

# The UPS Store



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store1076@theupsstore.com

## Fax

To COURTNEY King

Company \_\_\_\_\_

Fax number 469 713 2467

Date \_\_\_\_\_

Job number \_\_\_\_\_

From Nathan Smith

Phone number 619 823 9651

Fax number \_\_\_\_\_

Total pages \_\_\_\_\_

Subject: seller's Disclosure

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# TEXAS ASSOCIATION OF REALTORS® SELLER'S DISCLOSURE NOTICE

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Section 5.008, Property Code requires a seller of residential property of not more than one dwelling unit to deliver a Seller's Disclosure Notice to a buyer on or before the effective date of a contract. **This form complies with and contains additional disclosures which exceed the minimum disclosures required by the Code.**

6303 Northport Dr

Houston, TX 77049-3605

CONCERNING THE PROPERTY AT \_\_\_\_\_

THIS NOTICE IS A DISCLOSURE OF SELLER'S KNOWLEDGE OF THE CONDITION OF THE PROPERTY AS OF THE DATE SIGNED BY SELLER AND IS NOT A SUBSTITUTE FOR ANY INSPECTIONS OR WARRANTIES THE BUYER MAY WISH TO OBTAIN. IT IS NOT A WARRANTY OF ANY KIND BY SELLER, SELLER'S AGENTS, OR ANY OTHER AGENT.

Seller  is  is not occupying the Property. If unoccupied (by Seller), how long since Seller has occupied the Property? \_\_\_\_\_ (approximate date) or  never occupied the Property

**Section 1. The Property has the items marked below: (Mark Yes (Y), No (N), or Unknown (U).)**

*This notice does not establish the items to be conveyed. The contract will determine which items will & will not convey.*

Item	Y	N	U
Cable TV Wiring			<input checked="" type="checkbox"/>
Carbon Monoxide Det.	<input checked="" type="checkbox"/>		
Ceiling Fans			<input checked="" type="checkbox"/>
Cooktop	<input checked="" type="checkbox"/>		
Dishwasher		<input checked="" type="checkbox"/>	
Disposal	<input checked="" type="checkbox"/>		
Emergency Escape Ladder(s)		<input checked="" type="checkbox"/>	
Exhaust Fans	<input checked="" type="checkbox"/>		
Fences	<input checked="" type="checkbox"/>		
Fire Detection Equip.	<input checked="" type="checkbox"/>		
French Drain		<input checked="" type="checkbox"/>	
Gas Fixtures	<input checked="" type="checkbox"/>		
Natural Gas Lines	<input checked="" type="checkbox"/>		

Item	Y	N	U
Liquid Propane Gas:		<input checked="" type="checkbox"/>	
-LP Community (Captive)		<input checked="" type="checkbox"/>	
-LP on Property		<input checked="" type="checkbox"/>	
Hot Tub		<input checked="" type="checkbox"/>	
Intercom System		<input checked="" type="checkbox"/>	
Microwave		<input checked="" type="checkbox"/>	
Outdoor Grill		<input checked="" type="checkbox"/>	
Patio Decking		<input checked="" type="checkbox"/>	
Plumbing System	<input checked="" type="checkbox"/>		
Pool		<input checked="" type="checkbox"/>	
Pool Equipment		<input checked="" type="checkbox"/>	
Pool Maint. Accessories		<input checked="" type="checkbox"/>	
Pool Heater		<input checked="" type="checkbox"/>	

Item	Y	N	U
Pump: sump grinder		<input checked="" type="checkbox"/>	
Rain Gutters	<input checked="" type="checkbox"/>		
Range Stove	<input checked="" type="checkbox"/>		
Roof Attic Vents	<input checked="" type="checkbox"/>		
Sauna		<input checked="" type="checkbox"/>	
Smoke Detector	<input checked="" type="checkbox"/>		
Smoke Detector - Hearing Impaired		<input checked="" type="checkbox"/>	
Spa		<input checked="" type="checkbox"/>	
Trash Compactor		<input checked="" type="checkbox"/>	
TV Antenna			<input checked="" type="checkbox"/>
Washer Dryer Hookup	<input checked="" type="checkbox"/>		
Window Screens	<input checked="" type="checkbox"/>		
Public Sewer System	<input checked="" type="checkbox"/>		

