

## RECORD OF OWNERSHIP

FLEMING STELLA

RT 2 BOX 167-C

CEDAR BLUFF VA 24609

201 VOLUNTEER  
R1E 534  
C 11-1111 11  
6-557DATE  
RECORDEDDEED OR  
WILL BOOKCONSID-  
ERATION YR-  
SP

128-67

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DISTRICT

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LEGAL DESCRIPTION

GEORGES FORK

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ERATION

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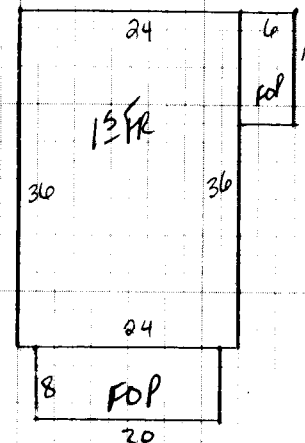
1996

1997

## BUILDING PERMITS

| DATE | TYPE | DATE | % COMP | DATE FINAL | APPROVAL | APPROVAL |
|------|------|------|--------|------------|----------|----------|
|      |      |      |        |            |          |          |
|      |      |      |        |            |          |          |
|      |      |      |        |            |          |          |
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NOTES:



| NOTES                                                                                                  |  | MAIN BUILDING |                                     | ROOFING                                                                                                                         |                                                              | EXTERIOR FINISH                                                     |                                                                              | GENERAL FEATURES                                                                                                                |            | NUMBER OF ROOMS                                                                                                      |                          | INTERIOR FINISH                                                                            |                                                                                 | PLUMBING & HEATING                                               |                                                                                         |                                                   |  |            |  |                |  |             |  |             |  |      |  |          |  |
|--------------------------------------------------------------------------------------------------------|--|---------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|------------|----------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------------------------------|--|------------|--|----------------|--|-------------|--|-------------|--|------|--|----------|--|
|                                                                                                        |  | Dwelling      | <input checked="" type="checkbox"/> | Comp. Sh.                                                                                                                       |                                                              | Wood Siding                                                         |                                                                              | Yr. Built                                                                                                                       | Remod.     | Bsmt.                                                                                                                | <input type="checkbox"/> | 2nd                                                                                        | <input type="checkbox"/>                                                        | Plaster                                                          | BATH(S) <u>1 1/2</u> Full <input type="checkbox"/> 1/2 Bath(s) <input type="checkbox"/> |                                                   |  |            |  |                |  |             |  |             |  |      |  |          |  |
|                                                                                                        |  |               |                                     | Slate                                                                                                                           |                                                              | Brick                                                               |                                                                              | No. Stories                                                                                                                     |            | 1st                                                                                                                  | <input type="checkbox"/> | 3rd                                                                                        | <input type="checkbox"/>                                                        | Sheet rock                                                       | Modern Bath <input type="checkbox"/> Modern Kitchen <input type="checkbox"/>            |                                                   |  |            |  |                |  |             |  |             |  |      |  |          |  |
|                                                                                                        |  |               |                                     | Asbestos                                                                                                                        |                                                              | Asb. Wood Shg.                                                      |                                                                              | S. Level <input type="checkbox"/> S. Foyer <input type="checkbox"/>                                                             |            | Total No. Bedrooms                                                                                                   |                          | Ceciled                                                                                    |                                                                                 | Cent. Heat <input type="checkbox"/> A/C <input type="checkbox"/> |                                                                                         |                                                   |  |            |  |                |  |             |  |             |  |      |  |          |  |
|                                                                                                        |  | CONSTRUCTION  |                                     | Metal                                                                                                                           | <input checked="" type="checkbox"/>                          | Cin. Block <input type="checkbox"/> Stone <input type="checkbox"/>  | FOUNDATION                                                                   |                                                                                                                                 | VELOCITIES |                                                                                                                      | Panel                    |                                                                                            | Fir. or Wall Furnace <input type="checkbox"/> Stove(s) <input type="checkbox"/> |                                                                  |                                                                                         |                                                   |  |            |  |                |  |             |  |             |  |      |  |          |  |
|                                                                                                        |  | Wood Frame    | <input checked="" type="checkbox"/> | Tar & Grav.                                                                                                                     |                                                              | Stucco <input type="checkbox"/> Con. Block <input type="checkbox"/> | Crawl <input type="checkbox"/> Conc. <input type="checkbox"/>                | HW <input type="checkbox"/> Pine <input type="checkbox"/> Carp. <input type="checkbox"/> Tile <input type="checkbox"/>          |            | Unfinished                                                                                                           |                          | FIRE PLACES                                                                                |                                                                                 |                                                                  |                                                                                         |                                                   |  |            |  |                |  |             |  |             |  |      |  |          |  |
|                                                                                                        |  | Cin. Block    |                                     | Tile                                                                                                                            |                                                              | Aluminum <input type="checkbox"/> Masonite <input type="checkbox"/> | Riers <input type="checkbox"/> Cin. Blk. <input checked="" type="checkbox"/> | WATER FINISH                                                                                                                    |            | INTERIOR CONDITION                                                                                                   |                          | Number                                                                                     |                                                                                 |                                                                  |                                                                                         |                                                   |  |            |  |                |  |             |  |             |  |      |  |          |  |
| Steel Frame                                                                                            |  | Shakes        |                                     | Storm Doors <input type="checkbox"/> Storm Win. <input type="checkbox"/>                                                        | Slab <input type="checkbox"/> Brick <input type="checkbox"/> | Disappearing Stairs                                                 |                                                                              | Gd. <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> VP <input checked="" type="checkbox"/> |            | Number Chimneys                                                                                                      |                          |                                                                                            |                                                                                 |                                                                  |                                                                                         |                                                   |  |            |  |                |  |             |  |             |  |      |  |          |  |
