



## 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 **222 Chatham St., Sugarland TX 77479**

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 X is not occupying the Property. If unoccupied (by Seller), how long since Seller has occupied the Property? 1 month (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            | X |   |   |
| Carbon Monoxide Det.       | X |   |   |
| Ceiling Fans               | X |   |   |
| Cooktop                    | X |   |   |
| Dishwasher                 | X |   |   |
| Disposal                   | X |   |   |
| Emergency Escape Ladder(s) |   | X |   |
| Exhaust Fans               | X |   |   |
| Fences                     | X |   |   |
| Fire Detection Equip.      | X |   |   |
| French Drain               |   |   | X |
| Gas Fixtures               | X |   |   |
| Natural Gas Lines          | X |   |   |

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

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

| Item                      | Y | N | U | Additional Information  |
|---------------------------|---|---|---|---|
| Central A/C               | X |   |   | <u>X</u> electric <u>   </u> gas number of units: <u>   </u>                              |
| Evaporative Coolers       |   | X |   | number of units: <u>   </u>   |
| Wall/Window AC Units      |   | X |   | number of units: <u>   </u>   |
| Attic Fan(s)              | X |   |   | if yes, describe: <u>   </u>  |
| Central Heat              | X |   |   | <u>X</u> electric <u>   </u> gas number of units: <u>   </u>                              |
| Other Heat                |   | X |   | if yes, describe: <u>   </u>  |
| Oven                      | X |   |   | number of ovens: <u>1</u> electric <u>   </u> gas <u>   </u> other: <u>   </u>            |
| Fireplace & Chimney       | X |   |   | <u>   </u> wood <u>X</u> gas logs <u>   </u> mock <u>   </u> other: <u>   </u>            |
| Carport                   |   | X |   | <u>   </u> attached <u>   </u> not attached   |
| Garage                    | X |   |   | <u>X</u> attached <u>   </u> not attached   |
| Garage Door Openers       | X |   |   | number of units: <u>2</u> number of remotes: <u>2</u>                                     |
| Satellite Dish & Controls |   | X |   | <u>   </u> owned <u>   </u> leased from: <u>   </u>                                       |
| Security System           | X |   |   | <u>X</u> owned <u>   </u> leased from: <u>   </u>   |
| Solar Panels              |   | X |   | <u>   </u> owned <u>   </u> leased from: <u>   </u>                                       |
| Water Heater              | X |   |   | <u>   </u> electric <u>X</u> gas <u>   </u> other: <u>   </u> number of units: <u>   </u> |
| Water Softener            | X |   |   | <u>X</u> owned <u>   </u> leased from: <u>   </u>   |
| Other Leased Items(s)     |   | X |   | if yes, describe: <u>   </u>  |

(TXR-1406) 09-01-19

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

Page 1 of 6

Concerning the Property at **222 Chatham St., Sugarland TX 77479**

|                                 |                                     |                                     |   |                      |
|---------------------------------|-------------------------------------|-------------------------------------|---|----------------------|
| Underground Lawn Sprinkler      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> automatic <input type="checkbox"/> manual | areas covered: _____ |
| Septic / On-Site Sewer Facility | <input type="checkbox"/>            | <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: ? \_\_\_\_\_ Age: 9 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 type="checkbox"/> | <input checked="" type="checkbox"/> |
| Ceilings           | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Doors              | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Driveways          | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Electrical Systems | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Exterior Walls     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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

| Item                        | Y                        | N                                   |
|-----------------------------|--------------------------|-------------------------------------|
| Sidewalks                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Walls / Fences              | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Windows                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Other Structural Components | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|                             | <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"/> |
| Asbestos Components   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Diseased Trees: <u>oak wilt</u>                             | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Endangered Species/Habitat on Property                      | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Fault Lines   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Hazardous or Toxic Waste                                    | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Improper Drainage   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Intermittent or Weather Springs                             | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Landfill  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Lead-Based Paint or Lead-Based Pt. Hazards                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Encroachments onto the Property                             | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Improvements encroaching on others' property                | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Located in Historic District                                | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Historic Property Designation                               | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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"/> |
| Previous Use of Premises for Manufacture of Methamphetamine | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

| Condition   | Y                        | N                                   |
|---|--------------------------|-------------------------------------|
| 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 Damage Not Due to a Flood Event                                 | <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"/> |

Concerning the Property at **222 Chatham St., Sugarland TX 77479**

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 conditions?\*** (Mark Yes (Y) if you are aware and check wholly or partly as applicable. Mark No (N) if you are not aware.)

