J. Jones

BY: [Signature]

The State of South Carolina

Pickens County

I, the undersigned Notary Public for South Carolina, do hereby certify that R. Murray Hughes personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and seal this 28th day of July, 2017 AD.

Kayla F. Burgess (SEAL)

Notary Public of South Carolina

My Commission Expires: 7/30/2023

This deed was prepared by:
Rogers Townsend & Thomas, PC
220 Executive Center Drive
Columbia, SC 29210

STATE OF SOUTH CAROLINA)
) SPECIAL WARRANTY DEED
COUNTY OF PICKENS)

KNOW ALL MEN BY THESE PRESENTS, that **FEDERAL HOME LOAN MORTGAGE CORPORATION** (hereinafter called "Grantor"), for and in consideration of the sum of Sixty-One Thousand Five Hundred and 00/100 Dollars (\$61,500.00) to the Grantor in hand paid at and before the sealing of these presents by **DEBRA MOWERY** (hereinafter called "Grantee") in the State aforesaid, (the receipt of which is hereby acknowledged), subject to all easements and restrictions of record and otherwise affecting the property, has granted, bargained, sold and released, and by the Presents does grant, bargain, sell and release, unto the Grantee, his heirs, successors and assigns, the following described property:

SEE EXHIBIT "A" ATTACHED HERETO

This being the same property conveyed to the Grantor herein by deed of R. Murray Hughes as Special Referee for the County of Pickens, State of South Carolina, dated September 3, 2014 and recorded September 22, 2014 in Deed Book 1632 at Page 236 in the Office of the Pickens County Register of Deeds.

Grantee's address: P.O. Box 98, Whiteford, MD 21160

TMS# 5028-17-12-4119

This conveyance is made subject to easements and restrictions of record and otherwise affecting the property.

TOGETHER with all and singular the Rights, Members, Hereditaments and Appurtenances to the Premises belonging, or in anywise incident or appertaining.

TO HAVE AND TO HOLD, all and singular the premises before mentioned unto the Grantee, his Heirs, Successors and Assigns forever.

File No: 011215 - 07752
Property: 109 Linda Lane, Easley, SC 29642-2908

And the Grantor does hereby bind itself and its successors and assigns, to warrant and forever defend all and singular the premises unto the Grantee, His Heirs and Assigns against itself and its successors and against every person whomsoever lawfully claiming, or to claim the same, or any part thereof, to all Grantor's right, title and interest thereto during its period of ownership of this property which was obtained as a result of that certain mortgage foreclosure action entitled "Ocwen Loan Servicing, LLC vs. Wayne E. Poff and Teresa M. Poff, et al."

Any reference in this instrument to the singular shall include the plural, and vice versa. Any reference to one gender shall include the others, including the neuter. Such words of inheritance shall be applicable as are required by the gender of the Grantee.

File No: 011215 - 07752
Property: 109 Linda Lane, Easley, SC 29642-2908

IN WITNESS WHEREOF, the Grantor has hereunto set its hand and seal.

Date: January 26 2015

Signed, Sealed and Delivered
In the Presence of:

B. Stuchlik

Witness 1

Kristie Bickley

Witness 2

Federal Home Loan Mortgage Corporation
by Rogers Townsend & Thomas, PC, its
Attorney in Fact

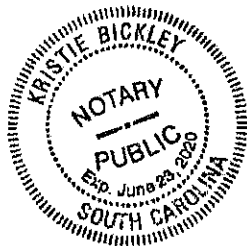
By: [Signature]
Authorized Signatory

STATE OF SOUTH CAROLINA)
COUNTY OF LEXINGTON)

ACKNOWLEDGMENT
S.C. §30-5-30
(EFFECTIVE JANUARY 1, 1995)

I, a Notary Public for the State of South Carolina do hereby certify that Joseph W. Thompson, IV, the duly authorized signatory for Rogers Townsend & Thomas, PC, Attorney in Fact for Federal Home Loan Mortgage Corporation, personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and seal this 26 day of January, 2015



[Signature]
Notary Public for the State of South Carolina
My Commission Expires: 6/23/20

File No: 011215 - 07752
461911078

EXHIBIT "A"

ALL THAT CERTAIN PIECE, PARCEL OR LOT OF LAND WITH IMPROVEMENTS THEREON, SITUATE, LYING AND BEING SHOWN AS LOT NO. 5 OF CHERRY DALE SUBDIVISION ON PLAT PREPARED FOR ROBIN D LAWSON AND PAM B LAWSON BY ROBERT R SPEARMAN, R.L.S. #3615 DATED NOVEMBER 7, 1990 RECORDED IN THE OFFICE OF THE REGISTER OF DEEDS FOR PICKENS COUNTY, SOUTH CAROLINA IN PLAT BOOK 40 AT PAGE 61; AND ACCORDING TO SAID PLAT, REFERENCE TO WHICH IS HEREBY MADE FOR A MORE COMPLETE AND ACCURATE DESCRIPTION AS FOLLOWS TO-WIT:

BEGINNING AT AN IRON PIN ON LINDA LANE AND RUNNING N 05-398 W 175.00 FEET TO AN IRON PIN; THENCE RUNNING N 84-22 E 115.00 FEET TO AN IRON PIN; THENCE S 05-38 E 175.00 FEET TO AN IRON PIN ON LINDA LANE; THENCE ALONG LINDA LANE S 84-22 W 115.00 FEET TO THE BEGINNING CORNER. REFERENCE IS MADE TO SAID PLAT FOR A MORE COMPLETE AND ACCURATE DESCRIPTION THEREOF. ALL MEASUREMENTS BEING A LITTLE MORE OR LESS.

File No: 011215 - 07752
461911078

THE STATE OF SOUTH CAROLINA
IN THE COURT OF APPEALS

APPEAL FROM PICKENS COUNTY
Court of General Sessions
Charles B. Simmons, Master in Equity

Appellate Court Case No.: 2020-000396

RECEIVED

Feb 18 2021

SC Court of Appeals

Terrance "Terry" Carroll, ... Appellant,

v.

Debra Mowery, TD Realty, Upstate RE Group,
Hawk Shadow Business Services, LLC, and Debra Mower Realtor, ... Respondents.

CERTIFICATE OF COUNSEL

I certify that the Record on Appeal contains all material proposed to be included by any of the parties and not any other material.

I further certify that Record on Appeal has been redacted in accordance with the Supreme Court's Order on the redaction of appellate records.

Respectfully submitted,

J.Falkner Wilkes
J. Falkner Wilkes (SC Bar #12893)
114 Whitsett Street
Greenville, SC 29601
(864) 282-1292
(864) 271-6035 (facsimile)
Counsel for Appellant

February 18, 2021.

THE STATE OF SOUTH CAROLINA
IN THE SUPREME COURT

APPEAL FROM PICKENS COUNTY
Court of General Sessions
Charles B. Simmons, Master in Equity

Appellate Court Case No.: 2023-_____

Terrance “Terry” Carroll, ... Appellant,

v.

Debra Mowery, TD Realty, Upstate RE Group,
Hawk Shadow Business Services, LLC, and Debra Mower Realtor, ... Respondents.

CERTIFICATE OF COUNSEL

I certify that a petition for rehearing was timely filed and a final ruling issued by the Court of Appeals on September 18, 2023.

I further certify that the Appendix has been redacted in accordance with the Supreme Court’s Orders on redaction of appellate records and all other applicable rules and statutes.

S/J. Falkner Wilkes

J. Falkner Wilkes (SC Bar #12893)
248 Deerwood Park Drive
Oakland, MS 38948
(864) 421-4618
Counsel for Appellant

October 9, 2023.

THE STATE OF SOUTH CAROLINA
IN THE SUPREME COURT

APPEAL FROM PICKENS COUNTY
Court of General Sessions
Charles B. Simmons, Master in Equity

Appellate Court Case No.:

Terrance “Terry” Carroll, ... Appellant,

v.

Debra Mowery, TD Realty, Upstate RE Group,
Hawk Shadow Business Services, LLC, and Debra Mower Realtor, ... Respondents.

CERTIFICATE OF SERVICE

I certify that on October 9, 2023, I electronically filed and served via AIS email
addresses the Appellant’s Petition for Certiorari and the Appendix to counsel of record
and the Court as follows:

Luke Anthony Burke
Bruce Wyche Bannister
Marcelo Torricos
BANNISTER, WYATT & STALVEY, LLC
PO Box 10007
Greenville, SC 29603

via AIS email only to: bbannister@bannisterwyatt.com
and to: lburke@bannisterwyatt.com
mtorricos@bannisterwyatt.com

Attorneys for Respondents

and to:

Patricia A. Howard, Clerk
Supreme Court Building
1231 Gervais Street
Columbia, South Carolina 29201

as indicated above via email only to suptctfilings@sccourts.org
with filing fee only via U.S. Mail

Jenny Abbott Kitchings
Clerk of Court
1220 Senate Street
Columbia, South Carolina 29201
via email only to ctappfilings@sccourts.org

Respectfully submitted,

s/J. Falkner Wilkes
J. Falkner Wilkes (SC Bar #12893)
248 Deerwood Park Drive
Oakland, MS 38948
(864) 421-4618
Counsel for Appellant

October 9, 2023.