| COMPUTATIONS                                                                                           |  |               |                                     | EXTERIOR CONDITION                                                                                                              |                                                              |                                                                     |                                                                              | Basement Size <u>NO</u>                                                                                                         |            | Attic Floor & Stairs                                                                                                 |                          | INSULATION                                                                                 |                                                                                 | Brick <input type="checkbox"/> C. Block <input type="checkbox"/> |                                                                                         |                                                   |  |            |  |                |  |             |  |             |  |      |  |          |  |
|                                                                                                        |  |               |                                     | Gd. <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> VP <input checked="" type="checkbox"/> |                                                              |                                                                     |                                                                              | Basmt. Finish                                                                                                                   |            | 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> Full <input type="checkbox"/> |                          | Attic <input type="checkbox"/> Walls <input type="checkbox"/> Fl. <input type="checkbox"/> |                                                                                 | Stone <input type="checkbox"/> Metal <input type="checkbox"/>    |                                                                                         |                                                   |  |            |  |                |  |             |  |             |  |      |  |          |  |
| PRIMARY OF BUILDING                                                                                    |  |               |                                     |                                                                                                                                 |                                                              |                                                                     |                                                                              |                                                                                                                                 |            |                                                                                                                      |                          | YR. <u>86</u>                                                                              | YR.                                                                             | YR.                                                              |                                                                                         |                                                   |  |            |  |                |  |             |  |             |  |      |  |          |  |
| Dwelling <u>1 1/2 FR DWELLING</u>                                                                      |  |               |                                     |                                                                                                                                 |                                                              |                                                                     |                                                                              |                                                                                                                                 |            |                                                                                                                      |                          | <u>FW</u>                                                                                  | <u>1200</u>                                                                     |                                                                  |                                                                                         |                                                   |  |            |  |                |  |             |  |             |  |      |  |          |  |
| Porch                                                                                                  |  |               |                                     |                                                                                                                                 |                                                              |                                                                     |                                                                              |                                                                                                                                 |            |                                                                                                                      |                          |                                                                                            |                                                                                 |                                                                  |                                                                                         |                                                   |  |            |  |                |  |             |  |             |  |      |  |          |  |
| Porch                                                                                                  |  |               |                                     |                                                                                                                                 |                                                              |                                                                     |                                                                              |                                                                                                                                 |            |                                                                                                                      |                          |                                                                                            |                                                                                 |                                                                  |                                                                                         |                                                   |  |            |  |                |  |             |  |             |  |      |  |          |  |
| Carport                                                                                                |  |               |                                     |                                                                                                                                 |                                                              |                                                                     |                                                                              |                                                                                                                                 |            |                                                                                                                      |                          |                                                                                            |                                                                                 |                                                                  |                                                                                         |                                                   |  |            |  |                |  |             |  |             |  |      |  |          |  |
| Garage                                                                                                 |  |               |                                     |                                                                                                                                 |                                                              |                                                                     |                                                                              |                                                                                                                                 |            |                                                                                                                      |                          |                                                                                            |                                                                                 |                                                                  |                                                                                         |                                                   |  |            |  |                |  |             |  |             |  |      |  |          |  |
| Cent. A/C                                                                                              |  |               |                                     |                                                                                                                                 |                                                              |                                                                     |                                                                              |                                                                                                                                 |            |                                                                                                                      |                          |                                                                                            |                                                                                 |                                                                  |                                                                                         |                                                   |  |            |  |                |  |             |  |             |  |      |  |          |  |