Y   N

- X  Present flood insurance coverage (if yes, attach TXR 1414).
- X  Previous flooding due to a failure or breach of a reservoir or a controlled or emergency release of water from a reservoir.
- X  Previous flooding due to a natural flood event (if yes, attach TXR 1414).
- X  Previous water penetration into a structure on the Property due to a natural flood event (if yes, attach TXR 1414).
- X  Located \_\_\_ wholly \_\_\_ partly in a 100-year floodplain (Special Flood Hazard Area-Zone A, V, A99, AE AO, AH, VE, or AR) (if yes, attach TXR 1414).
- X  Located \_\_\_ wholly \_\_\_ partly in a 500-year floodplain (Moderate Flood Hazard Area-Zone X (shaded)).
- X  Located \_\_\_ wholly \_\_\_ partly in a floodway (if yes, attach TXR 1414).
- X  Located \_\_\_ wholly \_\_\_ partly in a flood pool.
- X  Located \_\_\_ wholly \_\_\_ partly in a reservoir.

If the answer to any of the above is yes, explain (attach additional sheets as necessary): \_\_\_\_\_

*\*For purposes of this notice:*

*"100-year floodplain" means any area of land that: (A) is identified on the flood insurance rate map as a special flood hazard area, which is designated as Zone A, V, A99, AE, AO, AH, VE, or AR on the map; (B) has a one percent annual chance of flooding, which is considered to be a high risk of flooding; and (C) may include a regulatory floodway, flood pool, or reservoir.*

*"500-year floodplain" means any area of land that: (A) is identified on the flood insurance rate map as a moderate flood hazard area, which is designated on the map as Zone X (shaded); and (B) has a two-tenths of one percent annual chance of flooding, which is considered to be a moderate risk of flooding.*

*"Flood pool" means the area adjacent to a reservoir that lies above the normal maximum operating level of the reservoir and that is subject to controlled inundation under the management of the United States Army Corps of Engineers.*

*"Flood insurance rate map" means the most recent flood hazard map published by the Federal Emergency Management Agency under the National Flood Insurance Act of 1968 (42 U.S.C. Section 4001 et seq.).*

*"Floodway" means an area that is identified on the flood insurance rate map as a regulatory floodway, which includes the channel of a river or other watercourse and the adjacent land areas that must be reserved for the discharge of a base flood, also referred to as a 100-year flood, without cumulatively increasing the water surface elevation more than a designated height.*

*"Reservoir" means a water impoundment project operated by the United States Army Corps of Engineers that is intended to retain water or delay the runoff of water in a designated surface area of land.*





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**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) 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>Just Energy</u>        | phone #: | <u>(833) 757-1615</u> |
| Sewer:         | <u>CITY OF SUGAR LAND</u> | phone #: | <u>281-275-2020</u>   |
| Water:         | <u>CITY OF SUGAR LAND</u> | phone #: | <u>281-275-2020</u>   |
| Cable:         | <u>AT&amp;T Direct TV</u> | phone #: | <u>1-800-288-2020</u> |
| Trash:         | <u>CITY OF SUGAR LAND</u> | phone #: | <u>281-275-2020</u>   |
| Natural Gas:   | <u>CenterPoint Energy</u> | phone #: | <u>800-332-7143</u>   |
| Phone Company: | <u>NA</u>                 | phone #: | <u>NA</u>             |
| Propane:       | <u>NA</u>                 | phone #: | <u>NA</u>             |
| Internet:      | <u>Windstream</u>         | phone #: | <u>833-492-4064</u>   |

(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: _____ |      |