



SELLER'S DISCLOSURE NOTICE

©Texas Association of REALTORS®, Inc. 2018

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.**

**7029 N. Holiday Dr.
Galveston, TX 77550**

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.

Son lives in the propoerty full time.

Seller X 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	Y		
Carbon Monoxide Det.			U
Ceiling Fans	Y		
Cooktop	Y		
Dishwasher	Y		
Disposal	Y		
Emergency Escape Ladder(s)		N	
Exhaust Fans	Y		
Fences		N	
Fire Detection Equip.			U
French Drain		N	
Gas Fixtures		N	
Natural Gas Lines		N	

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

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

Item	Y	N	U	Additional Information
Central A/C	Y			<u>X</u> electric <u> </u> gas number of units: <u> 1 </u>
Evaporative Coolers		N		number of units: _____
Wall/Window AC Units		N		number of units: _____
Attic Fan(s)			U	if yes, describe: _____
Central Heat	Y			<u>X</u> electric <u> </u> gas number of units: <u> 1 </u>
Other Heat		N		if yes, describe: _____
Oven	Y			number of ovens: <u> 1 </u> electric <u>X</u> gas <u> </u> other: _____
Fireplace & Chimney	Y			<u>X</u> wood <u> </u> gas logs <u> </u> mock <u> </u> other: _____
Carport	Y			<u> </u> attached <u>X</u> not attached
Garage		N		<u> </u> attached <u> </u> not attached
Garage Door Openers		N		number of units: _____ number of remotes: _____
Satellite Dish & Controls		N		<u> </u> owned <u> </u> leased from: _____
Security System	Y			<u> </u> owned <u> </u> leased from: <u> not active </u>
Solar Panels		N		<u> </u> owned <u> </u> leased from: _____
Water Heater	Y			<u>X</u> electric <u> </u> gas <u> </u> other: _____ number of units: <u> 1 </u>
Water Softener		N		<u> </u> owned <u> </u> leased from: _____
Other Leased Items(s)		N		if yes, describe: _____

(TXR-1406) 02-01-18

Initialed by: Buyer: _____, _____ and Seller: EY , dy

Inside Galveston, 709 University Blvd. Galveston TX 77550
Ingrid Gonzalez

Phone: 4092563838 Fax: 4097633840

Produced with zipForm® by zipLogix 18070 Fifteen Mile Road, Fraser, Michigan 48026 www.zipLogix.com

Page 1 of 5
Eddie and Lihua

Concerning the Property at _____

Underground Lawn Sprinkler	<input type="checkbox"/>	<input checked="" type="checkbox"/> N	_____ automatic _____ manual areas covered: _____
Septic / On-Site Sewer Facility	<input type="checkbox"/>	<input checked="" type="checkbox"/> N	if yes, attach Information About On-Site Sewer Facility (TXR-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 TXR-1906 concerning lead-based paint hazards).

Roof Type: _____ Age: _____ (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 type="checkbox"/>	<input checked="" type="checkbox"/> N
Ceilings	<input type="checkbox"/>	<input checked="" type="checkbox"/> N
Doors	<input type="checkbox"/>	<input checked="" type="checkbox"/> N
Driveways	<input type="checkbox"/>	<input checked="" type="checkbox"/> N
Electrical Systems	<input type="checkbox"/>	<input checked="" type="checkbox"/> N
Exterior Walls	<input type="checkbox"/>	<input checked="" type="checkbox"/> N

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

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

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

Section 3. 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 type="checkbox"/>	<input checked="" type="checkbox"/> N
Asbestos Components	<input type="checkbox"/>	<input checked="" type="checkbox"/> N
Diseased Trees: _____ oak wilt _____	<input type="checkbox"/>	<input checked="" type="checkbox"/> N
Endangered Species/Habitat on Property	<input type="checkbox"/>	<input checked="" type="checkbox"/> N
Fault Lines	<input type="checkbox"/>	<input checked="" type="checkbox"/> N
Hazardous or Toxic Waste	<input type="checkbox"/>	<input checked="" type="checkbox"/> N
Improper Drainage	<input type="checkbox"/>	<input checked="" type="checkbox"/> N
Intermittent or Weather Springs	<input type="checkbox"/>	<input checked="" type="checkbox"/> N
Landfill	<input type="checkbox"/>	<input checked="" type="checkbox"/> N
Lead-Based Paint or Lead-Based Pt. Hazards	<input type="checkbox"/>	<input checked="" type="checkbox"/> N
Encroachments onto the Property	<input type="checkbox"/>	<input checked="" type="checkbox"/> N
Improvements encroaching on others' property	<input type="checkbox"/>	<input checked="" type="checkbox"/> N
Located in 100-year Floodplain (If yes, attach TXR-1414)	<input checked="" type="checkbox"/> Y	<input type="checkbox"/>
Located in Floodway (If yes, attach TXR-1414)	<input type="checkbox"/>	<input checked="" type="checkbox"/> N
Present Flood Ins. Coverage (If yes, attach TXR-1414)	<input type="checkbox"/>	<input checked="" type="checkbox"/> N
Previous Flooding into the Structures	<input type="checkbox"/>	<input checked="" type="checkbox"/> N
Previous Flooding onto the Property	<input type="checkbox"/>	<input checked="" type="checkbox"/> N
Located in Historic District	<input type="checkbox"/>	<input checked="" type="checkbox"/> N

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

Concerning the Property at _____

Historic Property Designation		N
Previous Use of Premises for Manufacture of Methamphetamine		N

Termite or WDI damage needing repair		N
Single Blockable Main Drain in Pool/Hot Tub/Spa*		N

If the answer to any of the items in Section 3 is yes, explain (attach additional sheets if necessary): _____

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

Section 4. 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 X no If yes, explain (attach additional sheets if necessary): _____

Section 5. 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

 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.

Y Homeowners' associations or maintenance fees or assessments. If yes, complete the following:

Name of association: Port Aux Princes

Manager's name: Peggy Rapp Phone: 409-763-4323

Fees or assessments are: \$ 496 per month and are: X mandatory ___ voluntary

Any unpaid fees or assessment for the Property? ___ yes (\$ _____) X no

If the Property is in more than one association, provide information about the other associations below or attach information to this notice.

 N 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: _____

 N Any notices of violations of deed restrictions or governmental ordinances affecting the condition or use of the Property.

 N Any lawsuits or other legal proceedings directly or indirectly affecting the Property. (Includes, but is not limited to: divorce, foreclosure, heirship, bankruptcy, and taxes.)

 N Any death on the Property except for those deaths caused by: natural causes, suicide, or accident unrelated to the condition of the Property.

 N Any condition on the Property which materially affects the health or safety of an individual.

 N 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).

 N 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.

 N The Property is located in a propane gas system service area owned by a propane distribution system retailer.

 N 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. 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* (TXR 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.
- (6) The following providers currently provide service to the Property:

Electric: <u>TXU</u>	phone #: _____
Sewer: _____	phone #: _____
Water: _____	phone #: _____
Cable: _____	phone #: _____
Trash: _____	phone #: _____
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:	_____ Printed Name:	_____ Printed Name: