



COMMERCIAL PROPERTY CONDITION STATEMENT

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CONCERNING THE PROPERTY AT: 104 PR 507, Fairfield, TX 75840

THIS IS A DISCLOSURE OF THE SELLER'S OR LANDLORD'S KNOWLEDGE OF THE CONDITION OF THE PROPERTY AS OF THE DATE SIGNED. IT IS NOT A SUBSTITUTE FOR ANY INSPECTIONS OR WARRANTIES A BUYER OR TENANT MAY WISH TO OBTAIN. IT IS NOT A WARRANTY OF ANY KIND BY SELLER, SELLER'S AGENTS, LANDLORD, LANDLORD'S AGENTS OR ANY OTHER AGENT.

PART I - Complete if Property is Improved or Unimproved

| Are you (Seller or Landlord) aware of: | <u>Aware</u> | <u>Not Aware</u> |
|---|--------------------------|-------------------------------------|
| (1) any of the following environmental conditions on or affecting the Property: | | |
| (a) radon gas? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (b) asbestos components: | | |
| (i) friable components? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) non-friable components? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (c) urea-formaldehyde insulation? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (d) endangered species or their habitat? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (e) wetlands? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (f) underground storage tanks? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (g) leaks in any storage tanks (underground or above-ground)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (h) lead-based paint? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (i) hazardous materials or toxic waste? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (j) open or closed landfills on or under the surface of the Property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (k) external conditions materially and adversely affecting the Property such as nearby landfills, smelting plants, burners, storage facilities of toxic or hazardous materials, refiners, utility transmission lines, mills, feed lots, and the like? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (l) any activity relating to drilling or excavation sites for oil, gas, or other minerals? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (2) previous environmental contamination that was on or that materially and adversely affected the Property, including but not limited to previous environmental conditions listed in Paragraph 1(a)-(l)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (3) any part of the Property lying in a special flood hazard area (A or V Zone)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (4) any improper drainage onto or away from the Property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (5) any fault line at or near the Property that materially and adversely affects the Property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (6) air space restrictions or easements on or affecting the Property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (7) unrecorded or unplatted agreements for easements, utilities, or access on or to the Property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

(TXR-1408) 4-1-18 Initialed by Seller or Landlord: FL, _____ and Buyer or Tenant: _____, _____

Aware **Not
Aware**

- (8) special districts in which the Property lies (for example, historical districts, development districts, extraterritorial jurisdictions, or others)?
- (9) pending changes in zoning, restrictions, or in physical use of the Property?
The current zoning of the Property is: _____
- (10) your receipt of any notice concerning any likely condemnation, planned streets, highways, railroads, or developments that would materially and adversely affect the Property (including access or visibility)?
- (11) lawsuits affecting title to or use or enjoyment of the Property?
- (12) your receipt of any written notices of violations of zoning, deed restrictions, or government regulations from EPA, OSHA, TCEQ, or other government agencies?
- (13) common areas or facilities affiliated with the Property co-owned with others?
- (14) an owners' or tenants' association or maintenance fee or assessment affecting the Property?
If aware, name of association: _____
Name of manager: _____
Amount of fee or assessment: \$ _____ per _____
Are fees current through the date of this notice? [___] yes [___] no [___] unknown
- (15) subsurface structures, hydraulic lifts, or pits on the Property?
- (16) intermittent or weather springs that affect the Property?
- (17) any material defect in any irrigation system, fences, or signs on the Property?
- (18) conditions on or affecting the Property that materially affect the health or safety of an ordinary individual?
- (19) any of the following rights vested in others:
 - (a) outstanding mineral rights?
 - (b) timber rights?
 - (c) water rights?
 - (d) other rights?
- (20) any personal property or equipment or similar items subject to financing, liens, or lease(s)?
If aware, list items: _____

If you are aware of any of the conditions listed above, explain. (Attach additional information if needed.) _____

PART 2 - Complete only if Property is Improved

A. Are you (Seller or Landlord) aware of any material defects in any of the following on the Property?

| | <u>Aware</u> | <u>Not Aware</u> | <u>Not Appl.</u> |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| (1) Structural Items: | | | |
| (a) foundation systems (slabs, columns, trusses, bracing, crawl spaces, piers, beams, footings, retaining walls, basement, grading)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (b) exterior walls? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (c) fireplaces and chimneys? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (d) roof, roof structure, or attic (covering, flashing, skylights, insulation, roof penetrations, ventilation, gutters and downspouts, decking)? . . . | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (e) windows, doors, plate glass, or canopies | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (2) Plumbing Systems: | | | |
| (a) water heaters or water softeners? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (b) supply or drain lines? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (c) faucets, fixtures, or commodes? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (d) private sewage systems? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (e) pools or spas and equipments? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (f) sprinkler systems (fire, landscape)? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (g) water coolers? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (h) private water wells? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (i) pumps or sump pumps? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (3) HVAC Systems: any cooling, heating, or ventilation systems? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (4) Electrical Systems: service drops, wiring, connections, conductors, plugs, grounds, power, polarity, switches, light fixtures, or junction boxes? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (5) Other Systems or Items: | | | |
| (a) security or fire detection systems? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (b) porches or decks? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) gas lines? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (d) garage doors and door operators? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (e) loading doors or docks? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (f) rails or overhead cranes? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (g) elevators or escalators? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (h) parking areas, drives, steps, walkways? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (i) appliances or built-in kitchen equipment? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

If you are aware of material defects in any of the items listed under Paragraph A, explain. (Attach additional information if needed.) couple of plugs that need to be replaced; side porch needs a little work

- | | <u>Aware</u> | <u>Not
Aware</u> |
|--|-------------------------------------|-------------------------------------|
| B. Are you (Seller or Landlord) aware of: | | |
| (1) any of the following water or drainage conditions materially and adversely affecting the Property: | | |
| (a) ground water? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (b) water penetration? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (c) previous flooding or water drainage? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (d) soil erosion or water ponding? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (2) previous structural repair to the foundation systems on the Property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (3) settling or soil movement materially and adversely affecting the Property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (4) pest infestation from rodents, insects, or other organisms on the Property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (5) termite or wood rot damage on the Property needing repair? | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| (6) mold to the extent that it materially and adversely affects the Property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (7) mold remediation certificate issued for the Property in the previous 5 years? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <i>if yes, attach a copy of the mold remediation certificate.</i> | | |
| (8) previous termite treatment on the Property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (9) previous fires that materially affected the Property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (10) modifications made to the Property without necessary permits or not in compliance with building codes in effect at the time? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (11) any part, system, or component in or on the Property not in compliance with the Americans with Disabilities Act or the Texas Architectural Barrier Statute? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

If you are aware of any conditions described under Paragraph B, explain. (Attach additional information, if needed.) no handicap bathroom or parking space

The undersigned acknowledges receipt of the foregoing statement.

Seller or Landlord: _____

Buyer or Tenant: _____

By: Frances Lane
By (signature): _____
Printed Name: FRANCES LANE
Title: OWNER

By: _____
By (signature): _____
Printed Name: _____
Title: _____

By: _____
By (signature): _____
Printed Name: _____
Title: _____

By: _____
By (signature): _____
Printed Name: _____
Title: _____

NOTICE TO BUYER OR TENANT: The broker representing Seller or Landlord, and the broker representing you advise you that this statement was completed by Seller or Landlord, as of the date signed. The brokers have relied on this statement 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.



INFORMATION ABOUT ON-SITE SEWER FACILITY

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CONCERNING THE PROPERTY AT

104 PR 507
Fairfield, TX 75840

A. DESCRIPTION OF ON-SITE SEWER FACILITY ON PROPERTY:

- (1) Type of Treatment System: Septic Tank Aerobic Treatment Unknown
- (2) Type of Distribution System: _____ Unknown
- (3) Approximate Location of Drain Field or Distribution System: _____ Unknown
- (4) Installer: _____ Unknown
- (5) Approximate Age: 16 YRS Unknown

B. MAINTENANCE INFORMATION:

- (1) Is Seller aware of any maintenance contract in effect for the on-site sewer facility? Yes No
If yes, name of maintenance contractor: _____
Phone: _____ contract expiration date: _____
Maintenance contracts must be in effect to operate aerobic treatment and certain non-standard" on-site sewer facilities.)
- (2) Approximate date any tanks were last pumped? 10 YRS ago
- (3) Is Seller aware of any defect or malfunction in the on-site sewer facility? Yes No
If yes, explain: _____
- (4) Does Seller have manufacturer or warranty information available for review? Yes No

C. PLANNING MATERIALS, PERMITS, AND CONTRACTS:

- (1) The following items concerning the on-site sewer facility are attached:
 planning materials permit for original installation final inspection when OSSF was installed
 maintenance contract manufacturer information warranty information _____
- (2) "Planning materials" are the supporting materials that describe the on-site sewer facility that are submitted to the permitting authority in order to obtain a permit to install the on-site sewer facility.
- (3) **It may be necessary for a buyer to have the permit to operate an on-site sewer facility transferred to the buyer.**

Information about On-Site Sewer Facility concerning _____

D. INFORMATION FROM GOVERNMENTAL AGENCIES: Pamphlets describing on-site sewer facilities are available from the Texas Agricultural Extension Service. Information in the following table was obtained from Texas Commission on Environmental Quality (TCEQ) on 10/24/2002. The table estimates daily wastewater usage rates. Actual water usage data or other methods for calculating may be used if accurate and acceptable to TCEQ.

| <u>Facility</u> | <u>Usage (gal/day) without water-saving devices</u> | <u>Usage (gal/day) with water-saving devices</u> |
|---|---|--|
| Single family dwelling (1-2 bedrooms; less than 1,500 sf) | 225 | 180 |
| Single family dwelling (3 bedrooms; less than 2,500 sf) | 300 | 240 |
| Single family dwelling (4 bedrooms; less than 3,500 sf) | 375 | 300 |
| Single family dwelling (5 bedrooms; less than 4,500 sf) | 450 | 360 |
| Single family dwelling (6 bedrooms; less than 5,500 sf) | 525 | 420 |
| Mobile home, condo, or townhouse (1-2 bedroom) | 225 | 180 |
| Mobile home, condo, or townhouse (each add'l bedroom) | 75 | 60 |

This document is not a substitute for any inspections or warranties. This document was completed to the best of Seller's knowledge and belief on the date signed. Seller and real estate agents are not experts about on-site sewer facilities. Buyer is encouraged to have the on-site sewer facility inspected by an inspector of Buyer's choice.



 Signature of Seller Date
Frances Lane

 Signature of Seller Date

Receipt acknowledged by:

 Signature of Buyer Date

 Signature of Buyer Date



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 104 PR 507
Fairfield, TX 75840 Mobile Home

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 | | <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"/> | | electric gas number of units: _____ |
| Evaporative Coolers | | <input checked="" type="checkbox"/> | | number of units: _____ |
| Wall/Window AC Units | | <input checked="" type="checkbox"/> | | number of units: _____ |
| Attic Fan(s) | | <input checked="" type="checkbox"/> | | if yes, describe: _____ |
| Central Heat | | <input checked="" type="checkbox"/> | | electric gas number of units: _____ |
| Other Heat | <input checked="" type="checkbox"/> | | | if yes, describe: <u>electric heaters</u> |
| Oven | | <input checked="" type="checkbox"/> | | number of ovens: _____ electric gas other: _____ |
| Fireplace & Chimney <u>closed off</u> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> wood gas logs mock other: <u>closed off on roof</u> |
| Carport | | <input checked="" type="checkbox"/> | | attached not attached |
| Garage | | <input checked="" type="checkbox"/> | | attached not attached |
| Garage Door Openers | | <input checked="" type="checkbox"/> | | number of units: _____ number of remotes: _____ |
| Satellite Dish & Controls | | <input checked="" type="checkbox"/> | | owned leased from: _____ |
| Security System | | <input checked="" type="checkbox"/> | | owned leased from: _____ |
| Solar Panels | | <input checked="" type="checkbox"/> | | owned leased from: _____ |
| Water Heater | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> electric gas other: _____ number of units: _____ |
| Water Softener | | <input checked="" type="checkbox"/> | | owned leased from: _____ |
| Other Leased Items(s) | | <input checked="" type="checkbox"/> | | if yes, describe: _____ |

(TXR-1406) 09-01-19

Initialed by: Buyer: _____ and Seller: FL

Concerning the Property at _____

| | | | | | | |
|---------------------------------|--------------------------|--------------------------|--------------------------|--|--------|----------------|
| Underground Lawn Sprinkler | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | automatic | manual | areas covered: |
| Septic / On-Site Sewer Facility | <input type="checkbox"/> | <input type="checkbox"/> | <input 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: Roller Roofing Age: 12 yrs (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 checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

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

If the answer to any of the items in Section 2 is yes, explain (attach additional sheets if necessary): needs ceiling repair, kitchen + living room, needs new roof

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 <u>yes on store</u> | <input checked="" 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 checked="" 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 _____

If the answer to any of the items in Section 3 is yes, explain (attach additional sheets if necessary):
saw swarm of termite from house

*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.

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 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.)

Y N

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.

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.

Any common area (facilities such as pools, tennis courts, walkways, or other) co-owned in undivided interest with others. If yes, complete the following:

Any optional user fees for common facilities charged? ___ yes ___ no If yes, describe: _____

Any notices of violations of deed restrictions or governmental ordinances affecting the condition or use of the Property.

Any lawsuits or other legal proceedings directly or indirectly affecting the Property. (Includes, but is not limited to: divorce, foreclosure, heirship, bankruptcy, and taxes.)

Any death on the Property except for those deaths caused by: natural causes, suicide, or accident unrelated to the condition of the Property.

Any condition on the Property which materially affects the health or safety of an individual.

Any repairs or treatments, other than routine maintenance, made to the Property to remediate environmental hazards such as asbestos, radon, lead-based paint, urea-formaldehyde, or mold.

If yes, attach any certificates or other documentation identifying the extent of the remediation (for example, certificate of mold remediation or other remediation).

Any rainwater harvesting system located on the Property that is larger than 500 gallons and that uses a public water supply as an auxiliary water source.

The Property is located in a propane gas system service area owned by a propane distribution system retailer.

Any portion of the Property that is located in a groundwater conservation district or a subsidence district.

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

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 <https://publicsite.dps.texas.gov/SexOffenderRegistry>. 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>Stream Energy</u> | phone #: _____ |
| Sewer: <u>AROBIC</u> | phone #: _____ |
| Water: <u>L&T Water</u> | phone #: _____ |
| Cable: <u>NA</u> | phone #: _____ |
| Trash: <u>Metro Sant.</u> | phone #: _____ |
| Natural Gas: <u>NA</u> | phone #: _____ |
| Phone Company: <u>Windstream</u> | phone #: _____ |
| Propane: <u>Nelson</u> | phone #: _____ |
| Internet: <u>NA</u> | 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: _____ | |

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