| Basement                                                                                               |  |               |                                     |                                                                                                                                 |                                                              |                                                                     |                                                                              |                                                                                                                                 |            |                                                                                                                      |                          | M & L                                                                                      | M & L                                                                           | MOBILE HOME INFORMATION                                          |                                                                                         | Market Value All Improvements <u>1200</u>         |  |            |  |                |  |             |  |             |  |      |  |          |  |
| Basmt. Finish                                                                                          |  |               |                                     |                                                                                                                                 |                                                              |                                                                     |                                                                              |                                                                                                                                 |            |                                                                                                                      |                          | DATE                                                                                       | DATE                                                                            | Owner                                                            |                                                                                         | Market Value All Land <u>3400</u>                 |  |            |  |                |  |             |  |             |  |      |  |          |  |
| Attic                                                                                                  |  |               |                                     |                                                                                                                                 |                                                              |                                                                     |                                                                              |                                                                                                                                 |            |                                                                                                                      |                          | APRP. <u>LF</u>                                                                            | APRP.                                                                           | Make                                                             |                                                                                         | Year                                              |  |            |  |                |  |             |  |             |  |      |  |          |  |
| Fireplace(s)                                                                                           |  |               |                                     |                                                                                                                                 |                                                              |                                                                     |                                                                              |                                                                                                                                 |            |                                                                                                                      |                          | DATE <u>6-5-85</u>                                                                         | DATE                                                                            | Size                                                             |                                                                                         | Cond.                                             |  |            |  |                |  |             |  |             |  |      |  |          |  |
| Heating                                                                                                |  |               |                                     |                                                                                                                                 |                                                              |                                                                     |                                                                              |                                                                                                                                 |            |                                                                                                                      |                          | CLASSIFICATION <u>2</u>                                                                    |                                                                                 | ZONING                                                           |                                                                                         | Not Home <input checked="" type="checkbox"/> Time |  |            |  |                |  |             |  |             |  |      |  |          |  |
| Bath(s)                                                                                                |  |               |                                     |                                                                                                                                 |                                                              |                                                                     |                                                                              |                                                                                                                                 |            |                                                                                                                      |                          | AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>                         |                                                                                 | USE VALUE APPRAISALS RECAP                                       |                                                                                         | Property and Income Information                   |  |            |  |                |  |             |  |             |  |      |  |          |  |
| Total                                                                                                  |  |               |                                     |                                                                                                                                 |                                                              |                                                                     |                                                                              |                                                                                                                                 |            |                                                                                                                      |                          | INFORMATION BY                                                                             |                                                                                 | Agric.                                                           |                                                                                         | Land Cost                                         |  |            |  |                |  |             |  |             |  |      |  |          |  |
| Factor                                                                                                 |  |               |                                     |                                                                                                                                 |                                                              |                                                                     |                                                                              |                                                                                                                                 |            |                                                                                                                      |                          |                                                                                            |                                                                                 | Hort.                                                            |                                                                                         | \$                                                |  |            |  |                |  |             |  |             |  |      |  |          |  |
| Replacement                                                                                            |  |               |                                     |                                                                                                                                 |                                                              |                                                                     |                                                                              |                                                                                                                                 |            |                                                                                                                      |                          |                                                                                            |                                                                                 | Forest                                                           |                                                                                         | Bldg. Cost                                        |  |            |  |                |  |             |  |             |  |      |  |          |  |
|                                                                                                        |  |               |                                     |                                                                                                                                 |                                                              |                                                                     |                                                                              |                                                                                                                                 |            |                                                                                                                      |                          |                                                                                            |                                                                                 | Open Space                                                       |                                                                                         | \$                                                |  |            |  |                |  |             |  |             |  |      |  |          |  |