Item	Y	N	U	Additional Information
Central A C	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> electric <input type="checkbox"/> gas number of units:
Evaporative Coolers		<input checked="" type="checkbox"/>		number of units:
Wall Window AC Units		<input checked="" type="checkbox"/>		number of units:
Attic Fan(s)			<input checked="" type="checkbox"/>	if yes, describe:
Central Heat	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> electric <input type="checkbox"/> gas number of units:
Other Heat			<input checked="" type="checkbox"/>	if yes, describe:
Oven	<input checked="" type="checkbox"/>			number of ovens: electric gas other:
Fireplace Chimney	<input checked="" type="checkbox"/>			wood gas logs mock other:
Carport		<input checked="" type="checkbox"/>		attached not attached
Garage		<input checked="" type="checkbox"/>		attached not attached
Garage Door Openers		<input checked="" type="checkbox"/>		number of units: number of remotes:
Satellite Dish Controls			<input checked="" type="checkbox"/>	owned leased from:
Security System			<input checked="" type="checkbox"/>	owned leased from:
Solar Panels		<input checked="" type="checkbox"/>		owned leased from:
Water Heater	<input checked="" type="checkbox"/>			electric gas other: number of units:
Water Softener			<input checked="" type="checkbox"/>	owned leased from:
Other Leased Items(s)		<input checked="" type="checkbox"/>		if yes, describe:

(TAR-140 ) 02-01-18

Initialed by: Buyer: \_\_\_\_\_

and Seller:         

King Realty and Management, 600 E John Carpenter Freeway, Ste. 351 Irving, TX 75062  
Courtney King

Phone: 469-9510596 Fax: 469-7132467

Produced with zipForm® by zipLogix 18070 Fifteen Mile Road, Fraser, Michigan 4802 www.zipLogix.com

Concerning the Property at \_\_\_\_\_

Underground Lawn Sprinkler	<input checked="" type="checkbox"/>	automatic	manual	areas covered:
Septic On-Site Sewer Facility	<input checked="" type="checkbox"/>	if yes, attach Information About On-Site Sewer Facility (TAR-1407)		

Water supply provided by:    city    well    MUD    co-op    unknown    other: \_\_\_\_\_

Was the Property built before 1978?    yes    no  unknown

(If yes, complete, sign, and attach TAR-190 concerning lead-based paint hazards).

Roof Type: SHINGLE COMPOSITE Age: MAR 2019 (approximate)

Is there an overlay roof covering on the Property (shingles or roof covering placed over existing shingles or roof covering)?    yes  no    unknown

Are you (Seller) aware of any of the items listed in this Section 1 that are not in working condition, that have defects, or are need of repair?    yes  no If yes, describe (attach additional sheets if necessary): \_\_\_\_\_

**Section 2. Are you (Seller) aware of any defects or malfunctions in any of the following : (Mark Yes (Y) if you are aware and No (N) if you are not aware.)**

Item	Y	N
Basement		<input checked="" type="checkbox"/>
Ceilings		<input checked="" type="checkbox"/>
Doors		<input checked="" type="checkbox"/>
Driveways		<input checked="" type="checkbox"/>
Electrical Systems		<input checked="" type="checkbox"/>
Exterior Walls		<input checked="" type="checkbox"/>

Item	Y	N
Floors		<input checked="" type="checkbox"/>
Foundation Slab(s)		<input checked="" type="checkbox"/>
Interior Walls		<input checked="" type="checkbox"/>
Lighting Fixtures		<input checked="" type="checkbox"/>
Plumbing Systems		<input checked="" type="checkbox"/>
Roof		<input checked="" type="checkbox"/>

Item	Y	N
Sidewalks		<input checked="" type="checkbox"/>
Walls Fences		<input checked="" type="checkbox"/>
Windows		<input checked="" type="checkbox"/>
Other Structural Components		<input checked="" type="checkbox"/>

If the answer to any of the items in Section 2 is yes, explain (attach additional sheets if necessary): \_\_\_\_\_

**Section . Are you (Seller) aware of any of the following conditions: (Mark Yes (Y) if you are aware and No (N) if you are not aware.)**

Condition	Y	N
Aluminum Wiring		<input checked="" type="checkbox"/>
Asbestos Components		<input checked="" type="checkbox"/>
Diseased Trees: oak wilt		<input checked="" type="checkbox"/>
Endangered Species Habitat on Property		<input checked="" type="checkbox"/>
Fault Lines		<input checked="" type="checkbox"/>
Hazardous or Toxic Waste		<input checked="" type="checkbox"/>
Improper Drainage		<input checked="" type="checkbox"/>
Intermittent or Weather Springs		<input checked="" type="checkbox"/>
Landfill		<input checked="" type="checkbox"/>
Lead-Based Paint or Lead-Based Pt. Hazards		<input checked="" type="checkbox"/>
Encroachments onto the Property		<input checked="" type="checkbox"/>
Improvements encroaching on others' property		<input checked="" type="checkbox"/>
Located in 100-year Floodplain (If yes, attach TAR-1414)		<input checked="" type="checkbox"/>
Located in Floodway (If yes, attach TAR-1414)		<input checked="" type="checkbox"/>
Present Flood Ins. Coverage (If yes, attach TAR-1414)		<input checked="" type="checkbox"/>
Previous Flooding into the Structures		<input checked="" type="checkbox"/>
Previous Flooding onto the Property		<input checked="" type="checkbox"/>
Located in Historic District		<input checked="" type="checkbox"/>

Condition	Y	N
Previous Foundation Repairs		<input checked="" type="checkbox"/>
Previous Roof Repairs <u>REPLACE MAR 2019</u>	<input checked="" type="checkbox"/>	
Previous Other Structural Repairs		<input checked="" type="checkbox"/>
Radon Gas		<input checked="" type="checkbox"/>
Settling		<input checked="" type="checkbox"/>
Soil Movement		<input checked="" type="checkbox"/>
Subsurface Structure or Pits		<input checked="" type="checkbox"/>
Underground Storage Tanks		<input checked="" type="checkbox"/>
Unplatted Easements		<input checked="" type="checkbox"/>
Unrecorded Easements		<input checked="" type="checkbox"/>
Urea-formaldehyde Insulation		<input checked="" type="checkbox"/>
Water Penetration		<input checked="" type="checkbox"/>
Wetlands on Property		<input checked="" type="checkbox"/>
Wood Rot		<input checked="" type="checkbox"/>
Active infestation of termites or other wood destroying insects (WDI)		<input checked="" type="checkbox"/>
Previous treatment for termites or WDI		<input checked="" type="checkbox"/>
Previous termite or WDI damage repaired		<input checked="" type="checkbox"/>
Previous Fires		<input checked="" type="checkbox"/>

Concerning the Property at \_\_\_\_\_

Historic Property Designation	<input checked="" type="checkbox"/>	Termite or WDI damage needing repair	<input checked="" type="checkbox"/>
Previous Use of Premises for Manufacture of Methamphetamine	<input checked="" type="checkbox"/>	Single Blockable Main Drain in Pool Hot Tub Spa*	<input checked="" type="checkbox"/>

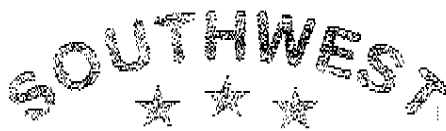
If the answer to any of the items in Section 3 is yes, explain (attach additional sheets if necessary):  
FOUNDATION REPAIR 02/06/2014 INFO ATTACHED.

\*A single blockable main drain may cause a suction entrapment hazard for an individual.

Section . Are you (Seller) aware of any item, equipment, or system in or on the Property that is in need of repair, which has not been previously disclosed in this notice  yes  no If yes, explain (attach additional sheets if necessary):

Section . Are you (Seller) aware of any of the following (Mark Yes (Y) if you are aware. Mark No (N) if you are not aware.)

- Y N
- Room additions, structural modifications, or other alterations or repairs made without necessary permits, with unresolved permits, or not in compliance with building codes in effect at the time.
  - Homeowners' associations or maintenance fees or assessments. If yes, complete the following:  
 Name of association: PINE TRAILS IMPROVEMENT ASSOCIATION  
 Manager's name: (281) 458 6764 Phone: \_\_\_\_\_  
 Fees or assessments are: \$ 250.00 per YEAR and are:  mandatory  voluntary  
 Any unpaid fees or assessment for the Property?  yes (\$ \_\_\_\_\_)  no  
 If the Property is in more than one association, provide information about the other associations below or attach information to this notice.
  - Any common area (facilities such as pools, tennis courts, walkways, or other) co-owned in undivided interest with others. If yes, complete the following:  
 Any optional user fees for common facilities charged?  yes  no If yes, describe: \_\_\_\_\_
  - Any notices of violations of deed restrictions or governmental ordinances affecting the condition or use of the Property.
  - Any lawsuits or other legal proceedings directly or indirectly affecting the Property. (Includes, but is not limited to: divorce, foreclosure, heirship, bankruptcy, and taxes.)
  - Any death on the Property except for those deaths caused by: natural causes, suicide, or accident unrelated to the condition of the Property.
  - Any condition on the Property which materially affects the health or safety of an individual.
  - Any repairs or treatments, other than routine maintenance, made to the Property to remediate environmental hazards such as asbestos, radon, lead-based paint, urea-formaldehyde, or mold.  
 If yes, attach any certificates or other documentation identifying the extent of the remediation (for example, certificate of mold remediation or other remediation).
  - Any rainwater harvesting system located on the Property that is larger than 500 gallons and that uses a public water supply as an auxiliary water source.
  - The Property is located in a propane gas system service area owned by a propane distribution system retailer.
  - Any portion of the Property that is located in a groundwater conservation district or a subsidence district.



