



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 19310 Piper Pointe Ln Tomball TX 77375-7695

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	Item	Y	N	U	Item	Y	N	U
Cable TV Wiring			<input checked="" type="checkbox"/>	Liquid Propane Gas:			<input checked="" type="checkbox"/>	Pump: <input type="checkbox"/> sump <input type="checkbox"/> grinder			<input checked="" type="checkbox"/>
Carbon Monoxide Det.			<input checked="" type="checkbox"/>	-LP Community (Captive)			<input checked="" type="checkbox"/>	Rain Gutters	<input checked="" type="checkbox"/>		
Ceiling Fans	<input checked="" type="checkbox"/>			-LP on Property			<input checked="" type="checkbox"/>	Range/Stove	<input checked="" type="checkbox"/>		
Cooktop	<input checked="" type="checkbox"/>			Hot Tub			<input checked="" type="checkbox"/>	Roof/Attic Vents	<input checked="" type="checkbox"/>		
Dishwasher	<input checked="" type="checkbox"/>			Intercom System			<input checked="" type="checkbox"/>	Sauna			<input checked="" type="checkbox"/>
Disposal	<input checked="" type="checkbox"/>			Microwave	<input checked="" type="checkbox"/>			Smoke Detector	<input checked="" type="checkbox"/>		
Emergency Escape Ladder(s)			<input checked="" type="checkbox"/>	Outdoor Grill			<input checked="" type="checkbox"/>	Smoke Detector - Hearing Impaired			<input checked="" type="checkbox"/>
Exhaust Fans	<input checked="" type="checkbox"/>			Patio/Decking	<input checked="" type="checkbox"/>			Spa			<input checked="" type="checkbox"/>
Fences	<input checked="" type="checkbox"/>			Plumbing System	<input checked="" type="checkbox"/>			Trash Compactor			<input checked="" type="checkbox"/>
Fire Detection Equip.	<input checked="" type="checkbox"/>			Pool			<input checked="" type="checkbox"/>	TV Antenna			<input checked="" type="checkbox"/>
French Drain	<input checked="" type="checkbox"/>			Pool Equipment			<input checked="" type="checkbox"/>	Washer/Dryer Hookup	<input checked="" type="checkbox"/>		
Gas Fixtures	<input checked="" type="checkbox"/>			Pool Maint. Accessories			<input checked="" type="checkbox"/>	Window Screens	<input checked="" type="checkbox"/>		
Natural Gas Lines	<input checked="" type="checkbox"/>			Pool Heater			<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: <u>1</u>
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 type="checkbox"/> electric <input checked="" type="checkbox"/> gas number of units: <u>1</u>
Other Heat			<input checked="" type="checkbox"/>	if yes describe: _____
Oven	<input checked="" type="checkbox"/>			number of ovens: <u>1</u> <input checked="" type="checkbox"/> electric <input type="checkbox"/> gas <input type="checkbox"/> other: _____
Fireplace & Chimney	<input checked="" type="checkbox"/>			<input type="checkbox"/> wood <input checked="" type="checkbox"/> gas logs <input type="checkbox"/> mock <input type="checkbox"/> other: _____
Carport			<input checked="" type="checkbox"/>	<input type="checkbox"/> attached <input type="checkbox"/> not attached
Garage	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> attached <input type="checkbox"/> not attached
Garage Door Openers	<input checked="" type="checkbox"/>			number of units: <u>1</u> number of remotes: <u>1</u>
Satellite Dish & Controls			<input checked="" type="checkbox"/>	<input type="checkbox"/> owned <input type="checkbox"/> leased from _____
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 type="checkbox"/> electric <input checked="" type="checkbox"/> gas <input type="checkbox"/> other: _____ number of units: _____
Water Softener			<input checked="" type="checkbox"/>	<input type="checkbox"/> owned <input type="checkbox"/> leased from _____
Other Leased Item(s)			<input checked="" type="checkbox"/>	if yes, describe: _____