|                                                                                                        |  |               |                                     |                                                                                                                                 |                                                              |                                                                     |                                                                              |                                                                                                                                 |            |                                                                                                                      |                          |                                                                                            |                                                                                 | Totals                                                           |                                                                                         | Sale Price                                        |  |            |  |                |  |             |  |             |  |      |  |          |  |
| FRONTS ON                                                                                              |  |               |                                     |                                                                                                                                 |                                                              |                                                                     |                                                                              |                                                                                                                                 |            |                                                                                                                      |                          |                                                                                            |                                                                                 |                                                                  |                                                                                         | \$                                                |  |            |  |                |  |             |  |             |  |      |  |          |  |
| LAND VALUE COMPUTATIONS                                                                                |  |               |                                     |                                                                                                                                 |                                                              |                                                                     |                                                                              |                                                                                                                                 |            |                                                                                                                      |                          |                                                                                            |                                                                                 |                                                                  |                                                                                         | Rent                                              |  |            |  |                |  |             |  |             |  |      |  |          |  |
|                                                                                                        |  |               |                                     |                                                                                                                                 |                                                              |                                                                     |                                                                              |                                                                                                                                 |            |                                                                                                                      |                          |                                                                                            |                                                                                 |                                                                  |                                                                                         | \$                                                |  |            |  |                |  |             |  |             |  |      |  |          |  |
|                                                                                                        |  |               |                                     |                                                                                                                                 |                                                              |                                                                     |                                                                              |                                                                                                                                 |            |                                                                                                                      |                          |                                                                                            |                                                                                 |                                                                  |                                                                                         | Expenses                                          |  |            |  |                |  |             |  |             |  |      |  |          |  |
|                                                                                                        |  |               |                                     |                                                                                                                                 |                                                              |                                                                     |                                                                              |                                                                                                                                 |            |                                                                                                                      |                          |                                                                                            |                                                                                 |                                                                  |                                                                                         | \$                                                |  |            |  |                |  |             |  |             |  |      |  |          |  |
| PROPERTY FACTORS                                                                                       |  |               |                                     |                                                                                                                                 |                                                              |                                                                     |                                                                              |                                                                                                                                 |            |                                                                                                                      |                          | CLASSIFICATION                                                                             |                                                                                 | ACRES                                                            |                                                                                         | RATE                                              |  | ADJ.       |  | CLASSIFICATION |  | ACRES       |  | RATE        |  | ADJ. |  | Net Rent |  |
|                                                                                                        |  |               |                                     |                                                                                                                                 |                                                              |                                                                     |                                                                              |                                                                                                                                 |            |                                                                                                                      |                          | Home Site                                                                                  |                                                                                 | <u>1</u>                                                         |                                                                                         |                                                   |  |            |  |                |  | Home Site   |  |             |  |      |  | \$       |  |
| Public Water                                                                                           |  |               |                                     |                                                                                                                                 |                                                              |                                                                     |                                                                              |                                                                                                                                 |            |                                                                                                                      |                          | Paved                                                                                      |                                                                                 | <input checked="" type="checkbox"/>                              |                                                                                         | <u>3.5</u>                                        |  | <u>400</u> |  |                |  | <u>2000</u> |  | <u>1400</u> |  |      |  |          |  |