# FOUNDATION

2514 BEVERLY RD.  
PASADENA, TEXAS 77503  
PHONE/FAX (281) 998-7076  
CELLULAR (281) 541-3097

DATE: 02/06/2014

## CONTRACT and WARRANTY AGREEMENT

OWNER'S NAME: Nathan Smith PHONE No.: \_\_\_\_\_

ADDRESS: 6303 North Port

LEGAL DESCRIPTION: Lot \_\_\_\_\_ Block \_\_\_\_\_ Addition \_\_\_\_\_ Section \_\_\_\_\_

Contractor, and South West Found. Owner, identified above agree that the Contractor will furnish labor, equipment, and material necessary to perform the following work on the property located at 6303 North Port Houston TX 77049

### DESCRIPTION OF WORK

As depicted in the attached diagram, Contractor will install 51 pressed pilings. \_\_\_\_\_ of these pilings shall be installed beneath the perimeter of the existing foundation, at pressure points and where crosswalks or load-bearing walls intersect the grade level beam, and \_\_\_\_\_ pilings shall be installed beneath the interior load-bearing walls.

All pilings will be hydraulically driven to the depth required to develop the necessary friction to lift and support the foundation. After the pilings have attained the desired depth, a 5000 psi precast concrete cap will be installed on top of each pressed piling and raising process continued until the foundation has been raised to the desired elevation or in the opinion of the Contractor, further raising would produce damage to the foundation or the structure. The foundation will be raised as near as feasible to the original elevation where pilings are located.

Excavation site shall be re-landscaped using customer's plants. Upon completion of the above work, excess dirt and debris shall be removed from the property.

### WARRANTY

All materials are guaranteed to be as specified, and the above work will be performed in accordance with the drawings and specifications submitted.

All services rendered shall be covered by a conditional life time warranty. If any adjustments to the building are necessary during the first 3 years after the work is performed, Contractor shall reset structure on existing pilings without any cost to the Owner. However, adjustments will not be the Contractor responsibility if such adjustments needed are caused by improper drainage or water leaks around and/or under the building. If any adjustments to the building are necessary after the first 3 years already mentioned, upon request, the Contractor will do a free estimate and, if requested by the Owner, will raise the *building again* according to the sketch. The Owner will be charged for one half (50 %) of the current quote.

The described work will be performed with most of the care, but, anyway, Contractor will not be responsible for any damages caused to any interior or exterior water pipes, sewer pipes, gas lines, tile, landscaping (grass, flowers, etc.) or sheet rock while doing the work.

Contractor guarantees labor only where it was performed. This will be shown on the attached diagram.

In the event property is sold, the Owner may transfer the Warranty by notifying the Contractor via certified mail within 30 days of property sale.

### COST, PAYMENT, WORK AUTHORIZATION

the total price for service to be rendered is \$ 6,885.<sup>00</sup>

One half of this total will be paid when the job is started; the balance will be paid in full upon completion of job.

All agreements are contingent upon strikes, accidents or delays beyond Contractor's control.

This agreement, in order to be binding by both parties, must be signed in the space provided below, and returned to Southwest Foundation. Contractor will arrange scheduling upon receipt of signed agreement.

