



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.**

CONCERNING THE PROPERTY AT 12227 Briar Forest Dr  
Houston, TX 77077-2501

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? 2017, FEBRUARY (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 <u>  </u> gas number of units: <u>1</u>
Evaporative Coolers			<input checked="" type="checkbox"/>	number of units: <u>  </u>
Wall Window AC Units		<input checked="" type="checkbox"/>		number of units: <u>  </u>
Attic Fan(s)	<input checked="" type="checkbox"/>			if yes, describe: <u>  </u>
Central Heat	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> electric <u>  </u> gas number of units: <u>1</u>
Other Heat		<input checked="" type="checkbox"/>		if yes, describe: <u>  </u>
Oven	<input checked="" type="checkbox"/>			number of ovens: <u>1</u> electric <input checked="" type="checkbox"/> gas other: <u>+ warming DRAWER</u>
Fireplace Chimney	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> wood <u>  </u> gas logs mock other: <u>GAS STARTER</u>
Carport		<input checked="" type="checkbox"/>		<u>  </u> attached <u>  </u> not attached
Garage	<input checked="" type="checkbox"/>			<u>  </u> attached <u>  </u> not attached
Garage Door Openers	<input checked="" type="checkbox"/>			number of units: <u>  </u> number of remotes: <u>  </u>
Satellite Dish Controls		<input checked="" type="checkbox"/>		<u>  </u> owned <u>  </u> leased from: <u>  </u>
Security System		<input checked="" type="checkbox"/>		<u>  </u> owned <u>  </u> leased from: <u>  </u>
Solar Panels		<input checked="" type="checkbox"/>		<u>  </u> owned <u>  </u> leased from: <u>  </u>
Water Heater	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> electric <u>  </u> gas other: <u>INSTANT</u> number of units: <u>1</u>
Water Softener		<input checked="" type="checkbox"/>		<u>  </u> owned <u>  </u> leased from: <u>  </u>
Other Leased Items(s)		<input checked="" type="checkbox"/>		if yes, describe: <u>  </u>



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

Underground Lawn Sprinkler	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> automatic	manual areas covered: <u>ENTIRE YARD</u>
Septic On-Site Sewer Facility	<input type="checkbox"/>	<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: 2779

Was the Property built before 1978?  yes  no  unknown

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

Roof Type: COMPOSIT Age: 14 YEARS (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 followin : (Mark Yes (Y) if you are aware and No (N) if you are not aware.)**

Item	Y	N	Item	Y	N	Item	Y	N
Basement		<input checked="" type="checkbox"/>	Floors		<input checked="" type="checkbox"/>	Sidewalks		<input checked="" type="checkbox"/>
Ceilings		<input checked="" type="checkbox"/>	Foundation Slab(s)		<input checked="" type="checkbox"/>	Walls Fences		<input checked="" type="checkbox"/>
Doors		<input checked="" type="checkbox"/>	Interior Walls		<input checked="" type="checkbox"/>	Windows		<input checked="" type="checkbox"/>
Driveways		<input checked="" type="checkbox"/>	Lighting Fixtures		<input checked="" type="checkbox"/>	Other Structural Components		<input checked="" type="checkbox"/>
Electrical Systems		<input checked="" type="checkbox"/>	Plumbing Systems		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Exterior Walls		<input checked="" type="checkbox"/>	Roof		<input checked="" type="checkbox"/>			<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 followin conditions: (Mark Yes (Y) if you are aware and No (N) if you are not aware.)**

