



## 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 9843 Deborah Colony Lane, Humble, TX 77396

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  is not occupying the Property. If unoccupied (by Seller), how long since Seller has occupied the Property?  \_\_\_\_\_ (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: <input type="checkbox"/> sump <input type="checkbox"/> 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			<input checked="" type="checkbox"/> electric <input type="checkbox"/> gas number of units: _____
Evaporative Coolers			X	number of units: _____
Wall/Window AC Units		X		number of units: _____
Attic Fan(s)			X	if yes, describe: _____
Central Heat	X			<input checked="" type="checkbox"/> electric <input type="checkbox"/> gas number of units: _____
Other Heat		X		if yes describe: _____
Oven	X			number of ovens: _____ <input type="checkbox"/> electric <input type="checkbox"/> gas <input type="checkbox"/> other: _____
Fireplace & Chimney		X		<input type="checkbox"/> wood <input type="checkbox"/> gas logs <input type="checkbox"/> mock <input type="checkbox"/> other: _____
Carport		X		<input type="checkbox"/> attached <input type="checkbox"/> not attached
Garage	X			<input checked="" type="checkbox"/> attached <input type="checkbox"/> not attached
Garage Door Openers	X			number of units: <u>1</u> number of remotes: <u>2</u>
Satellite Dish & Controls		X		<input type="checkbox"/> owned <input type="checkbox"/> leased from _____
Security System	X			<input checked="" type="checkbox"/> owned <input type="checkbox"/> leased from _____
Solar Panels		X		<input type="checkbox"/> owned <input type="checkbox"/> leased from _____
Water Heater	X			<input type="checkbox"/> electric <input checked="" type="checkbox"/> gas <input type="checkbox"/> other: _____ number of units: _____
Water Softener		X		<input type="checkbox"/> owned <input type="checkbox"/> leased from _____
Other Leased Item(s)				if yes, describe: _____

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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 checked="" 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: Shingles 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	Item	Y	N	Item	Y	N
Basement		<input checked="" type="checkbox"/>	Floors		<input checked="" type="checkbox"/>	Sidewalks		<input checked="" type="checkbox"/>
Ceilings		<input checked="" type="checkbox"/>	Foundation / Slab(s)		<input checked="" type="checkbox"/>	Walls / Fences		<input checked="" type="checkbox"/>
Doors		<input checked="" type="checkbox"/>	Interior Walls		<input checked="" type="checkbox"/>	Windows		<input checked="" type="checkbox"/>
Driveways		<input checked="" type="checkbox"/>	Lighting Fixtures		<input checked="" type="checkbox"/>	Other Structural Components		<input checked="" type="checkbox"/>
Electrical Systems		<input checked="" type="checkbox"/>	Plumbing Systems		<input checked="" type="checkbox"/>			
Exterior Walls		<input checked="" type="checkbox"/>	Roof		<input checked="" 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	Condition	Y	N
Aluminum Wiring		<input checked="" type="checkbox"/>	Radon Gas		<input checked="" type="checkbox"/>
Asbestos Components		<input checked="" type="checkbox"/>	Settling		<input checked="" type="checkbox"/>
Diseased Trees: <input type="checkbox"/> oak wilt <input type="checkbox"/> _____		<input checked="" type="checkbox"/>	Soil Movement		<input checked="" type="checkbox"/>
Endangered Species/Habitat on Property		<input checked="" type="checkbox"/>	Subsurface Structure or Pits		<input checked="" type="checkbox"/>
Fault Lines		<input checked="" type="checkbox"/>	Underground Storage Tanks		<input checked="" type="checkbox"/>
Hazardous or Toxic Waste		<input checked="" type="checkbox"/>	Unplatted Easements		<input checked="" type="checkbox"/>
Improper Drainage		<input checked="" type="checkbox"/>	Unrecorded Easements		<input checked="" type="checkbox"/>
Intermittent or Weather Springs		<input checked="" type="checkbox"/>	Urea-formaldehyde Insulation		<input checked="" type="checkbox"/>
Landfill		<input checked="" type="checkbox"/>	Water Damage Not Due to a Flood Event		<input checked="" type="checkbox"/>
Lead-Based Paint or Lead-Based Pt. Hazards		<input checked="" type="checkbox"/>	Wetlands on Property		<input checked="" type="checkbox"/>
Encroachments onto the Property		<input checked="" type="checkbox"/>	Wood Rot		<input checked="" type="checkbox"/>
Improvements encroaching on others' property		<input checked="" type="checkbox"/>	Active infestation of termites or other wood destroying insects (WDI)		<input checked="" type="checkbox"/>
Located in Historic District		<input checked="" type="checkbox"/>	Previous treatment for termites or WDI		<input checked="" type="checkbox"/>
Historic Property Designation		<input checked="" type="checkbox"/>	Previous termite or WDI damage repaired		<input checked="" type="checkbox"/>
Previous Foundation Repairs		<input checked="" type="checkbox"/>	Previous Fires		<input checked="" type="checkbox"/>
Previous Roof Repairs		<input checked="" type="checkbox"/>	Termite or WDI damage needing repair		<input checked="" type="checkbox"/>
Previous Other Structural Repairs		<input checked="" type="checkbox"/>	Single Blockable Main Drain in Pool/Hot Tub/Spa*		<input checked="" type="checkbox"/>
Previous Use of Premises for Manufacture of Methamphetamine		<input checked="" type="checkbox"/>			