| Public Sewer                                                                                           |  |               |                                     |                                                                                                                                 |                                                              |                                                                     |                                                                              |                                                                                                                                 |            |                                                                                                                      |                          | Gravel                                                                                     |                                                                                 |                                                                  |                                                                                         |                                                   |  |            |  |                |  |             |  |             |  |      |  |          |  |
| Well                                                                                                   |  |               |                                     |                                                                                                                                 |                                                              |                                                                     |                                                                              |                                                                                                                                 |            |                                                                                                                      |                          | Dirt                                                                                       |                                                                                 |                                                                  |                                                                                         |                                                   |  |            |  |                |  |             |  |             |  |      |  |          |  |
| Spring                                                                                                 |  |               |                                     |                                                                                                                                 |                                                              |                                                                     |                                                                              |                                                                                                                                 |            |                                                                                                                      |                          | No Road                                                                                    |                                                                                 |                                                                  |                                                                                         |                                                   |  |            |  |                |  |             |  |             |  |      |  |          |  |
| Septic System                                                                                          |  |               |                                     |                                                                                                                                 |                                                              |                                                                     |                                                                              |                                                                                                                                 |            |                                                                                                                      |                          | Curb & Gutter                                                                              |                                                                                 |                                                                  |                                                                                         | Wasteland                                         |  |            |  |                |  | Wasteland   |  |             |  |      |  |          |  |
| U. G. Utilities                                                                                        |  |               |                                     |                                                                                                                                 |                                                              |                                                                     |                                                                              |                                                                                                                                 |            |                                                                                                                      |                          | Sidewalk                                                                                   |                                                                                 |                                                                  |                                                                                         | <u>4.5</u>                                        |  |            |  | <u>3400</u>    |  |             |  |             |  |      |  |          |  |
| FRONTAGE TOPOGRAPHY                                                                                    |  |               |                                     |                                                                                                                                 |                                                              |                                                                     |                                                                              |                                                                                                                                 |            |                                                                                                                      |                          | General Remarks: <u>NOT LIVABLE</u>                                                        |                                                                                 |                                                                  |                                                                                         |                                                   |  |            |  |                |  |             |  |             |  |      |  |          |  |
| LEVEL <input type="checkbox"/> SLOPES UP <input type="checkbox"/> SLOPES DOWN <input type="checkbox"/> |  |               |                                     |                                                                                                                                 |                                                              |                                                                     |                                                                              |                                                                                                                                 |            |                                                                                                                      |                          |                                                                                            |                                                                                 |                                                                  |                                                                                         |                                                   |  |            |  |                |  |             |  |             |  |      |  |          |  |
| LOW <input type="checkbox"/> STEEP UP <input type="checkbox"/> STEEP DOWN <input type="checkbox"/>     |  |               |                                     |                                                                                                                                 |                                                              |                                                                     |                                                                              |                                                                                                                                 |            |                                                                                                                      |                          |                                                                                            |                                                                                 |                                                                  |                                                                                         |                                                   |  |            |  |                |  |             |  |             |  |      |  |          |  |
|                                                                                                        |  |               |                                     |                                                                                                                                 |                                                              |                                                                     |                                                                              |                                                                                                                                 |            |                                                                                                                      |                          | BOARD REVIEW NOTES                                                                         |                                                                                 |                                                                  |                                                                                         |                                                   |  |            |  |                |  |             |  |             |  |      |  |          |  |