Model COVID-19 Certification for Property Access



Property Address:		, 202
Seller(s):		
Listing Agent(s) Present: Potential Buyer(s) Present:		
Buyer Agent(s) Present:Other Individual(s) Present:	Role*·	
*Inspectors, appraisers, contractors or other to		
Seller authorizes access to the property to the individua	al(s) who have signed below.	
Each person listed above certifies that to the best of his	s or her knowledge neither they, nor a member o	f their
household with whom they live, nor a person with who		
 Has experienced any cold or flu-like symptoms in the difficulty breathing). Is currently diagnosed with COVID-19. Has a test pending for COVID-19. Is currently under quarantine due to COVID-19 condo. Has had contact in the previous 14 days with some of the second of the previous 14 days with some of the second of the previous 14 days to anywhere do the centers for Disease Control. This certification does not create any legally binding condoligation in an existing contract. EACH SELLER(S) AND INDIVIDUAL(S) INTENDING TO ACCESS TO CERTIFICATION OF ALL OF THE ABOVE: 	cerns. one diagnosed with COVID-19. one who had contact with someone diagnosed widesignated as having widespread ongoing transmis	ith COVID-19. ssion by the ight or
Signature	Printed Name	

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Showing & COVID-19

Tue 4/28/2020 6:45 AM

To: Demeria Roberts < homes@demeriaroberts.com>

Cc:

To whom it may concern:

Subject: Showing at 3314 Candleknoll Dr. & COVID-19

Owners Mark & Kim Helms will sign COVID-19 Property Access form.

Owners are NOT requiring potential buyers to sign COVID-19 Property Access form. This home will be disinfected both before and after every showing.

Regards, Mark & Kim Helms

Sent from my iPhone

Model COVID-19 Certification for Property Access



Property Address:	3314 Candle	ndleknoll Drive , Spring,TX 77388		Date of visit:	2020
Callary Marcus	L Helms	Kimberly L Helms			 -
Listing Agent(s) Pre	sent:				
Buyer Agent(s) Pres	ent:				
Other Individual(s) Pr	esent:		Role*:_		
		tractors or other transac			
Seller authorizes acce	ess to the prope	erty to the individual(s) w	ho have signed b	pelow.	
Each person listed ab	ove certifies th	at to the best of his or he	r knowledge nei	ther they, nor a member	of their
·		a person with whom the		•	
difficulty breathing 2.1s currently diaground 3. Has a test pending 4.1s currently unde 5. Has had contact 6. Has had contact 7. Has traveled in the Centers for Disease This certification does obligation in an existing statement of the content of the certification does only the certification does not contact	ng). nosed with COVing for COVID-19 or quarantine du in the previous in the previous he previous 14 of see Control. s not create any ing contract.		agnosed with CC ho had contact v ated as having wi	OVID-19. with someone diagnosed idespread ongoing transion obligation nor modify any	with COVID-19. mission by the y right or
CERTIFICATION OF ALL					
Signa	iture			Printed Name	
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₫55₽\$1 <u>6</u> 777438			Kimberly L	_ Helms	
455D0182729743B					

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