Condition	Y	N	Condition	Y	N
Aluminum Wiring		<input checked="" type="checkbox"/>	Previous Foundation Repairs	<input checked="" type="checkbox"/>	
Asbestos Components		<input checked="" type="checkbox"/>	Previous Roof Repairs		<input checked="" type="checkbox"/>
Diseased Trees: <u>oak wilt</u>		<input checked="" type="checkbox"/>	Previous Other Structural Repairs		<input checked="" type="checkbox"/>
Endangered Species Habitat on Property		<input checked="" type="checkbox"/>	Radon Gas		<input checked="" type="checkbox"/>
Fault Lines		<input checked="" type="checkbox"/>	Settling	<input checked="" type="checkbox"/>	
Hazardous or Toxic Waste		<input checked="" type="checkbox"/>	Soil Movement	<input checked="" type="checkbox"/>	
Improper Drainage		<input checked="" type="checkbox"/>	Subsurface Structure or Pits		<input checked="" type="checkbox"/>
Intermittent or Weather Springs		<input checked="" type="checkbox"/>	Underground Storage Tanks		<input checked="" type="checkbox"/>
Landfill		<input checked="" type="checkbox"/>	Unplatted Easements		<input checked="" type="checkbox"/>
Lead-Based Paint or Lead-Based Pt. Hazards		<input checked="" type="checkbox"/>	Unrecorded Easements		<input checked="" type="checkbox"/>
Encroachments onto the Property		<input checked="" type="checkbox"/>	Urea-formaldehyde Insulation		<input checked="" type="checkbox"/>
Improvements encroaching on others' property		<input checked="" type="checkbox"/>	Water Penetration		<input checked="" type="checkbox"/>
Located in 100-year Floodplain (If yes, attach TAR-1414)		<input checked="" type="checkbox"/>	Wetlands on Property		<input checked="" type="checkbox"/>
Located in Floodway (If yes, attach TAR-1414)		<input checked="" type="checkbox"/>	Wood Rot		<input checked="" type="checkbox"/>
Present Flood Ins. Coverage (If yes, attach TAR-1414)	<input checked="" type="checkbox"/>		Active infestation of termites or other wood destroying insects (WDI)		<input checked="" type="checkbox"/>
Previous Flooding into the Structures		<input checked="" type="checkbox"/>	Previous treatment for termites or WDI <u>2 owner Proof</u>	<input checked="" type="checkbox"/>	
Previous Flooding onto the Property		<input checked="" type="checkbox"/>	Previous termite or WDI damage repaired		<input checked="" type="checkbox"/>
Located in Historic District		<input checked="" type="checkbox"/>	Previous Fires		<input checked="" type="checkbox"/>

(TAR-140 ) 02-01-18

Initialed by: Buyer: \_\_\_\_\_, \_\_\_\_\_ and Seller: MS, DS

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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): TERMITE TREATMENT WAS DONE 2 OWNERS PRIOR, WE HAD ANNUAL INSPECTION DONE - NO ISSUES FOUNDATION WAS REPAIRD

\*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.)**

- |  |  |
|--|--|
| <u>Y</u> <u>N</u>  |  |
| <input type="checkbox"/> <input checked="" type="checkbox"/> | 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.   |
| <input checked="" type="checkbox"/> <input type="checkbox"/> | Homeowners' associations or maintenance fees or assessments. If yes, complete the following:<br>Name of association: _____<br>Manager's name: _____ Phone: _____<br>Fees or assessments are: \$ <u>780</u> per <u>YEAR</u> and are: <input checked="" type="checkbox"/> mandatory <input type="checkbox"/> voluntary<br>Any unpaid fees or assessment for the Property? ___ yes (\$ _____) <input checked="" type="checkbox"/> no<br>If the Property is in more than one association, provide information about the other associations below or attach information to this notice. |
| <input checked="" type="checkbox"/> <input type="checkbox"/> | Any common area (facilities such as pools, tennis courts, walkways, or other) co-owned in undivided interest with others. If yes, complete the following:<br>Any optional user fees for common facilities charged? ___ yes <input checked="" type="checkbox"/> no If yes, describe: _____  |
| <input type="checkbox"/> <input checked="" type="checkbox"/> | Any notices of violations of deed restrictions or governmental ordinances affecting the condition or use of the Property.  |
| <input type="checkbox"/> <input checked="" type="checkbox"/> | Any lawsuits or other legal proceedings directly or indirectly affecting the Property. (Includes, but is not limited to: divorce, foreclosure, heirship, bankruptcy, and taxes.)   |
| <input type="checkbox"/> <input checked="" type="checkbox"/> | Any death on the Property except for those deaths caused by: natural causes, suicide, or accident unrelated to the condition of the Property.  |
| <input type="checkbox"/> <input checked="" type="checkbox"/> | Any condition on the Property which materially affects the health or safety of an individual.  |
| <input type="checkbox"/> <input checked="" type="checkbox"/> | 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.<br>If yes, attach any certificates or other documentation identifying the extent of the remediation (for example, certificate of mold remediation or other remediation).   |
| <input type="checkbox"/> <input checked="" type="checkbox"/> | 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.  |
| <input type="checkbox"/> <input checked="" type="checkbox"/> | The Property is located in a propane gas system service area owned by a propane distribution system retailer.  |
| <input type="checkbox"/> <input checked="" type="checkbox"/> | Any portion of the Property that is located in a groundwater conservation district or a subsidence district.   |







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>RELIANT (NRG)</u>	phone #: _____
Sewer: <u>CITY OF HOUSTON</u>	phone #: _____
Water: <u>CITY OF HOUSTON</u>	phone #: _____
Cable: <u>N/A</u>	phone #: _____
Trash: <u>N/A</u>	phone #: _____
Natural Gas: <u>CENTER POINT (NOT ACTIVE)</u>	phone #: _____
Phone Company: <u>N/A</u>	phone #: _____
Propane: <u>N/A</u>	phone #: _____
Internet: <u>N/A</u>	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:	_____ Printed Name:	_____ Printed Name: