



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.**

205 Cornish Dr
Brenham, TX 77833-3426

CONCERNING THE PROPERTY AT _____

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?
 October 19, 2020 (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	<input checked="" type="checkbox"/>		
Carbon Monoxide Det.		<input checked="" 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"/>	
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"/>			<input checked="" type="checkbox"/> electric <u> </u> gas number of units: <u>1</u>
Evaporative Coolers		<input checked="" type="checkbox"/>		number of units: <u> </u>
Wall/Window AC Units		<input checked="" type="checkbox"/>		number of units: <u> </u>
Attic Fan(s)		<input checked="" type="checkbox"/>		if yes, describe: <u> </u>
Central Heat	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> electric <u> </u> gas number of units: <u>1</u>
Other Heat		<input checked="" type="checkbox"/>		if yes, describe: <u> </u>
Oven		<input checked="" type="checkbox"/>		number of ovens: <u> </u> electric <u> </u> gas <u> </u> other: <u> </u>
Fireplace & Chimney		<input checked="" type="checkbox"/>		<u> </u> wood <u> </u> gas logs <u> </u> mock <u> </u> other: <u> </u>
Carport		<input checked="" type="checkbox"/>		<u> </u> attached <u> </u> not attached
Garage	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> attached <input checked="" type="checkbox"/> not attached
Garage Door Openers	<input checked="" type="checkbox"/>			number of units: <u>1</u> number of remotes: <u>2</u>
Satellite Dish & Controls		<input checked="" type="checkbox"/>		<u> </u> owned <u> </u> leased from: <u> </u>
Security System		<input checked="" type="checkbox"/>		<u> </u> owned <u> </u> leased from: <u> </u>
Solar Panels		<input checked="" type="checkbox"/>		<u> </u> owned <u> </u> leased from: <u> </u>
Water Heater	<input checked="" type="checkbox"/>			<u> </u> electric <input checked="" type="checkbox"/> gas <u> </u> other: <u> </u> number of units: <u>1</u>
Water Softener		<input checked="" type="checkbox"/>		<u> </u> owned <u> </u> leased from: <u> </u>
Other Leased Items(s)		<input checked="" type="checkbox"/>		if yes, describe: <u> </u>

(TXR-1406) 09-01-19

Initialed by: Buyer: _____ and Seller: RB _____

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205 Cornish Dr
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Concerning the Property at _____

Underground Lawn Sprinkler	<input checked="" type="checkbox"/>	automatic	manual	areas covered:
Septic / On-Site Sewer Facility	<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: Composition Age: 3yrs (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"/>
Ceilings		<input checked="" type="checkbox"/>
Doors		<input checked="" type="checkbox"/>
Driveways		<input checked="" type="checkbox"/>
Electrical Systems		<input checked="" type="checkbox"/>
Exterior Walls		<input checked="" type="checkbox"/>

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

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

Condition	Y	N
Radon Gas		<input checked="" type="checkbox"/>
Settling		<input checked="" type="checkbox"/>
Soil Movement		<input checked="" type="checkbox"/>
Subsurface Structure or Pits		<input checked="" type="checkbox"/>
Underground Storage Tanks		<input checked="" type="checkbox"/>
Unplatted Easements		<input checked="" type="checkbox"/>
Unrecorded Easements		<input checked="" type="checkbox"/>
Urea-formaldehyde Insulation		<input checked="" type="checkbox"/>
Water Damage Not Due to a Flood Event		<input checked="" type="checkbox"/>
Wetlands on Property		<input checked="" type="checkbox"/>
Wood Rot		<input checked="" type="checkbox"/>
Active infestation of termites or other wood destroying insects (WDI)		<input checked="" type="checkbox"/>
Previous treatment for termites or WDI		<input checked="" type="checkbox"/>
Previous termite or WDI damage repaired		<input checked="" type="checkbox"/>
Previous Fires		<input checked="" type="checkbox"/>
Termite or WDI damage needing repair		<input checked="" type="checkbox"/>
Single Blockable Main Drain in Pool/Hot Tub/Spa*		<input checked="" type="checkbox"/>

(TXR-1406) 09-01-19

Initialed by: Buyer: _____ and Seller: RB

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205 Cornish Dr
Brenham, TX 77833-3426

Concerning the Property at _____

If the answer to any of the items in Section 3 is yes, explain (attach additional sheets if necessary): _____

Foundation January 2014

New roof September 2017

Electrical August 2017

*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.)

Y N

- Present flood insurance coverage (if yes, attach TXR 1414).
- Previous flooding due to a failure or breach of a reservoir or a controlled or emergency release of water from a reservoir.
- Previous flooding due to a natural flood event (if yes, attach TXR 1414).
- Previous water penetration into a structure on the Property due to a natural flood event (if yes, attach TXR 1414).
- 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).
- Located ___ wholly ___ partly in a 500-year floodplain (Moderate Flood Hazard Area-Zone X (shaded)).
- Located ___ wholly ___ partly in a floodway (if yes, attach TXR 1414).
- Located ___ wholly ___ partly in a flood pool.
- 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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Concerning the Property at _____

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 **X** 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 **X** 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.)

Y N

- X** 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.
- X** Homeowners' associations or maintenance fees or assessments. If yes, complete the following:
 Name of association: _____
 Manager's name: _____ Phone: _____
 Fees or assessments are: \$ _____ per _____ 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.
- X** 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: _____
- X** Any notices of violations of deed restrictions or governmental ordinances affecting the condition or use of the Property.
- X** Any lawsuits or other legal proceedings directly or indirectly affecting the Property. (Includes, but is not limited to: divorce, foreclosure, heirship, bankruptcy, and taxes.)
- X** Any death on the Property except for those deaths caused by: natural causes, suicide, or accident unrelated to the condition of the Property.
- X** Any condition on the Property which materially affects the health or safety of an individual.
- X** 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).
- X** 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.
- X** The Property is located in a propane gas system service area owned by a propane distribution system retailer.
- X** 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): _____

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Concerning the Property at _____

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. 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>City of Brenham</u>	phone #: <u>9793377520</u>
Sewer: <u>City of Brenham</u>	phone #: <u>9793377520</u>
Water: <u>City of Brenham</u>	phone #: <u>9793377520</u>
Cable: _____	phone #: _____
Trash: <u>City of Brenham</u>	phone #: <u>9793377520</u>
Natural Gas: _____	phone #: _____
Phone Company: _____	phone #: _____
Propane: _____	phone #: _____
Internet: _____	phone #: _____

(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: _____	

(TXR-1406) 09-01-19

Initialed by: Buyer: _____, _____ and Seller:  _____

MIR Remodeling, LLC
3950 Marshall Ln
Chappell Hill, TX 77426
brad@mirremodeling.biz
www.mirremodeling.biz



BILL TO

Ruth Broecker
B235
205 Cornish Dr
Brenham, TX 77833

Services	Roof Replacement	6,185.47
Credits		-1,073.57

Paid
IN
Full
9/26/17

3950 Marshall In
 Chappell Hill, TX 77426
 Tel : 713-249-2535
 Fax: 832-442-5931
 MirRemodeling.biz

MIR REMODELING

ROOFING SPECIALIST

CONTRACT



Insured

Email: brad@mirremodeling.biz

PROPOSAL SUBMITTED TO OWNER: <u>Ruth Broecker</u>	PHONE# <u>512 988 0168</u>	WORK# <u>Ruth 979 836 5334</u>
STREET <u>205 Cornish Dr Brenham Tx 77833</u>	CITY <u>Brenham Tx</u>	ZIP <u>77833</u>
E-MAIL:		

We hereby propose to furnish all the material and perform all the labor necessary for the completion of the following:

a. Description of the work and the materials to be used:

- Remove 1 layers roof
- 1/2" CDX plywood
- 1/2" OSB 2PK
- Techshield decking with aluminum radiant barrier
- Move 1" x 4" board for solid decking btwn plywood laps
- Shinglemate upgrade underlayment
- 30 lb felt paper
- 15 lb felt paper
- Rhino roof underlayment
- Drip edge: color match size _____
- Closed valley system
- Install rubberized valley underlayment
- 11/4" galvanized roofing nails
- #6 or #8 common decking nails
- Double seal all edges with starter shingle
- Open valley system
- Install w-crimp splasher flashing
- Matching ridge caps
- Enhanced Z ridge
- Chimney flashing:
 1. Replace counter flashing w/ backed enamel finish to match, roof by cutting 1/2" groove into brick and seal
 2. Replace 5" x 7" step flashing, seal and paint to match
- Step flashing siding wall, if needed # ~~25~~
- Step flash skylights
- Install cricket behind chimney to divert water
- Shingle over style ridge vent # 25 LF

- # Alum wind turbine w. bronze/brown baked enamel
- # PVC air hawks
- # Electric power vent
- # 11/2" Plumbing vent
- # 2" Plumbing vent
- # 3" Plumbing vent
- # 4" Plumbing vent
- 1 # 4/12 4" Vent
- 1 # 8/12 8" Vent
- Double wall "type B" vents for furnace/waterheater
- Soffit vents # 8" x 16", # 4" x 16" for proper attic ventilation brown, white, mill
- Promptly remove debris from job daily
- Sweep yard, driveway and walkways w/magnet
- Cover attic and furnace w/ plastic tarps as much as possible and clean debris (re-deck only)
- Protect plants and cover pool w/ plastic to protect from debris as much as possible
- Gutters (Per insurance claim)
- Plastic window beads (Per insurance claim)
- Window screens (Per insurance claim)
- Interior repair / paint (Per insurance claim)
- Fence (Per insurance claim)
- Siding (Per insurance claim)
- Other _____

20 yr 25 yr 30 yr 40 yr 50 yr Lifetime Color Silver Birch Initial _____

Manufacturer Certaintec House only House & Garage

Style 2-Tab Algae Resistant Sheds

Single ply modified rubber granulated flat roofing system Texas dept of insurance wind storm certified

INSURANCE: THE ONLY COST TO THE PROPERTY OWNER IS THEIR DEDUCTABLE, PLUS ANY UPGRADES CHOSEN OR ANY NON COVERED ITEMS THAT MUST BE REPLACED TO COMPLETE THE REPAIRS. THE CONTRACT BALANCE IS PAID BY YOUR INSURANCE COMPANY PER FINAL LOSS INVOICE. THIS AGREEMENT IS NULL AND VOID AND DOES NOT OBLIGATE ANY PARTY TO IT SHOULD THE INSURANCE COMPANY REFUSE COVERAGE UNDER THIS CLAIM OR SHOULD THE COVERAGE OFFERED BE SUFFICIENT FOR CONTRACTOR TO PROPERLY DO THE WORK.

b. Payment: Contractor to perform the above work, (subject to any additions and/or deductions pursuant to authorized change orders), for the Total Original Insurance Estimate \$ 6185.47 Down Payment (if any) \$ _____ (Plus Any Approved Supplements)

ADVERTISING SOURCE

Lifetime Foundation Restoration, Inc.

P. O. Box 517 • Bellville, Tx 77418

(979) 865-3400 • 1-800-278-0219

W

H 7/25/14-0336

~~George~~
Denham

CONTRACT

STATE OF TEXAS
COUNTY OF

This agreement is made and entered into this 7 day of July A.D., 2014, by and between Ruth Brecker of the County of Wash the State of Texas, Party of the First Part, hereinafter termed Owner, and Lifetime Foundation of the City of Bellville, County of Austin, and the State of Texas, Party of the Second Part, hereinafter termed Contractor.

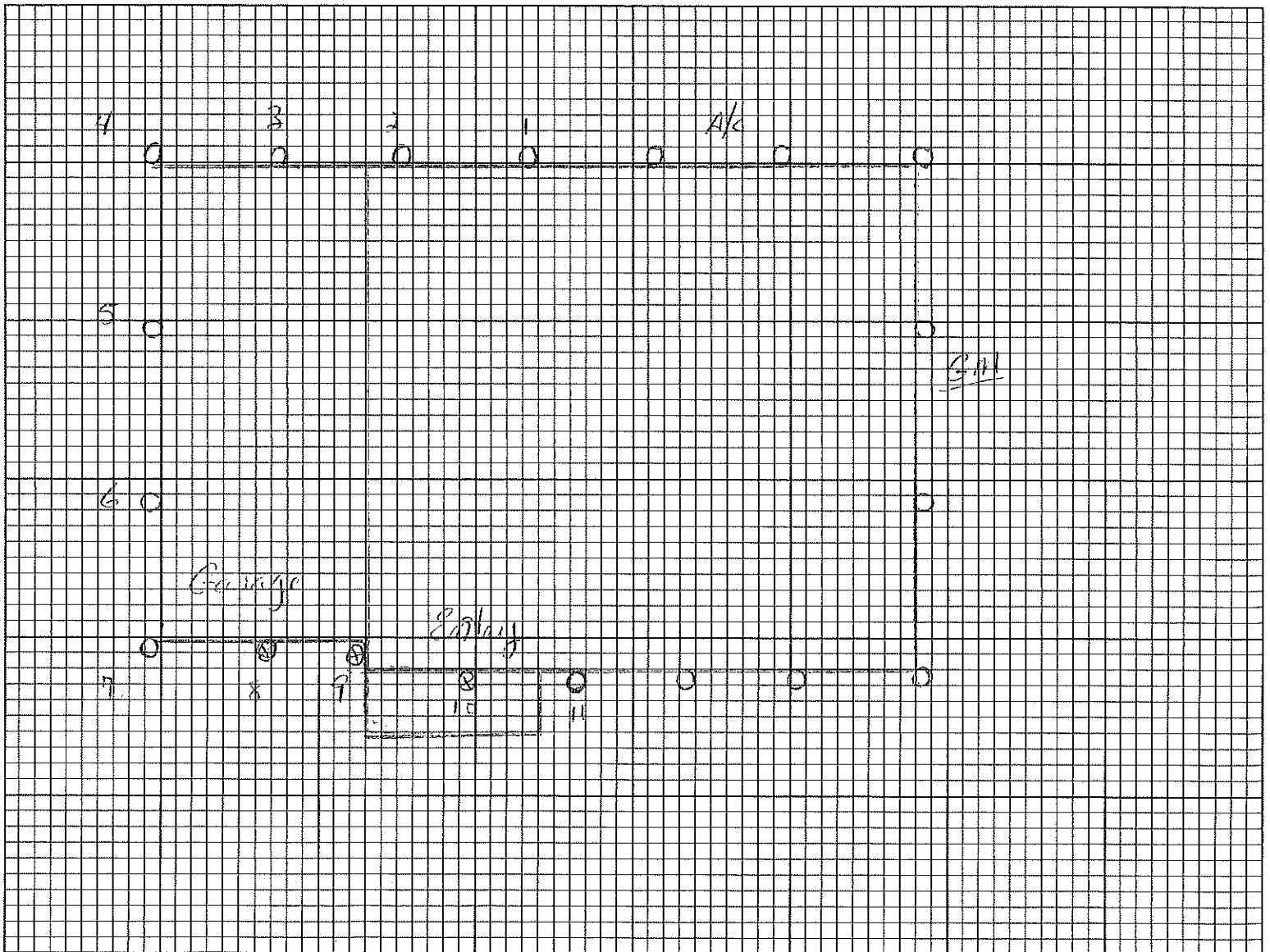
WITNESSETH

In exchange for the Owner's promises and agreements described below, the Contractor agrees to do the following:
Underpin and raise sections of the house as shown in the attached drawing to as near the original grade as practically possible using 19" 11 pilings on the foundation of the structure known locally as 205 Cornish St in the City of Durham State of Texas, zip code 77833.

In accordance with the Specifications, General and Special Conditions and Guarantees attached and made part of this agreement.

A. SPECIFICATIONS

1. The material used in the installation of the precast piling shall be minimum of 3000 psi at 28 day test concrete.
2. Pilings will be installed at the location and in the manner specified by the Contractor.
3. Pilings will be driven hydraulically to the depth necessary to develop skin friction sufficient to enable the piling to support the foundation, or until the pilings encounter rock or other strata capable of supporting the foundation.
4. After the pilings have been installed and are able to support the structure, a precast concrete cap will be installed and the jacking or raising continued until, in the sole opinion of the Contractor, further raising will produce or create damage to the foundation or structure.



Pd. in hand 11/14 # 2000 11/14 # 2087 164425 + 164425.

B. GENERAL CONDITIONS

1. The work to be performed under this contract is designed to attempt to return the foundation to as near its original horizontal position as possible.
2. The stabilization or stopping of foundation settlement can and may reverse the damage already done to the foundation and structure and can and may cause or create new damage by movement or lack of movement.
3. The Contractor recommends that home owner perform a hydro static test, performed on all plumbing on structure after completion of foundation repairs. This shall be done at the sole expense and obligation of the homeowner.
4. The Contractor has no obligation to repair or to replace any damage whether it is exposed, concealed, or buried, to the foundation, structure, floors, plumbing, electrical wiring, furniture, fixtures, furnishings, or personal property without regard to when or where said damage occurs. If damage occurs due to negligence of the contractor, he is obligated to make proper repairs.
5. If pilings and/or drilled piers are discovered after the work has begun and it is necessary to cut them loose from the foundation, an extra fee may be charged.
6. If after work has begun, it is discovered that the foundation has been constructed of substandard materials or is of inadequate structural strength to properly transfer the load imposed by underpinning or additional excavating is needed due to prior foundation work, beams exceed twenty-four inches in height, there can and may be an adjustment in the contract price and/or warranty.

C. SPECIAL CONDITIONS

Pilings will be shimmed with galvanized skins.

D. GUARANTEE

It is the intention of the Contractor to permanently stabilize the settlement of that portion of the foundation covered by this contract within one (1) part in three hundred sixty (360) parts for the life of the structure that it supports. (1" settlement in 30' horizontal span). THIS WARRANTY SHALL BE NULL AND VOID IF:

1. THE STRUCTURE IS ALTERED OR MODIFIED, OR IF ADDITIONS ARE MADE TO IT WHICH WOULD AFFECT LOADS ON FOUNDATION, WITHOUT THE PRIOR WRITTEN APPROVAL OF LIFETIME FOUNDATION.
2. THE STRUCTURE SUFFERS FIRE, FLOOD OR STORM DAMAGE TO A SUBSTANTIAL DEGREE WHICH WOULD AFFECT LOADS ON THE FOUNDATION. FLOOD DAMAGE SHALL INCLUDE WATER OR SEWER LEAKS UNDER OR ADJACENT TO THE FOUNDATION AND/OR LACK OF PROPER DRAINAGE ADJACENT TO FOUNDATION ALLOWING PONDING OF ANY AND ALL WATER.
3. THERE IS FOUNDATION WORK DONE TO FOUNDATION AFTER LIFETIME FOUNDATION HAS COMPLETED FOUNDATION REPAIRS.
4. THE STRUCTURE IS SITED ON A FAULT.
5. UNDERGROUND FACILITIES OR SWIMMING POOLS ARE INSTALLED WITHIN A HORIZONTAL DISTANCE EQUAL TO OR LESS THAN THEIR DEPTH FROM THE FOUNDATION.
6. THE FOUNDATION IS UNDERMINED (i.e. soil slumping, eroding, plumbing leaks, creek beds, excavations, etc.)
7. PROPER MOISTURE LEVEL IS NOT MAINTAINED ADJACENT TO FOUNDATION AFTER FOUNDATION REPAIR IS COMPLETED.

(No soaker hoses are to be placed in areas that foundation repair has been performed.) If settlement in excess of the above tolerance is found, the adjustment will be made at no expense to the Owner of the structure so long as all provisions of the agreement are met.

IN THE EVENT THAT THE CONTRACTOR AND THE OWNER CANNOT AGREE THAT THE SETTLEMENT OF THE FOUNDATION HAS BEEN CONTROLLED AND SETTLEMENT IS WITHIN TOLERANCES SPECIFIED ABOVE, THE OWNER MAY RETAIN A REGISTERED PROFESSIONAL CIVIL ENGINEER OF TEXAS, ENGAGED SOLELY IN THE PRIVATE PRACTICE OF HIS PROFESSION AND KNOWLEDGEABLE IN SOILS AND FOUNDATIONS IN THE AREA, AND WHO IS ACCEPTABLE TO THE CONTRACTOR, AT THE SOLE EXPENSE OF THE OWNER, TO ACT AS AN ARBITRATOR TO EFFECT A BINDING AGREEMENT BETWEEN THE PARTIES.

E. ASSIGNMENT

This agreement is assignable by the Owner of this contract if Lifetime Foundation is notified within thirty (30) days after the sale of the premises by the Owner of this contract and a transfer fee of \$200.00, or such other amount as _____ may reasonably require, is paid with the said notification. A repossession by a lien holder gives the right to assign this contract if the lien holder complies with the thirty (30) days notice and transfer fee requirements. IF THIS ASSIGNMENT IS NOT PROPERLY AND TIMELY MADE, THIS GUARANTEE IS VOID.

F. PAYMENT

Payment of \$44,250.00 (owner takes Plan A) is required to be paid as follows: 25% down upon signing of contract (Minimum of \$500.00). 25% when work is 50% completed. Balance is due upon completion of work. All deposits are non-refundable. Price reflects a 5% cash or check discount. Any other form of payment may incur additional charges. In the event it is necessary to file suit for the enforcement of this contract, suit shall be brought in county where work was performed, Texas, and that every party to this contract agrees to pay all costs of collecting or securing or attempting to collect or secure the monies due pursuant to this contract, including a reasonable attorney's fee.

This written agreement is the total agreement by and between Owner and Lifetime Foundation.

PLAN A Install 9 pilings along perimeter of structure as shown
Raise and stabilize \$8,850.00

PLAN B Install 11 pilings (#1 - #11) along perimeter as shown.
Raise and stabilize \$5,800.00

The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to perform the work specified. Payment will be as stated above.
Owner Rueh Brecken Owner _____
By _____ LIFETIME FOUNDATION

Date 1-10-14 Date _____ Date 1/7/14
1-10-14 1-10-14 1-10-14

Moeller Electric Company

TELC #17647

Invoice

P.O. Box 988/1105 Industrial Blvd.
 Brenham Texas 77834
 Ph: 979-836-7218
 Fax: 979-836-6263

Date	Invoice #
8/25/2017	18761

Bill To
Ruth Broecker 2620 Butler way Round Rock, Tx 78665

Customer Phone	Project	P.O. No.	Terms
	Broecker, Ruth		Due Upon Receipt

Description	Qty	Amount
Re: Replace panel in garage		
Materials:		
1- 125A Homeline Panel Replacement		317.00
1- 2P 50A Breaker		
3- 2P 30A Breaker		
1-2P 20A Breaker		
1-20A Breakers		
8/21 Electrician and Helper @ 2 Hours		170.00

invoices paid by credit card over phone will have a no swipe charge 3.5 percent of invoice amount.	Subtotal	\$487.00
We appreciate your business	Sales Tax (8.25%)	\$26.16
	Total	\$513.16
	Payments/Credits	\$0.00
	Balance Due	\$513.16

Regulated by the Texas Department of Licensing and Regulation
 P.O. Box 12157
 Austin, Texas 78711
 1-800-803-9202
 (512) 463-6599
 website: www.license.state.tx.us/complaints

