

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires December 31, 2005

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME Gast	For Insurance Company Use: Policy Number
BUILDING STREET ADDRESS (including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 4440 County Road 4590	Company NAIC Number
CITY Freeport	STATE TX
ZIP CODE	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 10, Block 1 DEMIJOHNN PLACE S-2	
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) Residential	
LATITUDE/LONGITUDE (OPTIONAL) (#° - ##' - ###" or ##.###)	HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983
SOURCE: <input type="checkbox"/> GPS (Type) _____ <input type="checkbox"/> USGS Quad Map _____ <input type="checkbox"/> Other _____	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. FIRM COMMUNITY NAME & COMMUNITY NUMBER Brazoria County Unit 485458	B2. COUNTY NAME Brazoria	B3. STATE TX
B4. MAP AND PANEL NUMBER 4809C0035	B5. SUFFIX H	B6. FIRM INDEX DATE 6-5-89
B7. FIRM PANEL EFFECTIVE/REVISED DATE 6-5-89	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 12.0

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
 FIS Profile FIRM Community Determined Other (Describe): _____

B11. Indicate the elevation datum used for the BFE in B8: NGVD 1929 NAVD 1988 Other (Describe): _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No Designation Date _____

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
 *A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number 6 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, ARIA, ARIAE, ARIA1-A30, ARIA/H, ARIA/O
 Complete items C3-a-f below according to the building diagram specified in item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided on the Comments area of Section D or Section G, as appropriate, to document the datum conversion.
 Datum _____ Conversion/Comments _____

Elevation reference mark used VSB Does the elevation reference mark used appear on the FIRM? Yes No

a) Top of bottom floor (including basement or enclosure) 4.2 ft.(m)

b) Top of next higher floor 13.3 ft.(m)

c) Bottom of lowest horizontal structural member (V zones only) N/A ft.(m)

d) Attached garage (top of slab) 4.3 ft.(m)

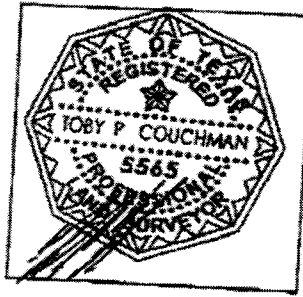
e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) N/A ft.(m)

f) Lowest adjacent (finished) grade (LAG) 4.0 ft.(m)

g) Highest adjacent (finished) grade (HAG) 4.1 ft.(m)

h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 0

i) Total area of all permanent openings (flood vents) in C3.h N/A sq. in. (sq. cm)



SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

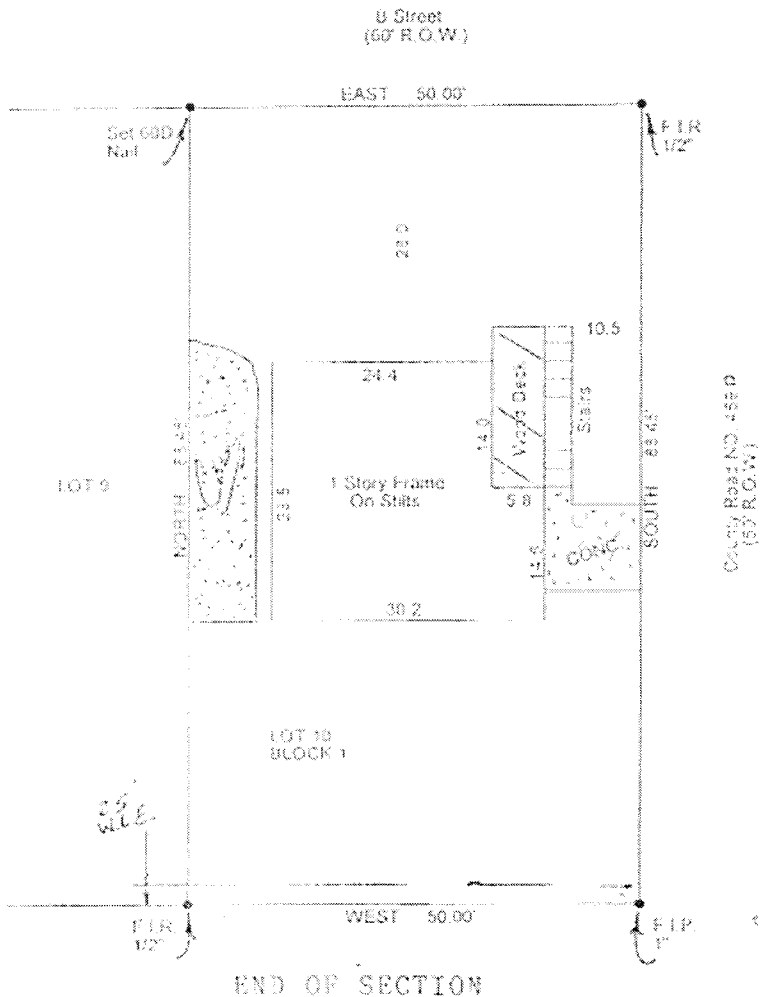
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME Toby P. Couchman LICENSE NUMBER 5565

TITLE/PLS. _____ COMPANY NAME Texas Land Coordinators

ADDRESS P.O. Box 1697 CITY Pearland STATE TX ZIP CODE 77584

SIGNATURE _____ DATE 8-4-04 TELEPHONE 281-997-1585



No Fences

END OF SECTION

NOTE: Easement conveyed to Houston Natural Gas Corporation, recorded in Volume 900, Page 580.
 NOTE: Houston Pipe Line Company dated 5/29/31, recorded in Volume 238, Page 632. (Easement and Pipeline does not visibly effect this property)

NOTE: Restrictive Covenants recorded under

NOTE: By graphic plotting only, the subject property does appear to lie in the 100 year flood plain according to N.F.I.P. Map No. 485458 0635H 6/5/89 ZONE AE

NOTE: Bearings based on Deed, Plat or Assumed.

NOTE: This survey is certified for this transaction only, it is not transferable to additional institutions or subsequent owners.

NAME: Leslie Gast		PROPERTY ADDRESS 4440 County Road 459D	
LOT 10	BLOCK 1	SUBDIVISION DENIJOHN PLACE	SECTION 2