



**TEXAS ASSOCIATION OF REALTORS®  
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

24718 Forest Canopy Dr. Katy TX 77494

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  not occupying the Property. If unoccupied (by Seller), how long since Seller has occupied the Property? \_\_\_\_\_ 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"/>	<input checked="" type="checkbox"/>	<input 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"/>	<input 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"/>			electric <input checked="" type="checkbox"/> gas number of units: 1			
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"/>	<input checked="" type="checkbox"/>		if yes, describe:			
Central Heat	<input checked="" type="checkbox"/>			electric <input checked="" type="checkbox"/> gas number of units: 1			
Other Heat	<input checked="" type="checkbox"/>			if yes, describe:			
Oven	<input checked="" type="checkbox"/>			number of ovens: electric <input checked="" type="checkbox"/> gas other:			
Fireplace & Chimney	<input checked="" type="checkbox"/>			wood <input checked="" type="checkbox"/> gas logs <input checked="" type="checkbox"/> mock <input checked="" type="checkbox"/> other:			
Carport	<input checked="" type="checkbox"/>			attached <input checked="" type="checkbox"/> not attached <input checked="" type="checkbox"/>			
Garage	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> attached <input checked="" type="checkbox"/> not attached <input checked="" type="checkbox"/>			
Garage Door Openers	<input checked="" type="checkbox"/>			number of units: 1 number of remotes: 2			
Satellite Dish & Controls	<input checked="" type="checkbox"/>			owned <input checked="" type="checkbox"/> lease from: NA			
Security System	<input checked="" type="checkbox"/>			owned <input checked="" type="checkbox"/> lease from:			
Water Heater	<input checked="" type="checkbox"/>			electric <input checked="" type="checkbox"/> gas other: number of units: 1			
Water Softener	<input checked="" type="checkbox"/>			owned <input checked="" type="checkbox"/> lease from:			
Underground Lawn Sprinkler	<input checked="" type="checkbox"/>			automatic <input checked="" type="checkbox"/> manual areas covered: Front & Back			
Septic / On-Site Sewer Facility	<input checked="" type="checkbox"/>			if yes, attach Information About On-Site Sewer Facility (TAR-1407)			

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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 TAR-1906 concerning lead-based paint hazards).

Roof Type: Composition Age: 4 years (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 checked="" type="checkbox"/>	<input type="checkbox"/>
Ceilings	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Driveways	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Electrical Systems	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Exterior Walls	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

Item	Y	N
Sidewalks	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Walls / Fences	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Windows	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other Structural Components	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
Asbestos Components	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Diseased Trees: <u>oak wilt</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Endangered Species/Habitat on Property	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fault Lines	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hazardous or Toxic Waste	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Improper Drainage	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intermittent or Weather Springs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Landfill	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lead-Based Paint or Lead-Based Pt. Hazards	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Encroachments onto the Property	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Improvements encroaching on others' property	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Located in 100-year Floodplain	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Located in Floodway	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Present Flood Ins. Coverage (If yes, attach TAR-1414)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Previous Flooding into the Structures	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Previous Flooding onto the Property	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Located in Historic District	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Historic Property Designation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Previous Use of Premises for Manufacture of Methamphetamine	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

\*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

- Room additions, structural modifications, or other alterations or repairs made without necessary permits or not in compliance with building codes in effect at the time.
- Homeowners' associations or maintenance fees or assessments. If yes, complete the following:  
 Name of association: High Sierra Management  
 Manager's name: Patty Haeseler Phone: 281-391-7914  
 Fees or assessments are: \$ \$75 per per year and are: mandatory voluntary  
 Any unpaid fees or assessment for the Property? yes (\$           )  no  
 If the Property is in more than one association, provide information about the other associations below or attach information to this notice.

- 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: \_\_\_\_\_

- Any notices of violations of deed restrictions or governmental ordinances affecting the condition or use of the Property.
- Any lawsuits or other legal proceedings directly or indirectly affecting the Property. (Includes, but is not limited to: divorce, foreclosure, heirship, bankruptcy, and taxes.)
- Any death on the Property except for those deaths caused by: natural causes, suicide, or accident unrelated to the condition of the Property.
- Any condition on the Property which materially affects the health or safety of an individual.
- 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).
- 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.
- The Property is located in a propane gas system service area owned by a propane distribution system retailer.
- Any portion of the Property that is located in a groundwater conservation district or a subsidence district.

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

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

**Section 6. Seller  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  no** If yes, attach copies and complete the following:

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:**

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Homestead | <input type="checkbox"/> Senior Citizen | <input type="checkbox"/> Disabled         |
| <input type="checkbox"/> Wildlife Management  | <input type="checkbox"/> Agricultural   | <input type="checkbox"/> Disabled Veteran |
| <input type="checkbox"/> Other: _____         |   | <input type="checkbox"/> Unknown          |

**Section 9. Have you (Seller) ever filed a claim for damage to the Property with any insurance provider?  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  no** If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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?\*  unknown  no  yes.** If no or unknown, explain. (Attach additional sheets if necessary): \_\_\_\_\_  
 \_\_\_\_\_

\*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. If you do not know the building code requirements in effect in your area, you may check unknown above or contact your local building official for more information.

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. The parties may agree who will bear the cost of installing the smoke detectors and which brand of smoke detectors to install.

(TAR-1406) 09-01-17

Initialed by: Buyer: \_\_\_\_\_, \_\_\_\_\_ and Seller: \_\_\_\_\_, \_\_\_\_\_

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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

Date

Signature of Seller

Date

Printed Name:

Printed Name:

#### 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.
- (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) 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.
- (4) If you are basing your offers on square footage, measurements, or boundaries, you should have those items independently measured to verify any reported information.
- (5) The following providers currently provide service to the Property:

Electric: TXU energy

phone #: 972 972-791-2888

Sewer:

phone #:

Water: Harris Mud #65

phone #: 281-347-8686

Cable: Xfinity compax

phone #: 1-800-934-6489

Trash: Texas Pride Disposal

phone #: 281-342-8178

Natural Gas: Center Point

phone #: 713-659-2111

Phone Company: AT&T

phone #: 1-800-331-0500

Propane: none

phone #:  

- (6) 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:

(TAR-1406) 09-01-17

Initialed by: Buyer: \_\_\_\_\_, \_\_\_\_\_ and Seller:  , \_\_\_\_\_

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