



## 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.**

3127 FM 360 Rd  
Rosenberg, TX 77471-8929

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 <input type="checkbox"/> gas other: _____
Fireplace & Chimney	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> wood <input type="checkbox"/> gas logs <input type="checkbox"/> mock other: _____
Carport	<input checked="" type="checkbox"/>			<input type="checkbox"/> attached <input checked="" type="checkbox"/> not attached
Garage		<input checked="" type="checkbox"/>		<input type="checkbox"/> attached <input type="checkbox"/> not attached
Garage Door Openers		<input checked="" type="checkbox"/>		number of units: _____ number of remotes: _____
Satellite Dish & Controls	<input checked="" type="checkbox"/>			<input type="checkbox"/> owned <input checked="" type="checkbox"/> leased from: Dish
Security System		<input checked="" type="checkbox"/>		<input type="checkbox"/> owned <input type="checkbox"/> leased from: _____
Solar Panels		<input checked="" type="checkbox"/>		<input type="checkbox"/> owned <input type="checkbox"/> leased from: _____
Water Heater	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> electric <input type="checkbox"/> gas other: _____ number of units: _____
Water Softener	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> owned <input type="checkbox"/> leased from: _____
Other Leased Items(s)				if yes, describe: _____

(TXR-140) 0-01-18

RE/MAX Fine Properties, 4500 Highway 6 Sugar Land TX 77478  
Vicki Torrance-Hinesley

Initialed by: Buyer: \_\_\_\_\_, \_\_\_\_\_ and Seller: A.B.

Phone: 7134081567 Fax: \_\_\_\_\_

Produced with ipForm by ipLogix 1800 Fifteen Mile Road, Fraser, Michigan 48064 www.ipLogix.com

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

3127 FM 360 Rd  
Rosenberg, TX 77471-8929

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

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

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.)

- |   |  |
|---|--|
| <p><b>Y</b>   <b>N</b></p> <p>___ <input checked="" type="checkbox"/></p> <p>___ <input checked="" type="checkbox"/></p> <p>___ <input checked="" type="checkbox"/></p> <p>___ <input checked="" type="checkbox"/></p> <p>___ <input checked="" type="checkbox"/></p> <p>___ <input checked="" type="checkbox"/></p> <p>___ <input checked="" type="checkbox"/></p> <p>___ <input checked="" type="checkbox"/></p> <p>___ <input checked="" type="checkbox"/></p> <p>___ <input checked="" type="checkbox"/></p> <p>___ <input checked="" type="checkbox"/></p> | <p>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.</p> <p>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: <input type="checkbox"/> _____ per _____ and are: __ mandatory __ voluntary<br/>       Any unpaid fees or assessment for the Property? __ yes (<input 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.</p> <p>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 __ no If yes, describe: _____<br/>       _____</p> <p>Any notices of violations of deed restrictions or governmental ordinances affecting the condition or use of the Property.</p> <p>Any lawsuits or other legal proceedings directly or indirectly affecting the Property. (Includes, but is not limited to: divorce, foreclosure, heirship, bankruptcy, and taxes.)</p> <p>Any death on the Property except for those deaths caused by: natural causes, suicide, or accident unrelated to the condition of the Property.</p> <p>Any condition on the Property which materially affects the health or safety of an individual.</p> <p>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).</p> <p>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.</p> <p>The Property is located in a propane gas system service area owned by a propane distribution system retailer.</p> <p>Any portion of the Property that is located in a groundwater conservation district or a subsidence district.</p> |
|---|--|



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.
- 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 1 or 161, 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.
- 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* (TXR 518) 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</u>	phone <input type="checkbox"/>	_____
Sewer: _____	phone <input type="checkbox"/>	_____
Water: _____	phone <input type="checkbox"/>	_____
Cable: _____	phone <input type="checkbox"/>	_____
Trash: <u>Rural Trash</u>	phone <input type="checkbox"/>	_____
Natural Gas: _____	phone <input type="checkbox"/>	_____
Phone Company: <u>Consolidated</u>	phone <input type="checkbox"/>	_____
Propane: _____	phone <input type="checkbox"/>	_____
Internet: <u>Consolidated</u>	phone <input type="checkbox"/>	_____

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: _____	



### INFORMATION ABOUT ON-SITE SEWER FACILITY

USE OF THIS FORM BY PERSONS WHO ARE NOT MEMBERS OF THE TEXAS ASSOCIATION OF REALTORS®, INC. IS NOT AUTHORIZED.  
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**CONCERNING THE PROPERTY AT** 3127 FM 360 Rd  
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#### A. DESCRIPTION OF ON-SITE SEWER FACILITY ON PROPERTY:

- (1) Type of Treatment System:  Septic Tank  Aerobic Treatment  Unknown  
 Septic Solutions
- (2) Type of Distribution System: Sprinkler (3)  Unknown
- (3) Approximate Location of Drain Field or Distribution System: \_\_\_\_\_  Unknown  
\_\_\_\_\_  
\_\_\_\_\_
- (4) Installer: \_\_\_\_\_  Unknown
- (5) Approximate Age: 4. N. 20 yrs?  Unknown

#### B. MAINTENANCE INFORMATION:

- (1) Is Seller aware of any maintenance contract in effect for the on-site sewer facility?  Yes  No  
If yes, name of maintenance contractor: Septic Solutions  
Phone: \_\_\_\_\_ contract expiration date: \_\_\_\_\_  
*Maintenance contracts must be in effect to operate aerobic treatment and certain non-standard on-site sewer facilities.)*
- (2) Approximate date any tanks were last pumped \_\_\_\_\_
- (3) Is Seller aware of any defect or malfunction in the on-site sewer facility?  Yes  No  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (4) Does Seller have manufacturer or warranty information available for review?  Yes  No

#### C. PLANNING MATERIALS, PERMITS, AND CONTRACTS:

- (1) The following items concerning the on-site sewer facility are attached:  
 planning materials  permit for original installation  final inspection when OSSF was installed  
 maintenance contract  manufacturer information  warranty information  \_\_\_\_\_
- (2)  Planning materials are the supporting materials that describe the on-site sewer facility that are submitted to the permitting authority in order to obtain a permit to install the on-site sewer facility.
- (3) **It may be necessary for a buyer to have the permit to operate an on-site sewer facility transferred to the buyer.**