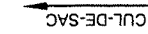
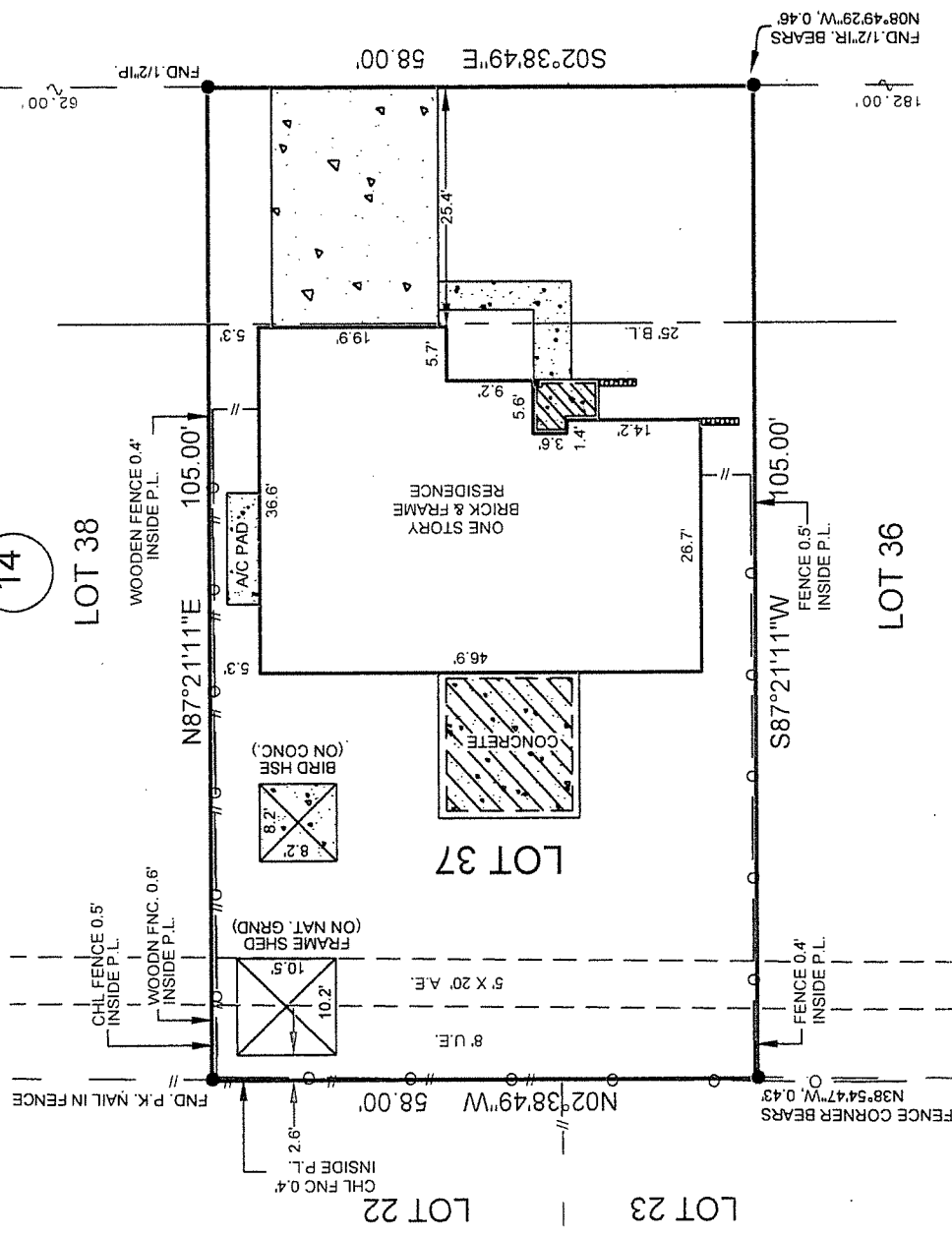


- WOODEN FENCE
- o- CHAIN-LINK FENCE
- I- WROUGHT-IRON FENCE
- X- WIRE FENCE
- OH/PL- OVERHEAD POWERLINE
- SL- SERVICE LINE



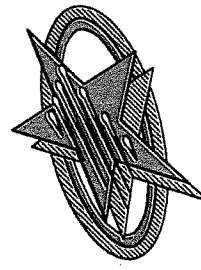
14



GULF BANK ROAD (100' R.O.W.)

NOTES:

- 1.) SUBJECT TO APPLICABLE RESTRICTIVE COVENANTS LISTED IN ITEM No. 1, SCHEDULE "B" OF TITLE COMMITMENT ISSUED BY CHICAGO TITLE COMPANY UNDER GF No 000440937
 - 2.) SURVEYOR HAS NOT ABSTRACTED SUBJECT PROPERTY, ABSTRACTING BY TITLE COMPANY ONLY, THERE MAY BE ADDITIONAL EASEMENTS AND BUILDING LINES.
 - 3.) SUBJECT TO H.L. & P. AGREEMENT PER H.C.C.F. NO. D528531.
 - 4.) FRAME SHED (ON NATURAL GROUND) IS WITHIN THE 8' UTILITY ESM'T AS SHOWN.
- IF CONSTRUCTION UPON OR A DIVISION OF SUBJECT TRACT IS PROPOSED AND IF TRACT LIES IN THE CITY OF HOUSTON OR ITS EXTRATERRITORIAL JURISDICTION, PLATTING AND OTHER REQUIREMENTS MAY APPLY PER CITY OF HOUSTON ORDINANCES.
- ABSTRACTING BY TITLE COMPANY.
- ALL BEARINGS SHOWN ARE REFERENCED PER RECORDED PLAT OF SAID SUBDIVISION.

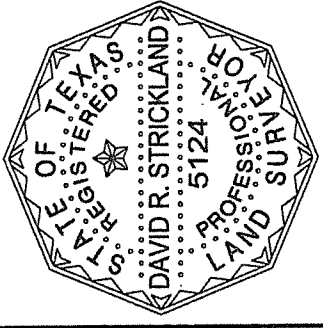


ALLPOINTS
LAND SURVEY, INC

PHONE: 713-468-7707
FAX: 713-468-8815

LOT 37, BLOCK 14
WOODLAND TRAILS NORTH, SECTION 3
VOL. 183, PG. 65, of the MAP RECORDS,
HARRIS COUNTY, TEXAS

I HEREBY CERTIFY THAT THIS PLAT REPRESENTS THE RESULTS OF A SURVEY MADE ON THE GROUND ON THE 2ND DAY OF NOVEMBER, 2006.



SCALE: 1"=20'

* SUBJECT PROPERTY IS LOCATED IN A FEDERAL INSURANCE ADMINISTRATION DESIGNATED FLOOD HAZARD AREA ZONE "AE" AS PER MAP 480296 PANEL 0445 L (TSARP), DATED: 06-09-2006. This information is based on graphic plotting only. We do not assume responsibility for exact determination.

PURCHASER: ROBERT HENRY KOLLOWAY		JOB NO.: 06-99981
ADDRESS: 9611 JAYWOOD DRIVE, HOUSTON, TEXAS 77040		KEY MAP: 410 R
MORT. CO.: INDYMAC BANK F. S. B.	TITLE CO.: CHICAGO TITLE COMPANY	G.F. NO.: 000440937
FIELD WORK: 11-02-06/SJ	DRAFTING: 11-02-06/MIKE	FINAL CHECK: 11-02-06/DS
ALLPOINTS LAND SURVEY, INC · 9610 LONGPOINT ROAD, SUITE 150 · HOUSTON, TEXAS 77055		REVISED: -

**FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM
ELEVATION CERTIFICATE**

O.M.B. No. 3067-0077
Expires December 31, 2005

Important: Read the instructions on pages 1 - 7.

JOB NO. 06-99981		SECTION A - PROPERTY OWNER INFORMATION	
BUILDING OWNER'S NAME ROBERT KOLLOWAY		For Insurance Company Use: Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 9611 JAYWOOD DRIVE		Company NAIC Number	
CITY HOUSTON	STATE TX	ZIP CODE 77040	

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
LOT 37, BLOCK 14, WOODLAND TRAILS NORTH, SECTION 3

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.)
RESIDENTIAL

LATITUDE/LONGITUDE (OPTIONAL)
(##° -##' -###" or ##-####")
N/A

HORIZONTAL DATUM:
NAD 1927 NAD 1983 GPS (Type): USGS Quad Map Other: _____

SOURCE: GPS (Type): _____
 USGS Quad Map Other: _____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER CITY OF HOUSTON / 480296	B2. COUNTY NAME HARRIS	B3. STATE TEXAS
B4. MAP AND PANEL NUMBER 48201C 0445	B5. SUFFIX L	B6. FIRM INDEX DATE 06-09-06
B7. FIRM PANEL EFFECTIVE/REVISED DATE 06-09-06	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 85.50

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
 FIS Profile FIRM Community Determined Other (Describe): _____
 NAVD 1988 Other (Describe): _____

B11. Indicate the elevation datum used for the BFE in B9: NGVD 1929 Other (Describe): _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No Designation Date _____

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

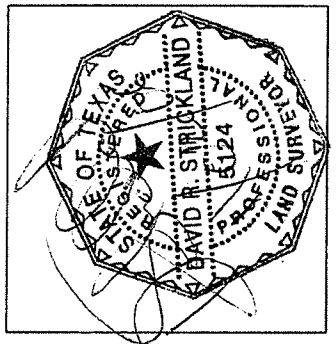
C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number **L**. (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, ARA1-A30, ARAH, ARAO
Complete items C3-a1 below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.

Datum **NAVD 1988** Conversion/Comments **RM 050380 Elev=94.19 (2001 Adj.)**

Elevation reference mark used (<u>SEE ABOVE</u>) Does the elevation reference mark used appear on the FIRM? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	License Number, if Applicable
a) Top of bottom floor (including basement or enclosure)	85.50 ft.(m)
b) Top of next higher floor	N/A ft.(m)
c) Bottom of lowest horizontal structural member (V zones only)	N/A ft.(m)
d) Attached garage (top of slab)	84.85 ft.(m)
e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)	84.89 ft.(m)
f) Lowest adjacent (finished) grade (LAG)	83.91 ft.(m)
g) Highest adjacent (finished) grade (HAG)	84.71 ft.(m)
h) No. of permanent openings (floor vents) within 1 ft. above adjacent grade N/A	
i) Total area of all permanent openings (floor vents) in C3.h N/A sq. in. (sq. cm)	



SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME
DAVID R. STRICKLAND


LICENSE NUMBER
5124

TITLE **R.P.L.S.**

COMPANY NAME **ALLPOINTS SERVICES CORP.**

ADDRESS:
9610 LONG POINT, SUITE 150

CITY **HOUSTON** STATE **TEXAS** ZIP CODE **77055**

SIGNATURE  DATE **11/02/06** TELEPHONE **(713)468-7707**

IMPORTANT: In these spaces, copy the corresponding information from Section A.		For Insurance Company Use:
BUILDING STREET ADDRESS (including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.		Policy Number
9611 JAYWOOD DRIVE		
CITY	STATE	ZIP CODE
HOUSTON	TEXAS	77040
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)		

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

COMMENTS

TBM SQUARE CUT TOP OF CURB NW CORNER PROPERTY ELEV. = 76.61

Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zone AO and Zone A (without BFE), complete items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMRF, Section C must be completed.

E1. Building Diagram Number __ (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

E2. The top of the bottom floor (including basement or enclosure) of the building is __ ft.(m) __in.(cm) above or below (check one) the highest adjacent grade. (Use natural grade, if available).

E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is __ ft.(m) __in.(cm) above the highest adjacent grade. Complete items C3.h and C3.i on front of form.

E4. The top of the platform of machinery and/or equipment servicing the building is __ ft.(m) __in.(cm) above or below (check one) the highest adjacent grade. (Use natural grade, if available).

E5. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, C (items C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. *The statements in Sections A, B, C, and E are correct to the best of my knowledge.*

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

ADDRESS CITY STATE ZIP CODE

SIGNATURE DATE TELEPHONE

COMMENTS

Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below.

G1. The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)

G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.

G3. The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
-------------------	------------------------	---

G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is:

_____. ____ft.(m) Datum: _____

G9. BFE or (in Zone AO) depth of flooding at the building site is:

_____. ____ft.(m) Datum: _____

LOCAL OFFICIAL'S NAME TITLE

COMMUNITY NAME TELEPHONE

SIGNATURE DATE

COMMENTS

Check here if attachments