



**Document Cover Sheet**

For multiple or single document submissions,  
please use 1 cover sheet per document.

**Subject Property Description:**

**22306 Vista Del Mar, Galveston, TX 77554**

**Document:**

**Buyer Executed Survey**

**Escrow #:**

**17167039376**

**Loan #:**

**Buyer/Borrower:**

**Maria T Lique**

**Selling Agent/Loan Officer:**

**Carolyn C Miles**

**Broker/Company Name:**

**Miles Real Estate**

**Seller:**

**Justin S Callaway**

**Listing Agent:**

**Deborah G Bly**

**Broker/Company Name:**

**RE/MAX Space Center**

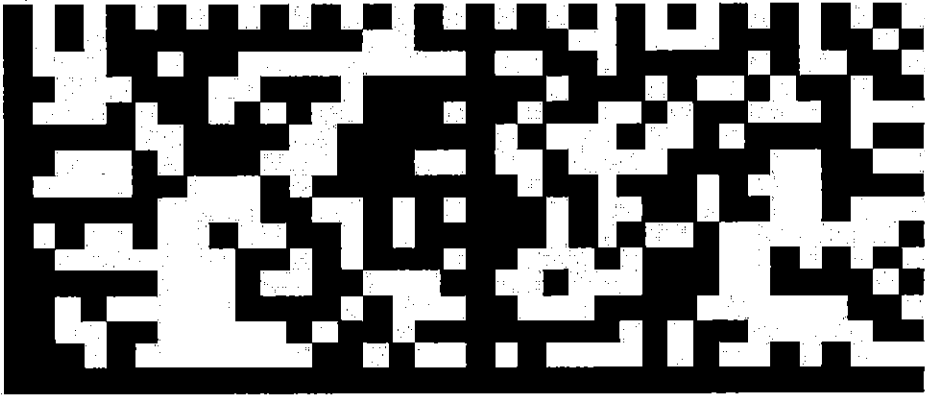
**Title Company:**

**Stewart Title Company**

**Lender:**

**Lender Company Name:**

**Barcode:**



**T-47 RESIDENTIAL REAL PROPERTY AFFIDAVIT**  
(May be modified as Appropriate for Commercial Transactions)

December 15, 2017

File Number: 17167039376

Name of Affiant(s): Justin Sayers Callaway and Tera Jane Callaway  
Address of Affiant: 19870 Post Oak Blvd Lindale, TX 75771

Description of Property:  
Lot Fifteen (15), in Block Two (2), of ISLA DEL SOL SUBDIVISION, an addition in Galveston County, Texas, according to the map or plat thereof recorded in/under Volume 17, Page 121 of the Office of the County Clerk of Galveston County, Texas.

Name of Title Company: Stewart Title Company

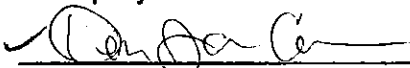
"Title Company" as used herein is the Title Insurance Company whose policy of title insurance is issued in reliance upon the statement contained herein.

Before me, the undersigned authority, personally appeared Justin Sayers Callaway and Tera Jane Callaway, ("Affiant(s)"), who being by me duly sworn on his/her/their oath stated the following:

1. I/We are the owners of the Property.
2. I/We are familiar with the Property and the improvements located on the Property.
3. I/We are closing a transaction requiring title insurance, and the proposed Insured Owner or Lender has requested area and boundary coverage in the title insurance policy(ies) to be issued in this transaction. I/We understand that the company may make exceptions to the coverage of the title insurance as Company may deem appropriate. I/ We understand that the owner of the property, if the current transaction is a sale, may request a similar amendment to the area and boundary coverage in the Owner Policy of Title Insurance upon payment of the promulgated premium.
4. To the best of my/our actual knowledge and belief, since May 21, 2014, there have been no:
  - a. construction projects such as new structures, additional buildings, rooms, garages, swimming pools or other permanent improvements or fixtures;
  - b. changes in the location of boundary fences or boundary walls;
  - c. construction projects on immediately adjoining property(ies) which encroach on the Property.
  - d. conveyances, replattings, easement grants and/or easement dedications (such as a utility line) by any party affecting the Property.EXCEPT for the following: (If None, Insert "None" Below):  