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  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.)

- |   |                                     |                          |                          |                                     |                          |                                     |                          |                                     |                          |                                     |                                     |                                     |                          |                                     |                          |                                     |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |
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| <input checked="" type="checkbox"/>   | <input type="checkbox"/>            |                          |                          |                                     |                          |                                     |                          |                                     |                          |                                     |                                     |                                     |                          |                                     |                          |                                     |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/> |                          |                          |                                     |                          |                                     |                          |                                     |                          |                                     |                                     |                                     |                          |                                     |                          |                                     |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/> |                          |                          |                                     |                          |                                     |                          |                                     |                          |                                     |                                     |                                     |                          |                                     |                          |                                     |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/> |                          |                          |                                     |                          |                                     |                          |                                     |                          |                                     |                                     |                                     |                          |                                     |                          |                                     |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/> |                          |                          |                                     |                          |                                     |                          |                                     |                          |                                     |                                     |                                     |                          |                                     |                          |                                     |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |
| <input checked="" type="checkbox"/>   | <input checked="" type="checkbox"/> |                          |                          |                                     |                          |                                     |                          |                                     |                          |                                     |                                     |                                     |                          |                                     |                          |                                     |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/> |                          |                          |                                     |                          |                                     |                          |                                     |                          |                                     |                                     |                                     |                          |                                     |                          |                                     |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/> |                          |                          |                                     |                          |                                     |                          |                                     |                          |                                     |                                     |                                     |                          |                                     |                          |                                     |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/> |                          |                          |                                     |                          |                                     |                          |                                     |                          |                                     |                                     |                                     |                          |                                     |                          |                                     |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |
| <input type="checkbox"/>  | <input type="checkbox"/>            |                          |                          |                                     |                          |                                     |                          |                                     |                          |                                     |                                     |                                     |                          |                                     |                          |                                     |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |
| <input type="checkbox"/>  | <input type="checkbox"/>            |                          |                          |                                     |                          |                                     |                          |                                     |                          |                                     |                                     |                                     |                          |                                     |                          |                                     |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |
| <input type="checkbox"/>  | <input type="checkbox"/>            |                          |                          |                                     |                          |                                     |                          |                                     |                          |                                     |                                     |                                     |                          |                                     |                          |                                     |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |
| <input type="checkbox"/>  | <input type="checkbox"/>            |                          |                          |                                     |                          |                                     |                          |                                     |                          |                                     |                                     |                                     |                          |                                     |                          |                                     |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |
| <input type="checkbox"/>  | <input type="checkbox"/>            |                          |                          |                                     |                          |                                     |                          |                                     |                          |                                     |                                     |                                     |                          |                                     |                          |                                     |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |
| <input type="checkbox"/>  | <input type="checkbox"/>            |                          |                          |                                     |                          |                                     |                          |                                     |                          |                                     |                                     |                                     |                          |                                     |                          |                                     |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |
| <input type="checkbox"/>  | <input type="checkbox"/>            |                          |                          |                                     |                          |                                     |                          |                                     |                          |                                     |                                     |                                     |                          |                                     |                          |                                     |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |
| <input type="checkbox"/>  | <input type="checkbox"/>            |                          |                          |                                     |                          |                                     |                          |                                     |                          |                                     |                                     |                                     |                          |                                     |                          |                                     |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |
| <input type="checkbox"/>  | <input type="checkbox"/>            |                          |                          |                                     |                          |                                     |                          |                                     |                          |                                     |                                     |                                     |                          |                                     |                          |                                     |                          |                                     |   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |

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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**Section 6. Have you (Seller) ever filed a claim for flood damage to the Property with any insurance provider, including the National Flood Insurance Program (NFIP)?\***  yes  no If yes, explain (attach additional sheets as necessary): \_\_\_\_\_

\*Homes in high risk flood zones with mortgages from federally regulated or insured lenders are required to have flood insurance. Even when not required, the Federal Emergency Management Agency (FEMA) encourages homeowners in high risk, moderate risk, and low risk flood zones to purchase flood insurance that covers the structure(s) and the personal property within the structure(s).