[Signature]  
OWNER

02/06/2014  
DATE

[Signature]  
CONTRACTOR

02/06/2014  
DATE



Concerning the Property at \_\_\_\_\_

**ADDITIONAL NOTICES TO BUYER:**

- (1) The Texas Department of Public Safety maintains a database that the public may search, at no cost, to determine if registered sex offenders are located in certain zip code areas. To search the database, visit [www.txdps.state.tx.us](http://www.txdps.state.tx.us). For information concerning past criminal activity in certain areas or neighborhoods, contact the local police department.
- (2) If the Property is located in a coastal area that is seaward of the Gulf Intracoastal Waterway or within 1,000 feet of the mean high tide bordering the Gulf of Mexico, the Property may be subject to the Open Beaches Act or the Dune Protection Act (Chapter 61 or 63, Natural Resources Code, respectively) and a beachfront construction certificate or dune protection permit may be required for repairs or improvements. Contact the local government with ordinance authority over construction adjacent to public beaches for more information.
- (3) If the Property is located in a seacoast territory of this state designated as a catastrophe area by the Commissioner of the Texas Department of Insurance, the Property may be subject to additional requirements to obtain or continue windstorm and hail insurance. A certificate of compliance may be required for repairs or improvements to the Property. For more information, please review *Information Regarding Windstorm and Hail Insurance for Certain Properties* (TAR 2518) and contact the Texas Department of Insurance or the Texas Windstorm Insurance Association.
- (4) This Property may be located near a military installation and may be affected by high noise or air installation compatible use zones or other operations. Information relating to high noise and compatible use zones is available in the most recent Air Installation Compatible Use Zone Study or Joint Land Use Study prepared for a military installation and may be accessed on the Internet website of the military installation and of the county and any municipality in which the military installation is located.
- (5) If you are basing your offers on square footage, measurements, or boundaries, you should have those items independently measured to verify any reported information.

( ) The following providers currently provide service to the Property:

Electric: <u>CIRAS ELECTRIC CIRASENERGY.COM</u>	phone #: <u>800 692 4776</u>
Sewer: _____	phone #: _____
Water: <u>AQUA</u>	phone #: <u>877 987 2782</u>
Cable: _____	phone #: _____
Trash: <u>SOLID WASTE OF SSOLID WASTE.COM</u>	phone #: <u>281 457 2705</u>
Natural Gas: _____	phone #: _____
Phone Company: _____	phone #: _____
Propane: _____	phone #: _____
Internet: _____	phone #: _____

(7) This Seller's Disclosure Notice was completed by Seller as of the date signed. The brokers have relied on this notice as true and correct and have no reason to believe it to be false or inaccurate. YOU ARE ENCOURAGED TO HAVE AN INSPECTOR OF YOUR CHOICE INSPECT THE PROPERTY.

The undersigned Buyer acknowledges receipt of the foregoing notice.

Signature of Buyer _____	Date _____	Signature of Buyer _____	Date _____
Printed Name: _____		Printed Name: _____	

**T-47 RESIDENTIAL REAL PROPERTY AFFIDAVIT  
(MAY BE MODIFIED AS APPROPRIATE FOR COMMERCIAL TRANSACTIONS)**

Date: \_\_\_\_\_ GF No. \_\_\_\_\_

Name of Affiant(s): Nathan and Judyth Smith Living Trust,

Address of Affiant: 826 Orange Ave Ste 271, Coronado, CA 92118-2619

Description of property: 6303 Northport Drive Houston, Texas 77049

located in Harris County, State of \_\_\_\_\_

The undersigned Affiant(s) is/are the owner(s) of the property described herein and the information contained herein is true and correct to the best of my/our knowledge and belief.

I/We are the undersigned notary public for the State of California and I/We are duly qualified to perform the duties of a notary public in and for the State of California.

I/We are the owner(s) of the property described herein. (I/We state the basis for my/our ownership of the property as follows: as trustee of the trust for the benefit of the undersigned Affiant(s) of the property described herein.)

I/We are familiar with the property and the improvements located on the property. I/We are entering into a transaction regarding the title insurance and the proposed insured owner or lender as requested by the title insurance policy (ies) to be issued in this transaction. I/We understand that the title insurance policy (ies) will contain certain exceptions to the coverage of the title insurance as the title insurance company may deem appropriate. I/We understand that the owner of the property if the current transaction is a sale may request a similar amendment to the title insurance policy of the insured owner of the property to be promulgated.

- I/We state the reason(s) for the proposed improvements since December 29, 2006 there have been no:
- a. construction projects such as new structures, additions, additions rooms, porches, swimming pools or other permanent improvements or fixtures
  - b. changes in the location of boundary fences or boundary easements
  - c. construction projects on immediate adjoining property (ies) which encroach on the property
  - d. conveyances, repattinings, easement grants and/or easement dedications (such as a utility line) which affect the property.

for the following (if None insert None): NONE

I/We understand that the title insurance company is relying on the truthfulness of the statements made in this affidavit to provide the title insurance coverage and upon the evidence of the existing real property records of the property. This affidavit is not made for the benefit of any other parties and this affidavit does not constitute a warranty or guarantee of the location of improvements.

I/We understand that it is my/our responsibility to the title insurance company that the information provided in this affidavit is correct and that the information that I/We provide is not incorrect and I/We do not disclose to the title insurance company.

Nathan Smith  
Nathan Smith, Trustee

NATHAN E SMITH 4/10/19

N AND D t is \_\_\_\_\_ da of \_\_\_\_\_

Notar \_\_\_\_\_ ic