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Underground Lawn Sprinkler		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> automatic	<input type="checkbox"/> manual	areas covered: _____
Septic / On-Site Sewer Facility		<input checked="" type="checkbox"/>		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: COMPOSITION Age: REPLACED NEW IN 2018 (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	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"/>			
Exterior Walls		<input checked="" type="checkbox"/>	Roof		<input checked="" 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	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"/>	<input checked="" type="checkbox"/>
Diseased Trees: <input type="checkbox"/> oak wilt <input type="checkbox"/> _____		<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 TXR-1414)		<input checked="" type="checkbox"/>	Wetlands on Property		<input checked="" type="checkbox"/>
Located in Floodway (If yes, attach TXR-1414)		<input checked="" type="checkbox"/>	Wood Rot		<input checked="" type="checkbox"/>
Present Flood Ins. Coverage (If yes, attach TXR-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		<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"/>
Historic Property Designation		<input checked="" type="checkbox"/>	Termite or WDI damage needing repair		<input checked="" type="checkbox"/>

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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"/>
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If the answer to any of the items in Section 3 is yes, explain (attach additional sheets if necessary): ROOF REPLACED IN 2018

*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 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.)

- | | |
|---|---|
| <u>Y</u> <u>N</u> | |
| <input checked="" 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:
Name of association: <u>THREE LAKES COMMUNITY IMPROVEMENT ASSOCIATION</u>
Manager's name: <u>SPECTRUM ASSOCIATION</u> Phone: _____
Fees or assessments are: \$ <u>370⁰⁰</u> per <u>YEAR</u> and are: <input checked="" type="checkbox"/> mandatory <input type="checkbox"/> voluntary
Any unpaid fees or assessment for the Property? <input type="checkbox"/> yes (\$ _____) <input checked="" type="checkbox"/> no
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:
Any optional user fees for common facilities charged? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no If yes, describe: <u>ANNUAL MAINTENANCE FEES INCLUDE, POOL, TENNIS COURTS, PLAYGROUNDS, ETC.</u>
<u>There is a \$10 fee for a tennis key and \$5 per person for pool wristband.</u> |
| <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.
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. |

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If the answer to any of the items in Section 5 is yes, explain (attach additional sheets if necessary):

YES ANSWERS ARE SELF EXPLANATORY

Section 6. Seller [X] has [] has not attached a survey of the Property.

Section 7. Within the last 4 years, have you (Seller) received any written inspection reports from persons who regularly provide inspections and who are either licensed as inspectors or otherwise permitted by law to perform inspections? [] yes [X] no

Table with 4 columns: Inspection Date, Type, Name of Inspector, No. of Pages

Note: A buyer should not rely on the above-cited reports as a reflection of the current condition of the Property. A buyer should obtain inspections from inspectors chosen by the buyer.

Section 8. Check any tax exemption(s) which you (Seller) currently claim for the Property:

- Homestead, Senior Citizen, Disabled, Wildlife Management, Agricultural, Disabled Veteran, Other, Unknown

Section 9. Have you (Seller) ever filed a claim for damage to the Property with any insurance provider? [X] yes [] no

Section 10. Have you (Seller) ever received proceeds for a claim for damage to the Property (for example, an insurance claim or a settlement or award in a legal proceeding) and not used the proceeds to make the repairs for which the claim was made? [] yes [X] no

Section 11. Does the Property have working smoke detectors installed in accordance with the smoke detector requirements of Chapter 766 of the Health and Safety Code? [X] unknown [] no [] yes

*Chapter 766 of the Health and Safety Code requires one-family or two-family dwellings to have working smoke detectors installed in accordance with the requirements of the building code in effect in the area in which the dwelling is located, including performance, location, and power source requirements.

A buyer may require a seller to install smoke detectors for the hearing impaired if: (1) the buyer or a member of the buyer's family who will reside in the dwelling is hearing-impaired; (2) the buyer gives the seller written evidence of the hearing impairment from a licensed physician; and (3) within 10 days after the effective date, the buyer makes a written request for the seller to install smoke detectors for the hearing-impaired and specifies the locations for installation.

Seller acknowledges that the statements in this notice are true to the best of Seller's belief and that no person, including the broker(s), has instructed or influenced Seller to provide inaccurate information or to omit any material information.

Signature of Seller: [Signature] Date: JULY 11, 2019

Signature of Seller: [Signature] Date: JULY 11, 2019

Printed Name: VINCENT M. PALAZZOLO

Printed Name: MARIAN K. PALAZZOLO

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