**Section 7. Have you (Seller) ever received assistance from FEMA or the U.S. Small Business Administration (SBA) for flood damage to the Property?**  yes  no If yes, explain (attach additional sheets as necessary): \_\_\_\_\_

**Section 8. Are you (Seller) aware of any of the following? (Mark Yes (Y) if you are aware. Mark No (N) if you are not aware.)**

- |                                     |                                     |  |
|-------------------------------------|-------------------------------------|--|
| <u>Y</u>                            | <u>N</u>                            |  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Room additions, structural modifications, or other alterations or repairs made without necessary permits, with unresolved permits, or not in compliance with building codes in effect at the time.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Homeowners' associations or maintenance fees or assessments. If yes, complete the following:<br>Name of association: <u>Fall Creek HOA</u><br>Manager's name: <u>Spectrum Association Management</u> Phone: <u>281-343-9178</u><br>Fees or assessments are: <u>\$1050</u> per <u>year</u> and are: <input checked="" type="checkbox"/> mandatory <input type="checkbox"/> voluntary<br>Any unpaid fees or assessment for the Property? <input type="checkbox"/> yes (\$ _____) <input checked="" type="checkbox"/> no<br>If the Property is in more than one association, provide information about the other associations below or attach information to this notice. |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Any common area (facilities such as pools, tennis courts, walkways, or other) co-owned in undivided interest with others. If yes, complete the following:<br>Any optional user fees for common facilities charged? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, describe: _____  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Any notices of violations of deed restrictions or governmental ordinances affecting the condition or use of the Property.  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Any lawsuits or other legal proceedings directly or indirectly affecting the Property. (Includes, but is not limited to: divorce, foreclosure, heirship, bankruptcy, and taxes.)   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Any death on the Property except for those deaths caused by: natural causes, suicide, or accident unrelated to the condition of the Property.  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Any condition on the Property which materially affects the health or safety of an individual.  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 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.<br>If yes, attach any certificates or other documentation identifying the extent of the remediation (for example, certificate of mold remediation or other remediation).   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 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.  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | The Property is located in a propane gas system service area owned by a propane distribution system retailer.  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Any portion of the Property that is located in a groundwater conservation district or a subsidence district.   |

If the answer to any of the items in Section 8 is yes, explain (attach additional sheets if necessary): \_\_\_\_\_

**Section 9. Seller**  **has**  **has not attached a survey of the Property.**

**Section 10. 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 11. Check any tax exemption(s) which you (Seller) currently claim for the Property:**

- Homestead                                       Senior Citizen                                       Disabled
- Wildlife Management                                       Agricultural                                       Disabled Veteran
- Other: \_\_\_\_\_                                       Unknown

**Section 12. Have you (Seller) ever filed a claim for damage, other than flood damage, to the Property with any insurance provider?**  **yes**  **no**

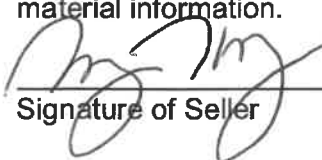
**Section 13. Have you (Seller) ever received proceeds for a claim for damage to the Property (for example, an insurance claim or a settlement or award in a legal proceeding) and not used the proceeds to make the repairs for which the claim was made?**  **yes**  **no** If yes, explain: \_\_\_\_\_

**Section 14. 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.*

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: Meagan M Thorp

Printed Name: Richard C Thorp

**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>Windrose Energy/Discount Power</u>	phone #: <u>800-483-1836</u>
Sewer: <u>TNG</u>	phone #: <u>281-350-0895</u>
Water: <u>TNG</u>	phone #: <u>281-350-0895</u>
Cable: <u>N/A</u>	phone #: <u>—</u>
Trash: <u>Aggressive Waste</u>	phone #: <u>713-785-8050</u>
Natural Gas: <u>Centerpoint Energy</u>	phone #: <u>713-659-2111</u>
Phone Company: <u>N/A</u>	phone #: <u>—</u>
Propane: <u>N/A</u>	phone #: <u>—</u>
Internet: <u>AT&amp;T</u>	phone #: <u>800-288-2020</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 \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature of Buyer \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_

(TXR-1406) 09-01-19 Initialed by: Buyer: \_\_\_\_\_ and Seller: MT W Page 6 of 6