

# SURVEY FOR LUKE STREET MEDICAL OFFICE CONDOMINIUM

701 LUKE STREET  
 PARCEL A  
 FIRST TOWNSHIP, CHOWAN COUNTY  
 NORTH CAROLINA

REF: PC 1, SL 94-8  
 DB 193, PG. 844  
 DB 216, PG. 811



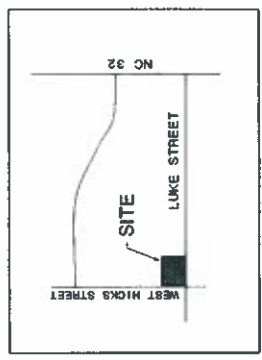
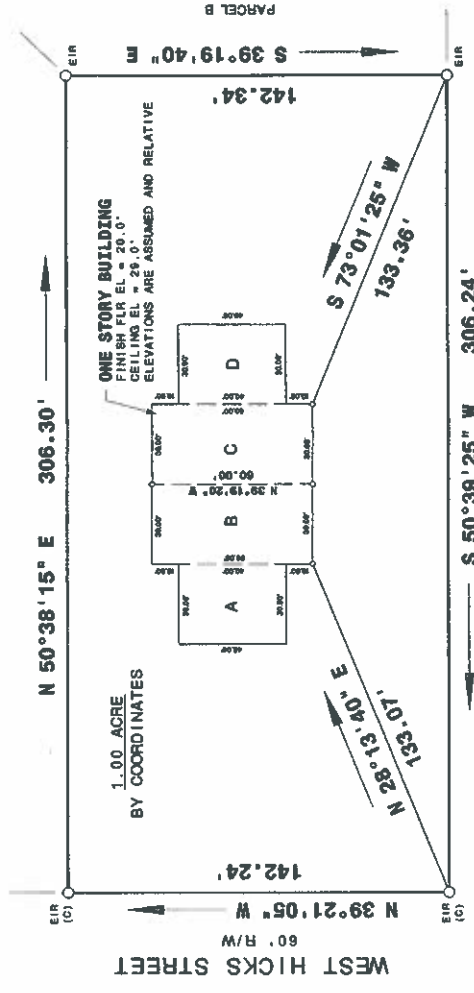
MARK D. PRUDEN, REG. SURVEYOR L-3065  
 EDENTON, NC

I CERTIFY THAT THIS PLAT IS OF A SURVEY OF AN EXISTING PARCEL OF LAND.

*Mark D. Pruden*  
 Mark D. Pruden

Mark D. Pruden  
 Registered Professional Surveyor  
 License No. L-3065  
 State of North Carolina  
 My Commission Expires 7-12-04

JUDY ADAMS



LEGEND:  
 EIR ... EXISTING IRON ROD  
 (C) ... CONTROL

THIS IS TO CERTIFY THAT I, THE UNDERSIGNED REGISTERED ENGINEER, HAVE FULLY REVIEWED THE ATTACHED PLAT AND PLANS AND THAT SUCH PLAT AND PLANS FULLY AND ACCURATELY DEPICT THE LAYOUT, LOCATION, CEILING AND FLOOR ELEVATIONS, UNIT NUMBER AND DIMENSION OF THE UNITS, AS BUILT. THE UNDERSIGNED FURTHER CERTIFIES THAT THE ATTACHED PLAT AND PLANS CONTAIN ALL OF THE INFORMATION REQUIRED BY N.C.G.S. 47C-2-105 AND THAT ALL UNITS DEPICTED THEREON HAVE BEEN SUBSTANTIALLY COMPLETED.

THIS THE 14<sup>th</sup> DAY OF FEBRUARY, 2001  
 NAME, TITLE AND LICENSE NO.  
 GERALD P. TRULL, ARCHITECT, L.C. NO. A-3488

SWORN TO AND SUBSCRIBED BEFORE ME THIS 14<sup>th</sup> DAY OF FEBRUARY, 2001.  
 Notary Public  
 MY COMMISSION EXPIRES: 12-14-02



THIS IS TO CERTIFY THAT I, THE UNDERSIGNED REGISTERED LAND SURVEYOR, HAVE FULLY REVIEWED THE ATTACHED PLAT AND PLANS AND THAT SUCH PLAT AND PLANS FULLY AND ACCURATELY DEPICT THE LEGAL BOUNDARIES AND THE PHYSICAL LOCATION OF THE UNITS AND OTHER IMPROVEMENTS RELATIVE TO THOSE BOUNDARIES.

THIS THE 2<sup>nd</sup> DAY OF FEBRUARY, 2001  
 Mark D. Pruden, Reg. Surveyor L-3065  
 NAME, TITLE AND LICENSE NO.

SWORN TO AND SUBSCRIBED BEFORE ME THIS 2<sup>nd</sup> DAY OF FEBRUARY, 2001.  
 Notary Public  
 MY COMMISSION EXPIRES: 7-12-04



STATE OF NORTH CAROLINA  
 COUNTY OF CHOWAN  
 I, GAIL M. FOREHAND, Reviewer/Officer of CHOWAN COUNTY, certify that the map or plat to which this signature is affixed meets all statutory requirements for recording.  
 DATE: 4-22-01  
 GAIL M. FOREHAND  
 Reviewer/Officer