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5. I/We understand that Title Company is relying on the truthfulness of the statements made in this affidavit to provide the area and boundary coverage. This affidavit is not made for the benefit of any other parties, and this affidavit does not constitute a warranty or guarantee of the location of improvements.
6. I/We understand that we have no liability to Title Company or to the Title Insurance Company that will issue the policy(ies) should the information in this Affidavit be incorrect, other than information that I/we personally know to be incorrect and which I/we do not disclose to the Title Company.

  
Justin Sayers Callaway

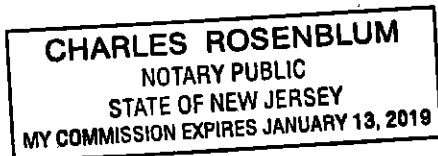
  
Tera Jane Callaway

State of ~~Texas~~ NEW JERSEY  
County of ~~Cook~~ MORRIS

Sworn to and subscribed before me, the undersigned authority, by Justin Sayers Callaway and Tera Jane Callaway on this the 15th day of December, 2017.

*Charles Rosenblum*

Notary Public in and for the State of ~~Texas~~ NEW JERSEY Charles Rosenblum  
My commission expires: 01-13-2019





FEDERAL EMERGENCY MANAGEMENT AGENCY  
NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

IPS FROM FBR  
NONOWNER  
WINDSTORM IS  
1,496.40  
NO FLOOD

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME: Gary Crofford  
BUILDING STREET ADDRESS (including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.: 22306 Vista del Mar  
CITY: Galveston, TX STATE: ZIP CODE:

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.): Isla del Sol  
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.): Residential

LATITUDE AND LONGITUDE (OPTIONAL):  
HORIZONTAL DATUM:  NAD 1927  NAD 1983  
SOURCE:  GPS (Type)  USGS Quad Map  Other

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. FIRM COMMUNITY NAME & COMMUNITY NUMBER: City of Galveston 485469  
B2. COUNTY NAME: Galveston STATE: TX  
B4. MAP AND PANEL NUMBER: 0068  
B5. SUFFIX: D  
B6. FIRM INDEX DATE: 4/4/92  
B7. FIRM PANEL EFFECTIVE/REVISED DATE: 8/15/83  
B8. FLOOD ZONE(S): V21  
B9. BASE FLOOD ELEVATION(S) (Zone AO; use depth of flooding): 15

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 B9:  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, ARAE, ARIA1-A30, ARIA1, ARIA2  
Complete items C3a-j 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 or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.  
Datum: BB Conversion/Comments:  
Elevation reference mark used: R.M.G. Does this elevation reference mark used appear on the FIRM?  Yes  No  
a) Top of bottom floor (including basement or enclosure) 7 2 ft. (m)  
b) Top of next higher floor 10 2 ft. (m)  
c) Bottom of lowest horizontal structural member (V zones only) 19 6 ft. (m)  
d) Attached garage (top of slab) N/A ft. (m)  
e) Lowest elevation of machinery and/or equipment servicing the building NAV ft. (m)  
f) Lowest adjacent grade (LAG) 7 2 ft. (m)  
g) Highest adjacent grade (HAG) 7 6 ft. (m)  
h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade N/A  
i) Total area of all permanent openings (flood vents) in C3h N/A sq. ft. (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: Laurence Wall LICENSER NUMBER: 4814  
TITLE: P.E.S. COMPANY NAME: T.T.S. Inc. STATE: TX ZIP CODE: 77550  
ADDRESS: 1801 Moody Galveston, TX DATE: 9/10/01 TELEPHONE: (409) 765-8883