



This Page is for Information Purposes Only

Buyer to Initial Each
Page of The
Documents Included
in this Package

Please make sure all pages of the following have been initialed and are submitted with the offer package to
BGRS.

This document is being given for informational purposes only. It represents the opinion of the individual or firm who prepared it. The seller makes no representations as to the accuracy of the information given. If you have any questions it is suggested that you consult your attorney.

Daris Scott
File #: 8515651

COMPLETE, SIGN AND RETURN TO:

BGRS Relocation Inc.
Shannon Garcia
Email: Shannon.Garcia@bgrs.com

HOMEOWNER DISCLOSURE STATEMENT

NOTE: If this document isn't completed correctly or in its entirety, you will be asked to address any omissions or errors which may delay your relocation.

INSTRUCTIONS	
•	Answer every question on this form to the best of your knowledge and return it within five (5) working days.
•	Select "Other" and indicate "unknown" if you have no knowledge regarding the type of a specific component/system.
•	Check "NA" if a component/system does not exist.
•	Explain any "Yes" answers in comments area for each section and provide repair receipts and/or warranties as applicable.
•	Attach additional pages as necessary if more space is required for comments.
•	Attach supporting documentation as indicated in Section 12.
•	Document is initialed at bottom of each page as follows: <ul style="list-style-type: none"> - Customer and spouse/partner initial as Seller. - BGRS associate initials as BGRS. - Resale Buyer(s) initial(s).

1. PROPERTY IDENTIFICATION		
Customer name	Daris Scott	"The Seller"
Spouse		"The Seller"
Other(s) on title		"The Seller"
Property address	6350 Ellington Ln Beaumont, TX 77706-4044 USA	"The Property"

In connection with my relocation, I/we make the following disclosures to the best of my/our knowledge regarding the Property. I/We further understand and acknowledge the importance of BGRS Relocation Inc. ("BGRS")'s timely receipt of the information in this disclosure; and that my/our delay in returning this Disclosure to BGRS may adversely impact the purchase of the property by BGRS and sale of the property by BGRS to a third party.

2. GENERAL PROPERTY INFORMATION	
•	Select the choices below that pertain to the Property
•	Select "Other" and indicate "unknown" if you have no knowledge regarding the type of a specific component/system
Age of Property:	16 YEARS
Date purchased:	2-20-20
Property Type	
<input type="checkbox"/>	Condominium
<input type="checkbox"/>	Co-operative apartment
<input checked="" type="checkbox"/>	Single family
<input type="checkbox"/>	Mobile/manufactured home
<input type="checkbox"/>	Other:

Seller Initials DS

BGRS Initials [Signature]

Resale Buyer Initials /

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Is Property currently occupied?	Yes	<input checked="" type="checkbox"/> No	If vacant, for how long:
---------------------------------	-----	--	--------------------------

2 GENERAL PROPERTY INFORMATION Continued			
Air conditioner(s)			
<input type="checkbox"/> None	<input checked="" type="checkbox"/> Central air	<input type="checkbox"/> Ductless home air system	
<input type="checkbox"/> Window unit	How many units: <u>1</u>		
Detectors			
<input type="checkbox"/> None	<input checked="" type="checkbox"/> Smoke- how many: <u>5</u>	<input type="checkbox"/> Combo CO and Smoke- how many:	
Carbon-monoxide (CO)- how many:			
Fireplace			
<input type="checkbox"/> None	<input type="checkbox"/> Decorative- how many:		
<input checked="" type="checkbox"/> Gas- how many: <u>1</u>	<input type="checkbox"/> Wood burning- how many:		
Heating system			
<input checked="" type="checkbox"/> Electric	<input type="checkbox"/> Heat pump	<input type="checkbox"/> Windmill	
<input type="checkbox"/> Geothermal	<input type="checkbox"/> Solar pump	<input type="checkbox"/> Natural gas	
<input type="checkbox"/> Other:	<input type="checkbox"/> LP gas	<input type="checkbox"/> Oil	
<input type="checkbox"/> If Oil or LP Gas, is tank:	<input type="checkbox"/> Above ground	<input type="checkbox"/> In ground	
Date tank last serviced?	Any maintenance plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If LP or natural gas applies, is there corrugated stainless steel tubing?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Land			
<input checked="" type="checkbox"/> No abnormalities	<input type="checkbox"/> Sink hole(s)	<input type="checkbox"/> Expansive soil	
<input type="checkbox"/> Landfill	<input type="checkbox"/> Fault Rupture	<input type="checkbox"/> Hazard zone	
<input type="checkbox"/> Mineral rights leased	<input type="checkbox"/> Mineral rights owned	<input type="checkbox"/> Mineral rights unknown	
Other:			
Plumbing			
<input type="checkbox"/> Copper	<input type="checkbox"/> Lead	<input checked="" type="checkbox"/> PVC/CPVC	
<input type="checkbox"/> Kitec/Pex	<input type="checkbox"/> Polybutylene	<input type="checkbox"/> Other:	
Roof/Age of roof: <u>16 yrs</u>			
<input checked="" type="checkbox"/> Asphalt	<input type="checkbox"/> Metal	<input type="checkbox"/> Tile	
<input type="checkbox"/> Composition	<input type="checkbox"/> Slate	<input type="checkbox"/> Wood shingle	
Other:			
Siding			
<input type="checkbox"/> Aluminum	<input type="checkbox"/> Hardie board	<input type="checkbox"/> Stucco	
<input checked="" type="checkbox"/> Brick	<input type="checkbox"/> Wood	<input type="checkbox"/> Synthetic stucco	
<input type="checkbox"/> Composite board	<input type="checkbox"/> Mfg. stone veneer	<input type="checkbox"/> Vinyl	
Other:			
Solar Energy			
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Leased	<input type="checkbox"/> Owned	<input type="checkbox"/> Full <input type="checkbox"/> Partial
Swimming pool			
<input checked="" type="checkbox"/> None	<input type="checkbox"/> In ground	<input type="checkbox"/> Above ground	
<input type="checkbox"/> Is pool heated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Spa-jacuzzi or hot tub			

Seller Initials DS

BGRS Initials DS

Resale Buyer initials I

BGRS Refocollon, Inc.

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<input checked="" type="checkbox"/> None	<input type="checkbox"/> In ground	<input type="checkbox"/> Above ground
Water supply		
<input checked="" type="checkbox"/> City	<input type="checkbox"/> Private well	<input type="checkbox"/> Shared well
Sewage		
<input checked="" type="checkbox"/> City	<input type="checkbox"/> Septic	<input type="checkbox"/> Other:
GENERAL HOME COMPONENTS/SYSTEMS		
3. Are you aware of current defects, malfunctions, problems or previous repairs to any of the following? • Check "NA" if a component/system does not exist. • Explain any "Yes" answers in comments area below and provide repair receipts and/or warranties as applicable. • Attach additional pages as necessary if more space is required for comments.		
	Yes	No NA
a) Air conditioner		<input checked="" type="checkbox"/>
b) Basement (indicate type below)		<input checked="" type="checkbox"/>
	Stab/Not Applicable	Unfinished
	Partially finished	Fully finished
c) Chimney(s)	How many:	<input checked="" type="checkbox"/>
d) Ceilings		<input checked="" type="checkbox"/>
e) Ceiling fans	How many: 7	<input checked="" type="checkbox"/>
f) Central Vacuum		<input checked="" type="checkbox"/>
g) Crawlspace		<input checked="" type="checkbox"/>
h) Electrical		<input checked="" type="checkbox"/>
i) Fireplace(s)		<input checked="" type="checkbox"/>
j) Floors		<input checked="" type="checkbox"/>
k) Garage door opener(s)	How many remotes: 1	<input checked="" type="checkbox"/>
l) Heating		<input checked="" type="checkbox"/>
m) Irrigation/Underground sprinkler system		<input checked="" type="checkbox"/>
n) Plumbing including fixtures		<input checked="" type="checkbox"/>
o) Roof		<input checked="" type="checkbox"/>
p) Sauna		<input checked="" type="checkbox"/>
q) Security System		<input checked="" type="checkbox"/>
r) Septic-cesspool including leach field-lines		<input checked="" type="checkbox"/>
s) If yes to p), date septic last serviced:		
t) If yes to p), date septic last inspected:		
u) Sewer (water back up, water main breaks, tree roots, etc.)		<input checked="" type="checkbox"/>
w) Swimming pool including pool equipment and any heater		<input checked="" type="checkbox"/>
x) If yes to w), describe safety features (eg. mesh fence, door / pool alarm):		
y) Solar Panels		<input checked="" type="checkbox"/>
z) Spa-jacuzzi or hot tub		<input checked="" type="checkbox"/>
aa) Sump pump including battery back up		<input checked="" type="checkbox"/>
bb) Water filtration system		<input checked="" type="checkbox"/>
cc) Water softener		<input checked="" type="checkbox"/>
dd) Water supply		<input checked="" type="checkbox"/>
ee) Windows		<input checked="" type="checkbox"/>

Seller initials DS

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BGRS Rehabilitation, Inc.

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Comments:

4	HOME IMPROVEMENTS/REPAIRS			
	<ul style="list-style-type: none"> Indicate in comment section below whether repairs or other alterations were in response to a defect. Explain any "Yes" answers in comments area below and provide repair receipts and/or warranties as applicable. Attach additional pages as necessary if more space is required for comments. 		Yes	No
	a)	Are you aware of any structural additions, changes or repairs made to the Property by the former owners without all proper permits and government approval?		✓
	b)	Have you made any additions, structural modifications, repairs or other alterations to the Property? If yes, answer (i-iv) below:		✓
	i.	Were permits required?		
	ii.	Were permits obtained and closed?		
	iii.	If applicable, was ACC/HOA approval required?		
	iv.	If applicable, was ACC/HOA approval obtained?		
	c)	Is there any evidence of, or has the Property been treated for, or repaired due to termite, pest or rodent infestation?		✓
Comments:				

5	PROPERTY BOUNDARIES			
	<ul style="list-style-type: none"> Explain any "Yes" answers in comments area below and provide repair receipts and/or warranties as applicable. Attach additional pages as necessary if more space is required for comments. 		Yes	No
	a)	Have you ever received or had a survey made of the Property?	✓	
	b)	Are there any common walls, party walls, retaining walls, sea walls, fences or patios on the Property or adjacent property, where use or maintenance is shared?		✓
	c)	Are there any driveways or private roads where use or maintenance is shared?		✓
	d)	Are you aware of any easements, encroachments, overlaps, boundary or lot line disputes (recorded or not) that affect the Property?		✓
	e)	Are there any zoning violations, non-conforming units, violation of set-back requirements, boundary disputes, etc.?		✓
		Is your interest in or ability to convey marketable title to the Property affected by		✓

Seller initials DS

BGRS initials DS

Resale Buyer initials

BGRS Relocation, Inc.

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f) any of the above?		
Comments:		

6. DRAINAGE/WATER		
<ul style="list-style-type: none"> • Explain any "Yes" answers in comments area below and provide repair receipts and/or warranties as applicable. • Attach additional pages as necessary if more space is required for comments. 	Yes	No
a) Have there ever been any issues with dampness, drainage, grading, standing water, water damage or flooding in or about the Property?		<input checked="" type="checkbox"/>
b) Are you aware of any properties adjacent to the Property that have/have had any issues with drainage, grading, standing water?		<input checked="" type="checkbox"/>
c) Is the Property located in a designated flood zone by FEMA that requires flood insurance?		<input checked="" type="checkbox"/>
Comments:		

7. LAND/FOUNDATION		
<ul style="list-style-type: none"> • Explain any "Yes" answers in comments area below and provide repair receipts and/or warranties as applicable. • Attach additional pages as necessary if more space is required for comments. 	Yes	No
a) Have any of the following ever occurred on the Property or in your community: movement, settling or sliding issues?		<input checked="" type="checkbox"/>
b) Are there cracks, tilting or settling of any exterior walls, interior walls, ceilings, floors, foundation or basement?		<input checked="" type="checkbox"/>
c) Has there been any damage to the Property or any of the structures from fire, earthquake, hurricanes, tornadoes, floods, landslides, etc.?		<input checked="" type="checkbox"/>
d) Are there past or present problems with driveways, walkways, patio, seawalls, fences, retaining walls on or adjacent to the Property?		<input checked="" type="checkbox"/>
Comments:		

Seller initials DS

BGRS initials [Signature]
BGRS Refocollers, Inc.

Resale Buyer initials I

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8. NEIGHBORHOOD		Yes	No
<ul style="list-style-type: none"> Answer "yes" if neighborhood conditions are either present or proposed. Explain any "Yes" answers in comments area below and provide repair receipts and/or warranties as applicable. Attach additional pages as necessary if more space is required for comments. 			
a)	Is there any unusual noise from any source that affects the Property? (Airplanes, highway, trains, hospital zone)		<input checked="" type="checkbox"/>
b)	Is the Property located near any recreational facility? (Community park, baseball field, golf course, etc.)		<input checked="" type="checkbox"/>
c)	Is the Property located near any unusual business? (Correctional facility, gun range, private or municipal dump, junkyard or toxic disposal site etc.)		<input checked="" type="checkbox"/>
d)	Is the Property located near any retaining pond or other water source?		<input checked="" type="checkbox"/>
Comments:			

9. HAZARDOUS SUBSTANCES		Yes	No
<ul style="list-style-type: none"> Explain any "Yes" answers in comments area below and provide repair receipts and/or warranties as applicable. Attach additional pages as necessary if more space is required for comments. 			
a)	Does the Property now, or has it ever contained, any toxic substances to include but not limited to asbestos, lead paint, mold, radon gas, urea-formaldehyde foam insulation (UFFI), formaldehyde flooring or adhesive, corrosive/Chinese drywall or Chinese made laminate flooring?		<input checked="" type="checkbox"/>
b)	Does the Property contain an inactive/abandoned home heating oil or LP gas tank? <i>If yes answer question (i.) below.</i>		<input checked="" type="checkbox"/>
i.	Date storage tank abandoned?		
Comments:			

Seller initials PS

BGRS initials [Signature]

Resale Buyer initials J

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File # 8515651

10. HOMEOWNER'S OR CONDOMINIUM ASSOCIATION		Yes	No
<ul style="list-style-type: none"> Explain any "Yes" answers in comments area below and provide repair receipts and/or warranties as applicable. Attach additional pages as necessary if more space is required for comments. 			
a)	Are there any common areas not managed by a use and maintenance agreement? (roofs, walls, driveways, roadways, walkways, wells or other jointly-owned areas)		<input checked="" type="checkbox"/>
b)	Is there a Homeowner or condominium association pertaining to the Property? <i>If yes, answer questions (i-vii) below.</i>	<input checked="" type="checkbox"/>	
i.	Is the Home owner or condominium association voluntary?		<input checked="" type="checkbox"/>
ii.	Is the Home owner or condominium association mandatory?	<input checked="" type="checkbox"/>	
iii.	Does the association collect dues?	<input checked="" type="checkbox"/>	
iv.	Is the association solvent (financially stable)?	<input checked="" type="checkbox"/>	
v.	Does the association have first right of refusal for sale?		<input checked="" type="checkbox"/>
vi.	Any special assessments whether actual, pending or proposed?		<input checked="" type="checkbox"/>
vii.	Any lawsuits by or against the association?		<input checked="" type="checkbox"/>
Comments:			

11. MISCELLANEOUS		Yes	No
<ul style="list-style-type: none"> Answer yes if any of the following are anticipated, existing, pending or proposed. Explain any "Yes" answers in comments area below and provide repair receipts and/or warranties as applicable. Attach additional pages as necessary if more space is required for comments. 			
a)	Do you know of any facts, conditions/circumstances that may affect any of the following pertaining to the Property: marketability, value, beneficial use or desirability?		<input checked="" type="checkbox"/>
b)	Are there any tax increases, bonds or special assessments by any governmental authority?		<input checked="" type="checkbox"/>
c)	Is there any legal action that could affect your interest in the property? (demands,		<input checked="" type="checkbox"/>

Seller initials DS

BGRS Initials [Signature]
BGRS Refco, Inc.

Resale Buyer initials /

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	lawsuits, settlements, judgments, bankruptcy, divorce, claim for damages or any other type of proceeding)		✓
e)	Have there been any insurance claims?		✓
f)	Is there any reason why the Property would not be insurable at standard rates?		✓
g)	Are there any leased items on the property?		✓
h)	Have you had pets in/on the Property during your ownership?	✓	
Comments: 1 Dog (Labrador)			

12. SUPPORTING DOCUMENTATION CHECKLIST		Attached	NA
<ul style="list-style-type: none"> Check as "Attached" any/all of the following reports/documentation obtained during your ownership or purchase of the Property that you are including with this disclosure. Check NA if you do not have a particular report/documentation. 			
a)	Building permits		✓
b)	Certificate of Occupancy		✓
c)	Defective construction claim reports		✓
d)	Disclosure statements provided at the time of your purchase of the Property		✓
e)	Homeowners (HOA)/Condo Association Documents		✓
	i. Articles		
	ii. Assessment statements		
	iii. By-laws		
	iv. Conditions, covenants & restrictions (CC&Rs)		
	v. Financial statements		
	vi. Written approval for modifications to the Property		
f)	Inspection reports		✓
	i. Engineering		
	ii. Home		
	iii. Indoor air quality (i.e. mold, pet dander)		
	iv. Radon		
	v. Pest/termite		
	vi. Septic		
	vii. Soil		
	viii. Stucco		
	ix. Structural		
	x. Other:		
	xi. Other:		

Seller initials DS

BGRS initials [Signature]
BGRS Relocations, Inc.

Resale Buyer initials I

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g)	Property survey		✓
h)	Repair Receipts		✓
	i. If attached, how many receipts:		
h)	Underground storage tank abandonment		✓
i)	Warranties or maintenance contracts		✓
	i. Pest/termite		
	ii. Radon		
	iii. Driveway maintenance or shared agreement		
	iv. Other:		
	v. Other:		

STATE DISCLOSURES – Some states require sellers to complete a specific disclosure form. If your state requires a specific seller's disclosure, you must provide a completed disclosure to BGRS Relocation Inc. ("BGRS"). If you have previously completed a seller's disclosure for your real estate broker, you must provide a legible copy of the seller's disclosure to BGRS. The seller's disclosure prepared for your real estate broker (if completed within the last 90 days) may be submitted in lieu of completing a new state required seller's disclosure. Unless allowed by your Employer's relocation policy providing the state disclosure is in addition to, and not in lieu of, providing this Homeowner Disclosure Statement.

SELLER SIGNATURES – The undersigned ("Homeowners") acknowledge this Homeowner Disclosure Statement is incorporated by reference in the Contract of Sale with BGRS. Homeowners further acknowledge and understand (a) that BGRS may rely on the statements made, and (b) certify that the information is true and correct to the best of my/our knowledge as of the date indicated below. Homeowners acknowledge that BGRS and any agents or subagents appointed by them will disclose the above information and provide a copy of this Homeowner Disclosure Statement to prospective buyers. Homeowners acknowledge that failure to disclose a defective condition may entitle BGRS to cancel an offer to purchase.

If, after having completed this Homeowner Disclosure Statement and any other disclosures required to be provided, you subsequently discover the existence of any defect or condition required to be disclosed, you are under a continuing obligation to supplement your disclosures to include such defect and/or condition. This obligation will continue until the date BGRS executes a Contract of Sale with you or you vacate the Property, whichever is later.

Date: 12-15-21

Daris Scott
Daris Scott

Seller initials DS

BGRS initials [Signature]
BGRS Relocation, Inc.

Resale Buyer initials _____

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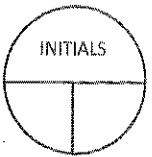
Date: _____

Seller initials DS

BGRS initials DS
BGRS Relocation, Inc.

Resale Buyer initials _____

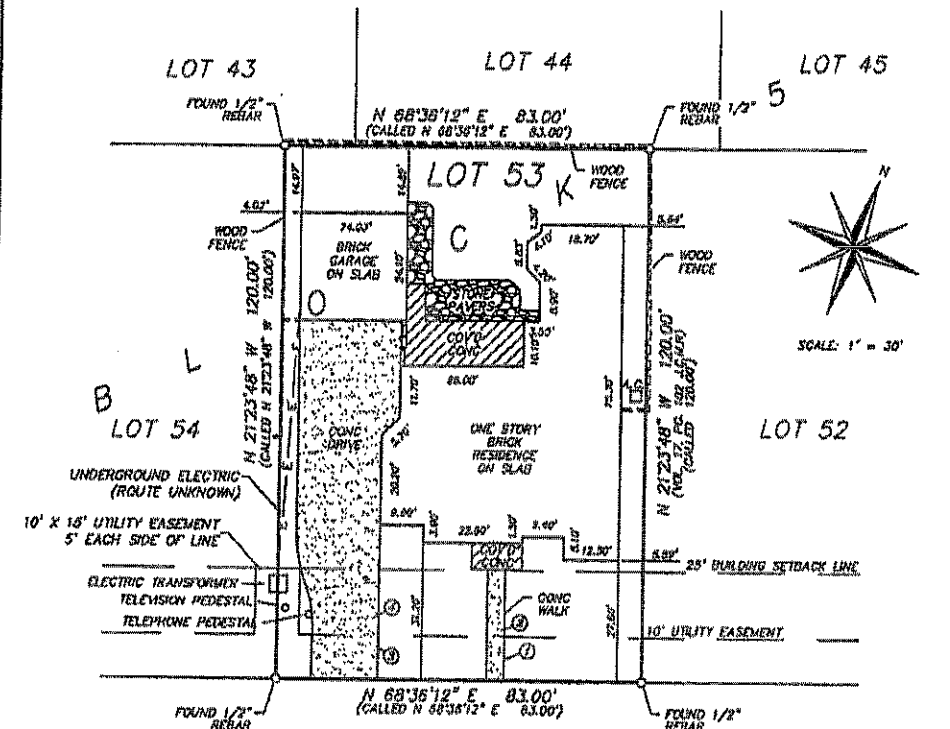
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Only to GF #623207

SURVEY LEGEND			
—S—S—	ELECTRIC LINE	▨	CONCRETE SURFACE
—PL—PL—	PIPELINE	▨	COVERED AREA
—T—T—	TELEPHONE LINE	▨	ROCK OR GRAVEL
□	SWIMMING POOL	□	A.C. AIR CONDITIONING UNIT
□	DITCH	□	R.R. POWER POLE
□	LAWN	⊗	STREETLIGHT
—=—=—	WOOD FENCE	—/—/—	CHAIN LINK FENCE
—x—x—	BARBED WIRE FENCE		

CLIENT: ALAN ALVES OF#: -



NOTE:
A 10' BLANKET UNDERGROUND ELECTRIC SERVICE EASEMENT IS RESERVED ACROSS THIS TRACT FOR THE INSTALLATION AND MAINTENANCE OF THE ELECTRICAL SERVICE FOR THIS RESIDENCE AS RECORDED IN CLERK'S FILE # 9637003 G.P.R.P.R. AND VOL. 17, PAGE 102 J.C.R.P.R.

EASEMENT AND SIDEWALK COVENANT DESCRIBED IN THE DECLARATION OF COVENANTS, CONDITIONS AND RESTRICTIONS RECORDED UNDER COUNTY CLERK'S FILE # 9637003 J.C.R.P.R.

SURVEYOR'S CERTIFICATE:

I do hereby certify to the best of my knowledge and belief that this is an accurate plat of a survey made on the ground, under my supervision, showing above ground improvements and visible encroachments, as of MAY 18, 2015. The above tract being located at 6350 ELLINGTON LANE, BEAUMONT, TEXAS 77700. The tract being described as LOT NUMBER FIFTY-THREE (53) IN BLOCK NUMBER FIVE (5), OF BARRINGTON HEIGHTS PHASE V as recorded in VOLUME 17, PAGE 102, OF THE MAP RECORDS OF JEFFERSON COUNTY, TEXAS. In accordance with Flood Insurance Rate Map (FIRM) of the Federal Emergency Management Agency, the subject tract is located in Flood Zone noted below. The location of the property was determined by scale. Actual field elevation was not determined, unless requested. FAUST Engineering and Surveying, Inc. does not warrant or subscribe to the accuracy of said map.

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All rights reserved.
THIS SURVEY IS CERTIFIED FOR THIS TRANSACTION ONLY AND IS NOT TRANSFERABLE TO ADDITIONAL INSTITUTIONS OR SUBSEQUENT OWNERS. USE OF THIS SURVEY FOR ANY OTHER PURPOSE OR BY OTHER PARTIES SHALL BE AT THEIR OWN RISK AND THE UNDERSIGNED SURVEYOR IS NOT RESPONSIBLE TO OTHERS FOR ANY LOSS RESULTING THEREFROM.

Alan Alves
6350 ELLINGTON LANE
(30' R.O.W.)

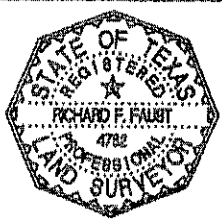
Richard F. Faust

RICHARD F. FAUST
REGISTERED PROFESSIONAL LAND SURVEYOR NO. 4782
ENGINEERING FIRM REGISTRATION NO. 4800
SURVEYING FIRM REGISTRATION NO. 100024-00

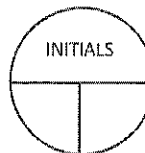
Date: MAY 18, 2015
Census Tract: 3.02
FEMA Flood Zone: X
Community Panel NO.: 485457-0030 D
Panel Date: 8/8/02
Field Book No.: 05-4 & 15-3
Project No. 150149

- SURVEYOR'S NOTES:**
1. CONCRETE WALK OVERLAPS 10' UTILITY EASEMENT
 2. CONCRETE WALK OVERLAPS 25' BUILDING SETBACK LINE
 3. CONCRETE DRIVE OVERLAPS 10' UTILITY EASEMENT
 4. CONCRETE DRIVE OVERLAPS 25' BUILDING SETBACK LINE

Faust
ENGINEERING AND SURVEYING, INC.
4825 CALDWAY STREET # 350 BEAUMONT, TEXAS 77707
(409) 835-2410 • FAX (409) 835-2410



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Daris Scott
File #: 8515651

Sign and return to:

BGRS Relocation Inc.
Shannon Garcia
Email: Shannon.Garcia@bgrs.com

DISCLOSURE OF INFORMATION ON LEAD-BASED PAINT & LEAD-BASED PAINT HAZARDS

Property address: 6350 Ellington Ln
Beaumont, TX 77706-4044

I/WE, THE OWNER(S) OF THE PROPERTY LISTED ABOVE, DECLARE THAT THE PROPERTY WAS CONSTRUCTED ON OR AFTER JANUARY 1, 1978. <input checked="" type="radio"/> Yes <input type="radio"/> No	
	12-15-21
Seller: Daris Scott	Date
Seller:	Date

STOP! If the property was constructed on or after January 1, 1978, and you signed in the box above, you are not required to complete the remainder of this document/Disclosure of Information on Lead-Based Paint & Lead-Based Paint Hazards, nor sign on page 2.

LEAD WARNING STATEMENT

Every purchaser of any interest in residential real property on which a residential dwelling was built prior to 1978 is notified that such property may present exposure to lead from lead-based paint that may place young children at risk of developing lead poisoning. Lead poisoning in young children may produce permanent neurological damage, including learning disabilities, reduced intelligence quotient, behavioral problems, and impaired memory. Lead poisoning also poses a particular risk to pregnant women. The seller of any interest in residential real property is required to provide the buyer with any information on lead-based paint hazards from risk assessments or inspections in the seller's possession and notify the buyer of any known lead-based paint hazards. A risk assessment or inspection for possible lead-based paint hazards is recommended prior to purchase.

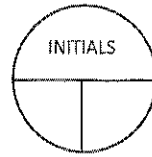
Seller's Disclosure (Initial)

(a) Presence of lead-based paint and/or lead-based paint hazards (check one below):

Seller has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

Known lead-based paint and/or lead-based paint hazards are present in the housing (explain below).

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Daris Scott
File #: 8515651

 (b) Records and reports available to the seller (check one below):

Seller has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Seller has provided the purchaser with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

Purchaser's Acknowledgment (Initial)

(c) Purchaser has received copies of all information listed above.

 N/A (d) Purchaser has received the pamphlet Protect Your Family from Lead in Your Home.

(e) Purchaser has (check one below):

Received a 10-day opportunity (or mutually agreed upon period) to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards; or

Waived the opportunity to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards.

Agent's Acknowledgment (Initial)

(f) Agent has informed the seller of the seller's obligations under 42 U.S.C.4582.d and is

 N/A aware of his/her responsibility to ensure compliance.

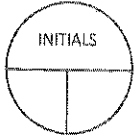
Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information provided by the signatory is true and accurate.

<u> Daris Scott </u>	<u> 12-15-21 </u>	<u> N/A </u>	<u> </u>
Seller: Daris Scott	Date	Seller:	Date
<u> N/A </u>	<u> N/A </u>	<u> N/A </u>	<u> N/A </u>
Listing Agent	Date	Selling Agent	Date
<u> BGRS Relocation Inc. </u>	<u> </u>		
<small>BGRS Relocation, Inc.</small>	<u> 12/15/2021 </u>		
<u> </u>	<u> </u>		
By:	Date		
<u> </u>			
Its:			



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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: **6350 Ellington Ln, Beaumont, Texas 77706**

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).)

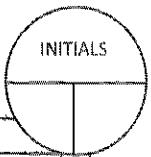
This Notice does not establish the items to be conveyed. The contract will determine which items will & will not convey.

Item	Y	N	U	Item	Y	N	U	Item	Y	N	U
Cable TV Wiring	X			Liquid Propane Gas		X		Pump: <input type="checkbox"/> sump <input type="checkbox"/> grinder			X
Carbon Monoxide Det.		X		- LP Community (Captive)		X		Rain Gutters	X		
Ceiling Fans	X			- LP on Property		X		Range/Stove	X		
Cooktop	X			Hot Tub	X			Roof/Attic Vents	X		
Dishwasher	X			Intercom System		X		Sauna		X	
Disposal	X			Microwave	X			Smoke Detector	X		
Emergency Escape Ladder(s)		X		Outdoor Grill		X		Smoke Detector Hearing Impaired		X	
Exhaust Fan	X			Patio/Decking	X			Spa		X	
Fences	X			Plumbing System	X			Trash Compactor		X	
Fire Detection Equipment	X			Pool		X		TV Antenna		X	
French Drain		X		Pool Equipment		X		Washer/Dryer Hookup	X		
Gas Fixtures		X		Pool Maint. Accessories		X		Window Screens	X		
Natural Gas Lines	X			Pool Heater		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: 1
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: 1
Other Heat	X			if yes, describe: Gas fireplace
Oven	X			number of ovens: 1 <input checked="" type="checkbox"/> electric <input type="checkbox"/> gas <input type="checkbox"/> other
Fireplace & Chimney	X			<input type="checkbox"/> wood <input checked="" type="checkbox"/> gas log <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: 1 number of remotes: 1
Satellite Dish & Controls		X		<input type="checkbox"/> owned <input type="checkbox"/> leased from:
Security System		X		<input type="checkbox"/> owned <input type="checkbox"/> leased from:
Solar Panels		X		<input type="checkbox"/> owned <input type="checkbox"/> leased from:
Water Heater	X			<input checked="" type="checkbox"/> electric <input type="checkbox"/> gas <input type="checkbox"/> other number of units: 1



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Water Softener	<input checked="" type="checkbox"/>	<input type="checkbox"/> owned <input type="checkbox"/> leased from:
Other Leased Item(s)	<input checked="" type="checkbox"/>	If yes, describe:
Underground Lawn Sprinkler	<input checked="" type="checkbox"/>	<input type="checkbox"/> automatic <input type="checkbox"/> 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: Composite (Shingles) Age: 16 (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 in need of repair? Yes No If Yes, describe:

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 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 Roof Repairs		X
Previous Other Structural Repairs		X
Previous Use of Premises for Manufacture of Methamphetamine		X

Previous Fires		X
Termite or WDI damage needing repair		X
Single Blockable Main Drain in Pool/Hot Tub/Spa*		X

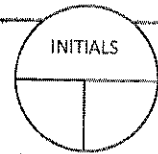
If the answer to any of the items in Section 3 is Yes, explain (attach additional sheets if necessary):

Active infestation of termites or other wood destroying insects (WDI) – Termite were found during home inspection. In the process of getting treated.

*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):

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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 flood pool.
- Located wholly partly in a reservoir.

If the answer to any of the above is yes, explain (attach additional sheets if necessary):

Present flood insurance coverage – Flood insurance is maintained on property.

*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.



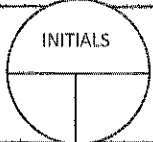
"Flood pool" means the area adjacent to a reservoir that lies above the normal maximum operating level of the reservoir and that is subject to controlled inundation under the management of the United States Army Corps of Engineers.

"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.

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):

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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

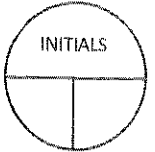
- Room additions, structural modifications, or other alterations or repairs made without necessary permits, with unresolved permits, or not in compliance with building codes in effect at the time.

If Yes, please explain:



Homeowners' associations or maintenance fees or assessments.

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If Yes, please explain: **HOA**

If Yes, complete the following:

Name of association: **Barrington Heights Homeowners Association**

Manager's name: **Hope Hilz Frank Coffin** Phone: **409 899 1002**

Fees or assessments are: **\$125 per Year** 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:

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, please explain:

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

If Yes, please explain:

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

If Yes, please explain:

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

If Yes, please explain:

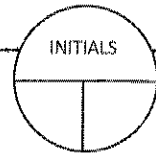


- Any condition on the Property which materially affects the health or safety of an individual.

If Yes, please explain:

[Empty box for explanation]

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- 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).

[Empty box for documentation]

- 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.

If Yes, please explain:

[Empty box for explanation]

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

If Yes, please explain:

[Empty box for explanation]

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

If Yes, please explain:

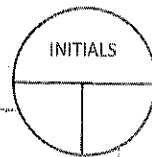
[Empty box for explanation]

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:

Table with 4 columns: Inspection Date, Type, Name of Inspector, No. of Pages. Contains 3 empty rows.

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Empty rectangular box for additional information or notes.

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:

Empty rectangular box for explanation of Section 13.

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?* Yes No Unknown

If No or Unknown, explain (Attach additional sheets if necessary):

Empty rectangular box for explanation of Section 14.

**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.



Concerning the Property at 6350 Ellington Ln, Beaumont, Texas 77706

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.

Daris U Scott

12/17/2021

Signature of Seller

Date

Signature of Seller

Date

Printed Name: Daris Scott

Printed Name:

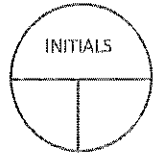
ADDITIONAL NOTICES TO BUYER:

- (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 (TAR 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>Entergy</u>	Phone #	<u>800 584 1241</u>
Sewer:	<u>Beaumont Water</u>	Phone #	<u>409 866 0023</u>
Water:	<u>Beaumont Water</u>	Phone #	<u>409 866 0023</u>
Cable:	<u>Spectrum</u>	Phone #	<u>800 712 9200</u>
Trash:	<u>Beaumont Garbage</u>	Phone #	<u>409 842 1483</u>
Natural Gas:	<u>Center Point</u>	Phone #	<u>800 992 7552</u>
Phone Company:	<u>N/A</u>	Phone #	<u> </u>
Propane:	<u>N/A</u>	Phone #	<u> </u>
Internet:	<u>Spectrum</u>	Phone #	<u>800 712 9200</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.**

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The undersigned Buyer acknowledges receipt of the foregoing notice.

[Signature]

12/21/2021

Signature of Buyer

Date

Signature of Buyer

Date

Printed Name: Shannon Garcia

Printed Name: BGRS Relocation Inc.

TREC PROPERTY INSPECTION REPORT SUMMARY

This inspection report was solely intended for use by FICS specific relocation client who may decide to provide to other interested parties for disclosure purposes only. The information contained within this report is NOT intended to be used or relied upon by any other interested party. All interested parties should obtain their own independent inspections."

DEFECTIVE

The findings noted below are in need of repair. It is recommended that all repairs are completed by the appropriate certified/licensed repair contractors. Detailed itemized receipts for repairs are recommended.

Report Category / Items / Remarks

I. STRUCTURAL SYSTEMS

(I) D. Roof Structures & Attics: The garage attic access ladder does not appear to be fire rated.

Recommendations: Contractor to correct the garage attic access ladder that does not appear to be fire rated.

(I) E. Walls (Interior and Exterior): There is damaged/loose trim noted at the right-side bay window.

Recommendations: Contractor to repair the damaged/loose trim noted at the right-side bay window.

(I) H. Windows: Failed thermal seal window(s) (fogged glass) were observed at the dining room and master bedroom.

Recommendations: Window contractor to confirm and replace all failed thermal seal windows.

II. ELECTRICAL SYSTEMS

(II) A. Service Entrance and Panels: The branch circuits installed in common habitable rooms are missing ARC fault breakers at the electric panel, and the electrical system appears to be ungrounded. System ground was not visible.

Recommendations: Electrician to install ARC fault breakers at the electric panel and properly ground the system was needed.

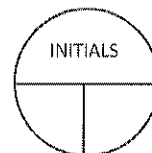
(II) B. Branch Circuits, Connected Devices, and Fixtures: GFI protection is missing at the utility room outlets, and the right exterior GFI outlet had no power when tested.

Recommendations: Electrician to install GFI protection at the utility room outlets, and repair the right exterior GFI outlet that had no power when tested.

IV. PLUMBING SYSTEMS

(IV) A. Plumbing Supply, Distribution Systems, and Fixtures: The hall bathroom left sink drain stopper is not functioning properly, the utility bathroom sink drain stopper is stuck closed, and there is a leak noted at the kitchen island sink faucet.

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Recommendations: Plumber to repair the hall bathroom left sink drain stopper that is not functioning properly, repair the utility bathroom sink drain stopper that is stuck closed, and repair the leak noted at the kitchen island sink faucet.

(IV) C. Water Heating Equipment: The water heater gas line is missing a sediment trap.

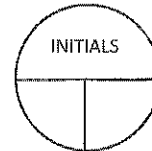
Recommendations: Plumber to install a sediment trap at the water heater gas line.

V. APPLIANCES

(V) G. Garage Door Operators: The auto reverse sensor is mounted higher than six inches above the floor.

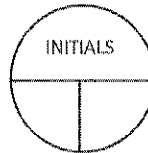
Recommendations: Contractor to lower the auto reverse sensor to be within six inches of the floor.

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LIMITED ACCESSIBILITY/NOT ASSESSED
Variables such as construction type, conditions at the time of the assessment, safety, potential damage/liability and/or inspector discretion have limited the evaluation of this item at the time of this assessment. If applicable, further assessment should be considered.
Report Category / Items / Remarks
I. STRUCTURAL SYSTEMS
(I) A Foundations: Limited evaluation of the structure due to finishings (10% visible).
(I) C. Roof Covering Materials: From Eaves- Limited evaluation of the roof due to design (90% visible).
(I) D. Roof Structures & Attics: Entered - Limited evaluation of the attic due to finishings (15% visible).
(I) K. Porches, Balconies, Decks, and Carports: Limited evaluation of the garage due to storage (80% visible).
IV. PLUMBING SYSTEMS
(IV) D. Hydro Massage Therapy Equipment: Note: There is no access present for the hydro-therapy equipment area under the tub. Recommend completing the evaluation when access can be provided.

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FURTHER EVALUATION

The findings below require an additional evaluation by a specialist and/or appropriate contractor.

Report Category / Items / Remarks

I. STRUCTURAL SYSTEMS

(I) A. Foundations: There are cracks noted at the brick above the window over the right of the front door, in the middle of the left exterior, above the right side of the garage overhead door and above the right window at the rear porch.

Recommendations: Further evaluation recommended. Structural engineer to evaluate the structural system. Pay special attention to the cracks noted at the brick above the window over the right of the front door, in the middle of the left exterior, above the right side of the garage overhead door and above the right window at the rear porch.

(I) C. Roof Covering Materials: The shingles were noted to have signs of aging/granule loss throughout the roof surface.

Recommendations: Further evaluation recommended. Roofer to evaluate the roof system. Pay special attention to the shingles that were noted to have signs of aging/granule loss throughout the roof surface.

III. HEATING, VENTILATION AND AIR CONDITIONING SYSTEMS

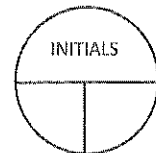
(III) A. Heating Equipment: The furnace would not turn on at time of inspection, and the furnace is missing a sediment trap at the gas line.

Corrugated stainless steel tubing (CSST) is present.

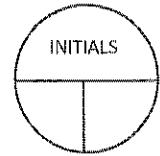
Recommendations: Further evaluation recommended. Heating specialist to evaluate the heating system. Pay special attention to the furnace that would not turn on at time of inspection, and the missing a sediment trap at the furnace gas line.

Further evaluation recommended. Licensed electrician to evaluate the for the proper bonding of the corrugated stainless steel tubing (CSST) fuel piping.

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PROPERTY INSPECTION REPORT

Prepared For : Fidelity Inspection & Consulting Services

(Name of Client)

Concerning: 6350 Ellington Ln Beaumont, TX 7706 FICS file # 3043343

(Address or Other Identification of Inspected Property)

By: Curtis Carr 4026

12/14/2021

(Name and License Number of Inspector)

(Date)

(Name, License Number of Sponsoring Inspector)

PURPOSE, LIMITATIONS AND INSPECTOR / CLIENT RESPONSIBILITIES

This property inspection report may include an inspection agreement (contract), addenda, and other information related to property conditions. If any item or comment is unclear, you should ask the inspector to clarify the findings. It is important that you carefully read ALL of this information.

This inspection is subject to the rules ("Rules") of the Texas Real Estate Commission ("TREC"), which can be found at www.trec.texas.gov.

The TREC Standards of Practice (Sections 535.227-535.233 of the Rules) are the minimum standards for inspections by TREC- licensed inspectors. An inspection addresses only those components and conditions that are present, visible, and accessible at the time of the inspection. While there may be other parts, components or systems present, only those items specifically noted as being inspected were inspected. The inspector is NOT required to turn on decommissioned equipment, systems, utility services or apply an open flame or light a pilot to operate any appliance. The inspector is NOT required to climb over obstacles, move furnishings or stored items. The inspection report may address issues that are code-based or may refer to a particular code; however, this is NOT a code compliance inspection and does NOT verify compliance with manufacturer's installation instructions. The inspection does NOT imply insurability or warrantability of the structure or its components. Although some safety issues may be addressed in this report, this inspection is NOT a safety/code inspection, and the inspector is NOT required to identify all potential hazards.

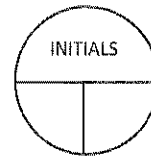
In this report, the inspector shall indicate, by checking the appropriate boxes on the form, whether each item was inspected, not inspected, not present or deficient and explain the findings in the corresponding section in the body of the report form. The inspector must check the Deficient (D) box if a condition exists that adversely and materially affects the performance of a system or component or constitutes a hazard to life, limb or property as specified by the TREC Standards of Practice. General deficiencies include inoperability, material distress, water penetration, damage, deterioration, missing components, and unsuitable installation. Comments may be provided by the inspector whether or not an item is deemed deficient. The inspector is not required to prioritize or emphasize the importance of one deficiency over another.

Some items reported may be considered life-safety upgrades to the property. For more information, refer to Texas Real Estate Consumer Notice Concerning Recognized Hazards or Deficiencies below.

THIS PROPERTY INSPECTION IS NOT A TECHNICALLY EXHAUSTIVE INSPECTION OF THE STRUCTURE, SYSTEMS OR COMPONENTS. This inspection may not reveal all deficiencies. A real estate inspection helps to reduce some of the risk involved in purchasing a home, but it cannot eliminate these risks, nor can the inspection anticipate future events or changes in performance due to changes in use or occupancy. It is recommended that you obtain as much information as is available about this property, including seller's disclosures, previous inspection reports, engineering reports, building/remodeling permits, and reports performed for and by relocation companies, municipal inspection departments, lenders, insurers, and appraisers. You should also attempt to determine whether repairs, renovation, remodeling, additions, or other such activities have taken place at this property. It is not the

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(<http://www.trec.texas.gov>).

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inspector's responsibility to confirm that information obtained from these sources is complete or accurate or that this inspection is consistent with the opinions expressed in previous or future reports.

ITEMS IDENTIFIED IN THE REPORT DO NOT OBLIGATE ANY PARTY TO MAKE REPAIRS OR TAKE OTHER ACTIONS, NOR IS THE PURCHASER REQUIRED TO REQUEST THAT THE SELLER TAKE ANY ACTION. When a deficiency is reported it is the client's responsibility to obtain further evaluations and/or cost estimates from qualified service professionals. Any such follow-up should take place prior to the expiration of any time limitations such as option periods. Evaluations by qualified tradesmen may lead to the discovery of additional deficiencies which may involve additional repair costs. Failure to address deficiencies or comments noted in this report may lead to further damage of the structure or systems and add to the original repair costs. The inspector is not required to provide follow-up services to verify that proper repairs have been made.

Property conditions change with time and use. For example, mechanical devices can fail at any time, plumbing gaskets and seals may crack if the appliance or plumbing fixture is not used often, roof leaks can occur at any time regardless of the apparent condition of the roof, and the performance of the structure and the systems may change due to changes in use or occupancy, effects of weather, etc. These changes or repairs made to the structure after the inspection may render information contained herein obsolete or invalid. This report is provided for the specific benefit of the client named above and is based on observations at the time of the inspection. If you did not hire the inspector yourself, reliance on this report may provide incomplete or outdated information. Repairs, professional opinions or additional inspection reports may affect the meaning of the information in this report. It is recommended that you hire a licensed inspector to perform an inspection to meet your specific needs and to provide you with current information concerning this property.

TEXAS REAL ESTATE CONSUMER NOTICE CONCERNING HAZARDS OR DEFICIENCIES

Each year, Texans sustain property damage and are injured by accidents in the home. While some accidents may not be avoidable, many other accidents, injuries, and deaths may be avoided through the identification and repair of certain hazardous conditions. Examples of such hazards include:

- malfunctioning, improperly installed, or missing ground fault circuit protection (GFCI) devices for electrical receptacles in garages, bathrooms, kitchens, and exterior areas;
- malfunctioning arc fault protection (AFCI) devices;
- ordinary glass in locations where modern construction techniques call for safety glass;
- malfunctioning or lack of fire safety features such as smoke alarms, fire-rated doors in certain locations, and functional emergency escape and rescue openings in bedrooms;
- malfunctioning carbon monoxide alarms;
- excessive spacing between balusters on stairways and porches;
- improperly installed appliances;
- improperly installed or defective safety devices;
- lack of electrical bonding and grounding; and
- lack of bonding on gas piping, including corrugated stainless steel tubing (CSST).

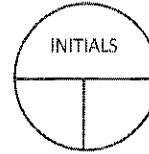
To ensure that consumers are informed of hazards such as these, the Texas Real Estate Commission (TREC) has adopted Standards of Practice requiring licensed inspectors to report these conditions as "Deficient" when performing an inspection for a buyer or seller, if they can be reasonably determined.

These conditions may not have violated building codes or common practices at the time of the construction of the home, or they may have been "grandfathered" because they were present prior to the adoption of codes prohibiting such conditions. While the TREC Standards of Practice do not require inspectors to perform a code compliance inspection, TREC considers the potential for injury or property loss from the hazards addressed in the Standards of Practice to be significant enough to warrant this notice.

Contract forms developed by TREC for use by its real estate license holders also inform the buyer of the right to have the home inspected and can provide an option clause permitting the buyer to terminate the contract within a specified time. Neither the Standards of Practice nor the TREC contract forms require a seller to remedy conditions revealed by an inspection. The decision to correct a hazard or any deficiency identified in an inspection report is left to the parties to

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the contract for the sale or purchase of the home.

INFORMATION INCLUDED UNDER "ADDITIONAL INFORMATION PROVIDED BY INSPECTOR", OR PROVIDED AS AN ATTACHMENT WITH THE STANDARD FORM, IS NOT REQUIRED BY THE COMMISSION AND MAY CONTAIN CONTRACTUAL TERMS BETWEEN THE INSPECTOR AND YOU, AS THE CLIENT. THE COMMISSION DOES NOT REGULATE CONTRACTUAL TERMS BETWEEN PARTIES. IF YOU DO NOT UNDERSTAND THE EFFECT OF ANY CONTRACTUAL TERM CONTAINED IN THIS SECTION OR ANY ATTACHMENTS, CONSULT AN ATTORNEY.

ADDITIONAL INFORMATION PROVIDED BY INSPECTOR

- **Paint, Floor Coverings, and other Cosmetic Items are SPECIFICALLY EXCLUDED from this report.**
- **Building Code issues above and beyond TREC guidelines are SPECIFICALLY EXCLUDED from this report.**
- **This report cannot and does not represent the operation or condition of any items after the date and time of this inspection.**
- **These items should not be considered a complete list of all defects with the house. This list is Limited to those items that are Readily Accessible and noted by inspector(s) at the time of the inspection.**

Time of Inspection: 3:30 PM

Approximate Age of Home: 16

Weather: Clear

Temp: 75

Dwelling Type: Detached Single Family Townhouse Condominium Modular/Mobile Other

Occupied: Yes No Additions/Modifications: Yes No Permits: Yes No Unknown

People Present: Homeowner

I=Inspected

NI=Not Inspected

NP=Not Present

D=Deficiency

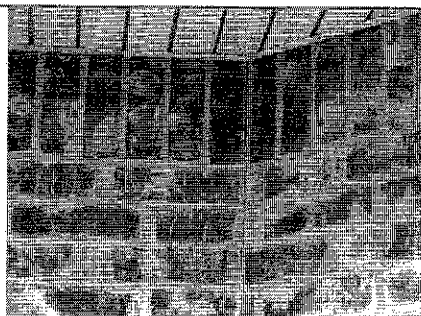
I	NI	NP	D
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I. STRUCTURAL SYSTEMS

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>A. Foundations</u>
Type of Foundation(s): Slab on Grade				
Comments: Limited evaluation of the structure due to finishings (10% visible). There are cracks noted at the brick above the window over the right of the front door, in the middle of the left exterior, above the right side of the garage overhead door and above the right window at the rear porch.				
Limitations of inspection? Finishings				
Is there a crawl space present? No				
Limitations of inspection?				
Visible evidence of foundation or structural concerns, past/present excessive differential movement, or visible cracks in foundation? No				
Visible evidence of ongoing water penetration at foundation? No				
Visible evidence of mold/fungus at interior foundation/substructure? No				
Water relief system present? No Location if Yes:				
Any evidence of decay or insect damage? No				



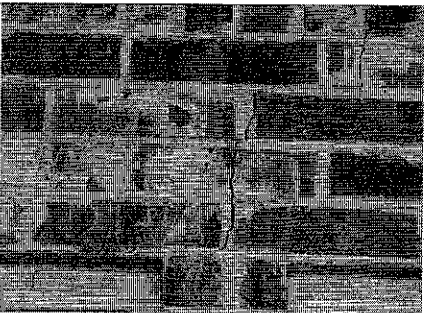
Cracks at Front



Cracks at Left



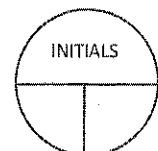
Cracks over Garage Door



Cracks at Rear Porch

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>B. Grading & Drainage</u>
Comments:				
Does sump pump appear to be functioning properly? N/A				
Visible evidence of negative grade towards foundation of home? No				

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	Does negative grade appear to adversely affect foundation?
	Do gutters/downspouts direct water away from foundation? Yes

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C: Roof Covering Materials
Type(s) of Roof Covering: (see below list of each distinct roof types for each distinct structure / building)				
Roof Type #1: Asphalt Shingle Approx. Age: 16 yrs. Design Life: 20 yrs.				
Roof Type #2: N/A Approx. Age: yrs. Design Life: yrs.				
Roof Type #3: N/A Approx. Age: yrs. Design Life: yrs.				
Comments: From Eaves- Limited evaluation of the roof due to design (90% visible). The shingles were noted to have signs of aging/granule loss throughout the roof surface.				
Viewed from/Method of Inspection: From Eaves				
Limitations of inspection?: Design				
Are skylights present? No Number present?				
Is a further evaluation by a roofer needed? Yes				



Signs of Aging/Granule Loss



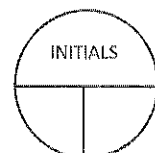
Signs of Aging/Granule Loss



Signs of Aging/Granule Loss

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D: Roof Structures & Attics
Viewed From: (see below method of inspection)				
Approximate Average Depth of Insulation: 8				
Comments: The garage attic access ladder does not appear to be fire rated.				
Viewed from/Method of Inspection: Entered - Limited evaluation of the attic due to finishings (15% visible).				
Visible evidence of water / moisture penetration? No				
Visible evidence of mold/fungus at interior of attic? No				
Insulation Type: Cellulose				

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 <p>Access Ladder Not Fire Rated</p>		
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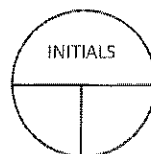
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>F. Walls (Interior & Exterior)</u>
<p>Comments: There is damaged/loose trim noted at the right-side bay window.</p> <p>Exterior Cladding Type: Brick</p> <p>Note: <i>Stucco/stone type is based on generalist knowledge only. Technical determination by a specialist is recommended.</i></p> <p>Visible signs of cracks or settlement? No</p> <p>Visible evidence of water / moisture penetration? No</p> <p>Visible evidence of mold / fungus at interior walls? No</p> <p>Fire separation breached between house & attached garage? No</p>				

 <p>Damaged/Loose Trim</p>		
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>F. Ceilings & Floors</u>
<p>Comments:</p> <p>Visible signs of cracks or settlement? No</p> <p>Visible evidence of moisture / mold at interior ceilings / floors? No</p> <p>Fire separation breached between house/attic & attached garage? Yes See D. Roof Structures & Attics</p> <p>Are there any popcorn ceilings present within the home? No</p>				

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>G. Doors (Interior & Exterior)</u>
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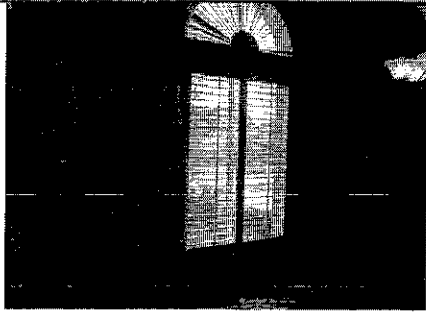
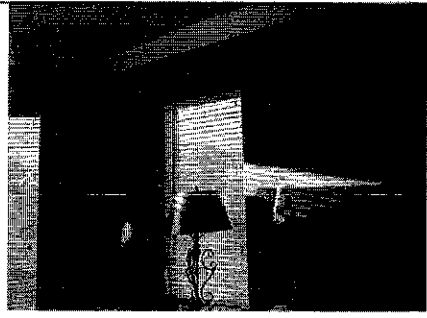


I=Inspected

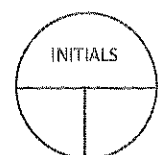
NI=Not Inspected

NP=Not Present

D=Deficiency

I	NI	NP	D	
				Comments:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>H. Windows</u>
				Comments: Failed thermal seal window(s) (fogged glass) were observed at the dining room and master bedroom.
				Any visible failed thermal pane windows? Yes
				
Failed Thermal Seal Dining Room		Failed Thermal Seal Master Bedroom		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>J. Stairways (Interior and Exterior)</u>
				Comments:
				Do stairs have uneven risers that pose a safety hazard?
				Are handrails missing where needed for safety?
				Does baluster spacing exceed recommended standard?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>J. Fireplaces and Chimneys</u>
				Comments:
				Number of Fireplaces: 1 Fuel: Gas Is fireplace direct vent? Yes
				Type(s): Insert
				Does the fireplace have a flue? Yes
				Limitations of chimney inspection?: Other ; Framework
				Do any fireplace/stoves share flues with another unit or heating system? No
				Are the Flues properly lined? Yes
				Any indication of inadequate clearances, improper insulation or heavy creosote buildup in the flue? No
				<i>Note: Inspection of flue(s) / liner(s) is limited to visually accessible areas at the time of inspection only.</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>K. Porches, Balconies, Decks, and Carports</u>
				Comments: Limited evaluation of the garage due to storage (80% visible).
				Is there a Garage/Carport present? Yes
				Limitations of inspection? Storage

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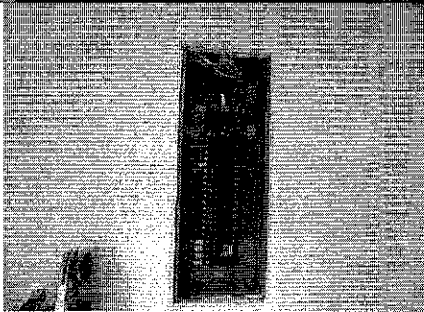
D=Deficiency

I	NI	NP	D
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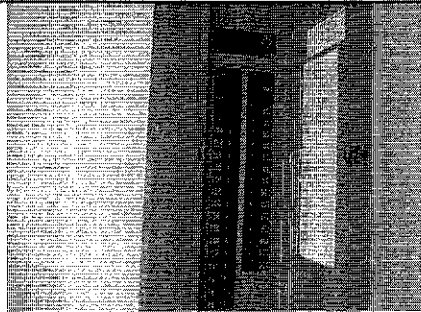
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Other</u>
Comments:				
Are any retaining walls on the entire property showing any evidence of movement?				

II. ELECTRICAL SYSTEMS

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>A. Service Entrance and Panels</u>
Comments: The branch circuits installed in common habitable rooms are missing ARC fault breakers at the electric panel, and the electrical system appears to be ungrounded. System ground was not visible.				
Amps: 200 Volts: 120/240 Type of Panels: Breakers				
Number of Electrical Panels: 1 Locations of Panels: Garage				
Is the electrical service adequate to meet the needs of the dwelling? Yes				



Electric Panel



Missing ARC Breakers

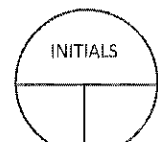


Ground Rod Not Visible

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>B. Branch Circuits, Connected Devices, and Fixtures</u>
Type of Wiring: Copper				
Comments: GFI protection is missing at the utility room outlets, and the right exterior GFI outlet had no power when tested.				
Do any areas lack GFCI where normally required for this age house? Yes				

III. HEATING, VENTILATION AND AIR CONDITIONING SYSTEMS

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>A. Heating Equipment</u>
Comments: The furnace would not turn on at time of inspection, and the furnace is missing a sediment trap at the gas line.				
Type of Systems/Energy Sources: (see heat type below)				
Heat Type #1: Forced Air Approx Age: 10 yrs. Design Life: 20 yrs. Energy Source(s): Gas				
Heat Type #2: N/A Approx Age: yrs. Design Life: yrs. Energy Source(s):				
Are there any fuel tanks present on the property? No				
Is CSST (Corrugated Stainless Steel Tubing) piping present? Yes Corrugated stainless steel tubing (CSST) is present.				
<i>Note: Evaluation of heat exchangers requires dismantling of the equipment and is beyond</i>				



I=Inspected

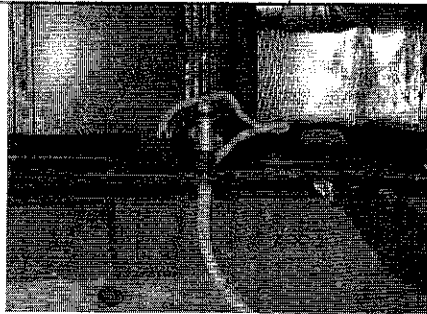
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D=Deficiency

I	NI	NP	D
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the scope of inspection.



Missing Sediment Trap/CSST



CSST

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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B. Cooling Equipment

Comments:

Type of Systems: (see A/C type below)

A/C Type #1: N/A Approx Age: yrs. Design Life: yrs. Energy Source(s):

A/C Type #2: N/A Approx Age: yrs. Design Life: yrs. Energy Source(s):

The ambient temperature did not allow for safe testing of the air conditioning system (less than 60 degrees). **No**

Supply Air Temp #1 (degrees): 63 Return Air Temp #1 (degrees): 78

Supply Air Temp #2 (degrees): Return Air Temp #2 (degrees):

Are temperature differentials within normal range of 15-20 degrees? **Yes**

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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C. Duct Systems, Chases, and Vents

Comments:

Are there any visible suspect asbestos containing materials observed anywhere in the home (ex: Vermiculite, popcorn ceilings, pipe wrap, floor tiles, insulation, etc.)? **No**

IV. PLUMBING SYSTEM

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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A. Plumbing Supply, Distribution Systems and Fixtures

Location of water meter: Front Yard

Location of main water supply valve: Front Yard

Static water pressure reading: 45

Comments: The hall bathroom left sink drain stopper is not functioning properly, the utility bathroom sink drain stopper is stuck closed, and there is a leak noted at the kitchen island sink faucet.

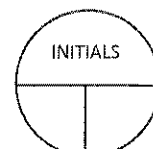
Water Source: Public How verified: Visual

Type of Incoming Service Supply Line: Unknown

Type of Water Supply Pipes throughout home (excluding fixture connectors): Copper

Is plastic piping present (e.g. PB or PEX)? **No**

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I=Inspected

NI=Not Inspected

NP=Not Present

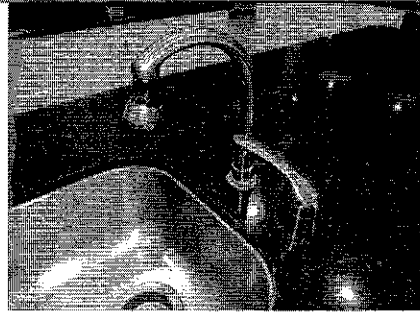
D=Deficiency

I	NI	NP	D
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Any evidence of plumbing leaks not reported above, including shower pan? **No**



Stopper Not Functioning Proper



Leak at Kitchen Sink Faucet

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

B. Drains, Wastes, and Vents

Comments:

Sewage Service: Public How verified: Locale

Type of Drain Pipes: PVC

Type of Vent Pipes: PVC

Are ABS drain pipes present? **No**

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

C. Water Heating Equipment

Comments: The water heater gas line is missing a sediment trap.

Energy Source(s)/Capacity: (see unit section below)

Unit 1: Location: Right attic Capacity: 50 gal. Approx Age: 4 yrs. Design Life: 10 yrs.

Unit 2: Location: Right attic Capacity: gal. Approx Age: yrs. Design Life: yrs.

Energy Source(s): Gas



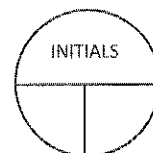
Missing Sediment Trap

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

D. Hydro-Massage Therapy Equipment

Comments: Note: There is no access present for the hydro-therapy equipment area under the tub. Recommend completing the evaluation when access can be provided.

Access panel is absent or inaccessible for area under tub. **Yes**



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I	NI	NP	D
---	----	----	---

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	E. Other
				Comments:
				Any water treatment equipment present?

V. APPLIANCES

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A. Dishwashers
				Comments:

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Food Waste Disposers
				Comments:

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C. Range Hood and Exhaust Systems
				Comments:
				Type: Recirculating (vent pipe not required)

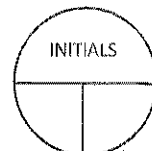
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D. Ranges, Cooktops, and Ovens
				Comments:
				Oven: Electric Elements Range: Electric Elements
				Was oven temperature within 25 degrees of 350 degree setting? Yes

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E. Microwave Ovens
				Comments:

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F. Mechanical Exhaust Vents and Bathroom Heaters
				Comments:
				Location of exhaust fan termination: unknown
				If no exhaust, is there an operable window? N/A

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	G. Garage Door Operators
				Comments: The auto reverse sensor is mounted higher than six inches above the floor.

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I	NI	NP	D
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Sensors too High

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

H. Dryer Exhaust Systems

Comments:

Does dryer vent properly terminate at exterior of home? **Yes**

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

I. Other

Comments:

VI. OPTIONAL SYSTEMS

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

A. Landscape Irrigation (Sprinkler) Systems

Comments:

Is the sprinkler system winterized?

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

B. Swimming Pools, Spas, Hot Tubs, and Equipment

Type of Construction:

Comments:

Pool Type: Pool winterized?

Spa / Hot Tub Type: Spa / Hot Tub winterized? Is spa attached to pool?

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

C. Outbuildings

Comments:

Describe type of structure and location:

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

D. Private Water Wells (A coliform analysis is recommended.)

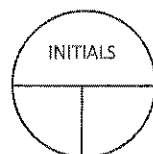
Type of Pump:

Type of Storage Equipment:

Comments:

Any special water testing required by county or township?

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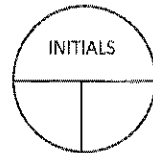
NI=Not Inspected

NP=Not Present

D=Deficiency

I	NI	NP	D	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Private Sewage Disposal (Septic) Systems
				Type of System:
				Location of Drain Field:
				Comments:
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other
				Comments:
				Is there any evidence of decay, insect damage or plumbing leakage not already listed in this report?

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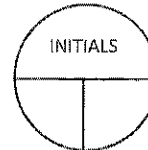
D=Deficiency

I	NI	NP	D
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SUPPLEMENTAL DISCLOSURE

1. A representative sample of property components such as windows, doors, outlets, light and wall switches are evaluated on a "best efforts" basis to ascertain if the property components have failed. Often, such conditions cannot be determined during the assessment due to limited and/or restricted access as well as varying weather conditions and humidity. Therefore, no representations are made as to the condition of every property component. **No responsibility is assumed for items not observed or accessed during the property assessment.**
2. The assessment is a recording of conditions on the given date and time of the assessment. Future condition changes are outside the scope of the assessment.
3. **The photos sent with this report may NOT reflect all defects and/or location of needed repairs noted within the body or summary of the report. Please review the report in its entirety.**
4. Product and manufacturer recalls are beyond the scope of this assessment.
5. If this home was built prior to 1978, this could indicate the potential for the presence of lead-based paint.
6. Determination of the presence or absence of Chinese or other defective drywall materials and related conditions or risks is outside the scope of this assessment. See <http://www.cpsc.gov/info/drywall/index.html> for more information.

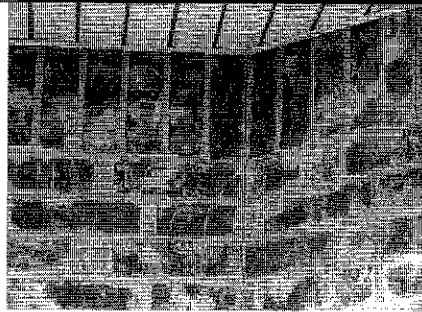
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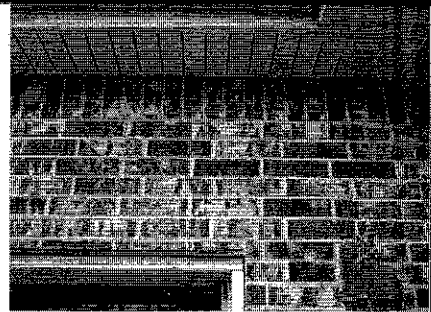
PHOTOS



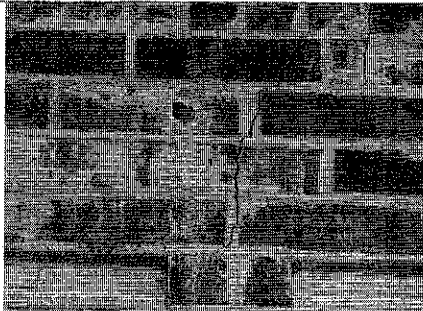
Cracks at Front



Cracks at Left



Cracks over Garage Door



Cracks at Rear Porch



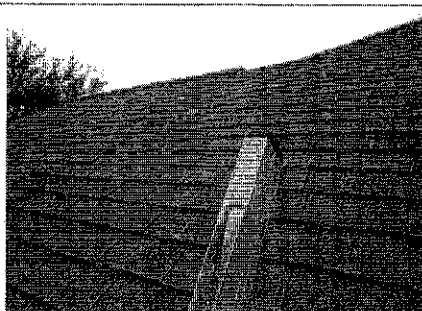
Signs of Aging/Granule Loss



Signs of Aging/Granule Loss



Signs of Aging/Granule Loss



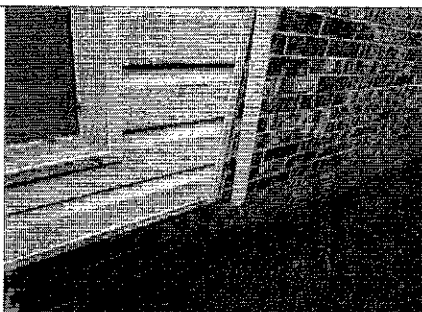
Roof



Access Ladder Not Fire Rated



Attic

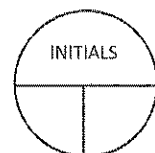


Damaged/Loose Trim



Garage

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Front Exterior



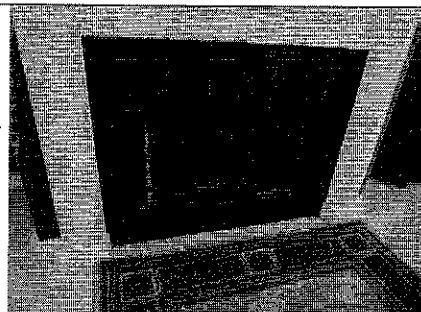
Right Exterior



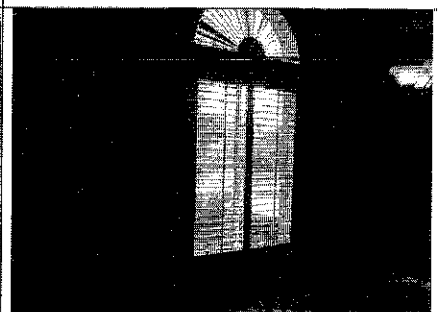
Left Exterior



Rear Exterior



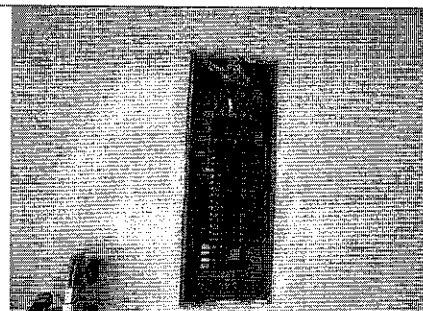
Fireplace



Failed Thermal Seal Dining Room



Failed Thermal Seal Master Bedroom



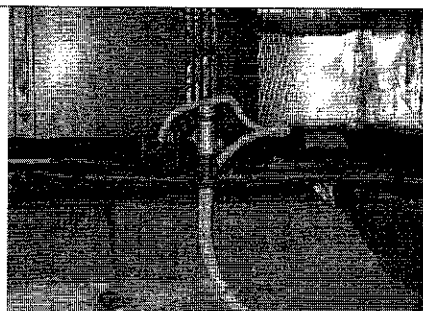
Electric Panel



Missing ARC Breakers



Ground Rod Not Visible

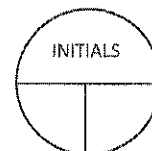



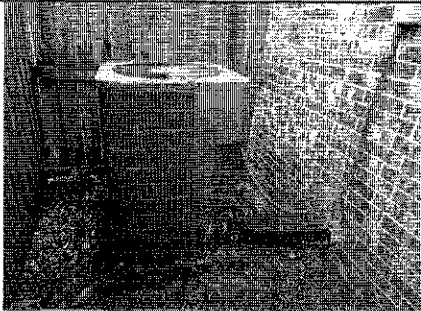

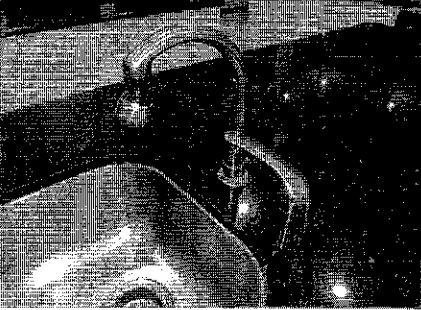
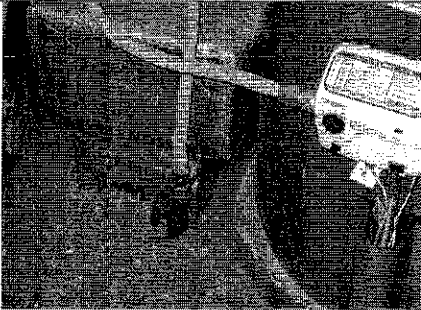



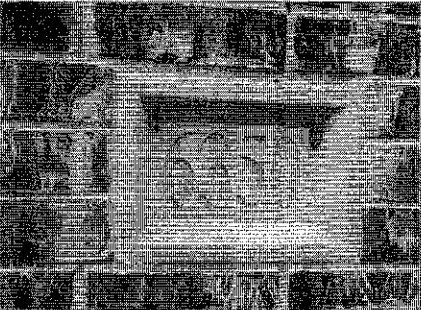
Missing Sediment Trap/CSST



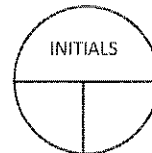
CSST

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Furnace	A/C Equipment	Stopper Not Functioning Proper
		
Leak at Kitchen Sink Faucet	Missing Sediment Trap	Water Heater
		
Jetted Tub	Sensors too High	Address

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TPCL#: 11443

GuardTech Pest Management, Inc.
6550 Concord Rd.
Beaumont, TX 77708
409-813-2290

Service Inspection Report

INVOICE #: 111481

WORK DATE: 01/11/2022

BILL-TO 110624

Daris Scott
6350 ELLINGTON LN
BEAUMONT, TX 77706-4044

Phone: 870-636-1788

LOCATION 110624

Daris Scott
6350 ELLINGTON LN
BEAUMONT, TX 77706-4044

Phone: 870-636-1788

Time In: 1/11/2022 7:59:17 AM
Time Out: 1/11/2022 11:55:15 AM

Customer Signature

Customer Unavailable to Sign
Technician Signature

JV
Jared VanZandt
License #: 0789160

Purchase Order Terms
None NET 30

Service Description
Subterranean Termite Treatment - 10 yr

Quantity
1.00

GENERAL COMMENTS / INSTRUCTIONS

Install and treat bath trap. Approx 300LF
Subterranean Termite Treatment
Subterranean Termite Treatment to consist of applying liquid termiticide to the foundation area around the exterior perimeter and/or under the structure using techniques such as trenching, drilling & rodding and injecting foam termiticide to interior walls where termite activity is found (if applicable). This treatment comes with a renewable retreatment warranty (see "Termite Service Agreement")
Cut in access door with 1 gallon of Taurus trenched drilled rodded flower beds and holes sprayed chemicals plugged and patched holes sticker under kitchen sink sprayed topsoil in flower beds.card on file

CONDITIONS / OBSERVATIONS Reported Severity Responsibility Reviewed

None Noted.

PRODUCTS APPLICATION SUMMARY

Table with columns: Material, Lot #, EPA #, A.I. %, A.I. Conc., Active Ingredient, Finished Qty, Undiluted Qty. Row 1: Taurus SC, 53883-279, 0.0600%, 0.0600, Fipronil, 126.0000 Gallon, 7.5600 Fluid Ounce.

PEST ACTIVITY # Areas # Devices Pest Totals

None Noted.

DEVICE INSPECTION SUMMARY

AREA COMMENTS

None Noted.

DEVICE INSPECTION EXCEPTIONS

None Noted.

Handwritten signature



GuardTech Pest Management, Inc.
6550 Concord Rd.
Beaumont, TX 77708
409-813-2290

Service Inspection Report

INVOICE #: 111481

WORK DATE: 01/11/2022

INSPECTION DETAIL

None Noted.

PRODUCTS APPLIED

Material EPA #	A.I. % A.I. Concentration	Finished Qty Undiluted Qty	Application Equipment Application Method	Time Lot #
Taurus SC 53883-279	0.0600% 0.06000000	1.0000 Gallon 0.0600 Fluid Ounce	Compressed Air Sprayer Applying material with a sprayer	9:09:36 AM

Target Pests: Termites

Taurus SC 53883-279	0.0600% 0.06000000	125.0000 Gallon 7.5000 Fluid Ounce	Compressed Air Sprayer Applying material with a sprayer	11:47:32 AM
------------------------	-----------------------	--	---	-------------

Target Pests: Termites



Wood Destroying Insect Inspection

BGRS
150 Harvester Drive Suite 201
Burr Ridge, IL 60527

12/15/2021
Client File # 8515651
FICS File # 3043343

Inspection Address

Customer
6350 Ellington Lane
Beaumont, TX 77706

In accordance with your request a Wood Destroying Insect Inspection was conducted on **12/14/2021** at the above captioned property. The following is a summary of the inspector's findings.

EXISTING CONDITIONS	
Evidence of Wood Destroying Insects	At the time of inspection it was reported that there was evidence of Wood destroying insects at the exterior slab
Corrective Action	Treatment is required for the control of Subterranean termites
Estimated Cost	
Additional Comments	None

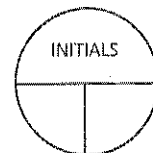
If you should have any questions, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink that reads "Jim Morrissey".

Jim Morrissey
Account Manager

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TEXAS OFFICIAL WOOD DESTROYING INSECT REPORT

6350 ELLINGTON LN

BEAUMONT

77706-4044

Inspected Address

City

Zip Code

SCOPE OF INSPECTION

- A. This inspection covers only the multi-family structure, primary dwelling or place of business. Sheds, detached garages, lean-tos, fences, guest houses or any other structure will not be included in this inspection report unless specifically noted in Section 5 of this report.
- B. This inspection is limited to those parts of the structure(s) that are visible and accessible at the time of the inspection. Examples of inaccessible areas include but are not limited to (1) areas concealed by wall coverings, furniture, equipment and stored articles and (2) any portion of the structure in which inspection would necessitate removing or defacing any part of the structure(s) (including the surface appearance of the structure). Inspection does not cover any condition or damage which was not visible in or on the structure(s) at time of inspection but which may be revealed in the course of repair or replacement work.
- C. Due to the characteristics and behavior of various wood destroying insects, it may not always be possible to determine the presence of infestation without defacing or removing parts of the structure being inspected. Previous damage to trim, wall surface, etc., is frequently repaired prior to the inspection with putty, spackling, tape or other decorative devices. Damage that has been concealed or repaired may not be visible except by defacing the surface appearance. The WDI inspecting company cannot guarantee or determine that work performed by a previous pest control company, as indicated by visual evidence of previous treatment, has rendered the pest(s) inactive.
- D. If visible evidence of active or previous infestation of listed wood destroying insects is reported, it should be assumed that some degree of damage is present.
- E. If visible evidence is reported, it does not imply that damage should be repaired or replaced. Inspectors of the inspection company usually are not engineers or builders qualified to give an opinion regarding the degree of structural damage. Evaluation of damage and any corrective action should be performed by a qualified expert.
- F. THIS IS NOT A STRUCTURAL DAMAGE REPORT OR A WARRANTY AS TO THE ABSENCE OF WOOD DESTROYING INSECTS.
- G. If termite treatment (including pesticides, baits or other methods) has been recommended, the treating company must provide a diagram of the structure(s) inspected and proposed for treatment, label of pesticides to be used and complete details of warranty (if any). At a minimum, the warranty must specify which areas of the structure(s) are covered by warranty, renewal options and approval by a certified applicator in the termite category. Information regarding treatment and any warranties should be provided by the party contracting for such services to any prospective buyers of the property. The inspecting company has no duty to provide such information to any person other than the contracting party.
- H. There are a variety of termite control options offered by pest control companies. These options will vary in cost, efficacy, areas treated, warranties, treatment techniques and renewal options.
- I. There are some specific guidelines as to when it is appropriate for corrective treatment to be recommended. Corrective treatment may only be recommended if (1) there is visible evidence of an active infestation in or on the structure, (2) there is visible evidence of a previous infestation with no evidence of a prior treatment.
- J. If treatment is recommended based solely on the presence of conducive conditions, a preventive treatment or correction of conducive conditions may be recommended. The buyer and seller should be aware that there may be a variety of different strategies to correct the conducive condition(s). These corrective measures can vary greatly in cost and effectiveness and may or may not require the services of a licensed pest control operator. There may be instances where the inspector will recommend correction of the conducive conditions by either mechanical alteration or cultural changes. Mechanical alteration may be in some instances the most economical method to correct conducive conditions. If this inspection report recommends any type of treatment and you have any questions about this, you may contact the inspector involved, another licensed pest control operator for a second opinion, and/or the Structural Pest Control Service of the Texas Department of Agriculture.

1A. GuardTech Pest Management, Inc. 1B. 11443
 Name of Inspection Company SPCS Business License Number

1C. 6550 Concord Rd. Beaumont TX 77708 409-813-2290
 Address of Inspection Company City State Zip Telephone No.

1D. Eric Sumner 1E. [] Certified Applicator (check one)
 Name of Inspector (Please Print) Technician [X]

2. [] 3. 12/14/2021
 Case Number (VA/FHA/Other) Inspection Date

4A. Fidelity Inspections and Seller Agent Buyer Management Co. Other
 Name of Person Purchasing Inspection

4B. Fidelity Inspections and Consulting
 Owner/Seller

4C. REPORT FORWARDED TO: Title Company or Mortgage Purchaser of Service Seller Agent Buyer
 (Under the Structural Pest Control regulations only the purchaser of the service is required to receive a copy)

The structure(s) listed below were inspected in accordance with the official inspection procedures adopted by the Texas Department of Agriculture Structural Pest Control Service. This report is made subject to the conditions listed under the Scope of Inspection. A diagram must be attached including all structures inspected.

5. One story primary dwelling slab foundation
 List structure(s) inspected that may include residence, detached garages and other structures on the property. (Refer to Part A, Scope of Inspection)

6A. Were any areas of the property obstructed or inaccessible? Yes No
 (Refer to Part B & C, Scope of Inspection) If "Yes" specify in 6B.

6B. The obstructed or inaccessible areas include but are not limited to the following:

Attic <input checked="" type="checkbox"/>	Insulated area of attic <input checked="" type="checkbox"/>	Plumbing Areas <input checked="" type="checkbox"/>	Planter box abutting structure <input type="checkbox"/>
Deck <input type="checkbox"/>	Sub Floors <input checked="" type="checkbox"/>	Slab Joints <input checked="" type="checkbox"/>	Crawl Space <input type="checkbox"/>
Soil Grade Too High <input type="checkbox"/>	Heavy Foliage <input type="checkbox"/>	Eaves <input checked="" type="checkbox"/>	Weepholes <input type="checkbox"/>
Other <input type="checkbox"/>	Specify: <u>Behind stored items siding walls ceilings flooring bath traps and areas of</u>		

7A. Conditions conducive to wood destroying insect infestation: Yes No
 (Refer to Part J, Scope of Inspection) If "Yes" specify in 7B.

7B. Conducive Conditions include but are not limited to:

Debris under or around structure (K) <input type="checkbox"/>	Wood to Ground Contact (G) <input type="checkbox"/>	Formboards left in place (I) <input type="checkbox"/>	Excessive Moisture (J) <input type="checkbox"/>
Planter box abutting structure (O) <input type="checkbox"/>	Footing too low or soil line too high (L) <input type="checkbox"/>	Wood Rot (M) <input type="checkbox"/>	Heavy Foliage (N) <input type="checkbox"/>
Insufficient ventilation (T) <input type="checkbox"/>	Wood Pile in Contact with Structure (Q) <input type="checkbox"/>	Wooden Fence in Contact with the Structure (R) <input type="checkbox"/>	
	Other (C) <input type="checkbox"/>	Specify: <u>Corner cracks</u>	

8. Inspection Reveals Visible Evidence in or on the structure:

9A. Subterranean Termites	Active Infestation	Previous Infestation	Previous Treatment
9B. Drywood Termites	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
9C. Formosan Termites	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
9D. Carpenter Ants	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
9E. Other Wood Destroying Insects	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Specify: _____

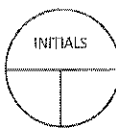
8F. Explanation of signs of previous treatment (including pesticides, baits, existing treatment stickers or other methods) identified: None found during inspection

8G. Visible evidence of Subterranean termites has been observed in the following areas: Exterior areas of slab. See graph

If there is visible evidence of active or previous infestation, it must be noted. The type of insect(s) must be listed in the first blank and all identified infested areas of the property inspected must be noted in the second blank. (Refer to Part D, E & F, Scope of Inspection)

SPCS/T-4 (Rev. 09/01/07) Licensed and Regulated by the Texas Department of Agriculture PO Box 12847, Austin, Texas 78711-2847 Phone 866-918-4481, Fax 866-232-2567 Buyer's Initials _____

This document is being given for informational purposes only. It represents the opinion of the individual or firm who prepared it. The seller makes no representations as to the accuracy of the information given. If you have any questions it is suggested that you consult your attorney.



The conditions conducive to insect infestation reported in 7A & 7B:

9. Will be or has been mechanically corrected by inspecting company:
 If "Yes," specify corrections:

Yes No

9A. Corrective treatment recommended for active infestation or evidence of previous infestation with no prior treatment as identified in Section 8. (Refer to Part G, H, and I, Scope of Inspection)

Yes No

9B. A preventive treatment and/or correction of conducive conditions as identified in 7A & 7B is recommended as follows:
 Specify reason: Treat home for subterranean termites

Yes No

Refer to Scope of Inspection Part J

10A. This company has treated or is treating the structure for the following wood destroying insects: NO

If treating for subterranean termites, the treatment was: Partial Spot Bait Other
 If treating for drywood termites or related insects, the treatment was: Full Limited

10B. Date of Treatment by Inspecting Company _____ Common Name of Insect _____ Name of Pesticide, Bait or Other Method _____

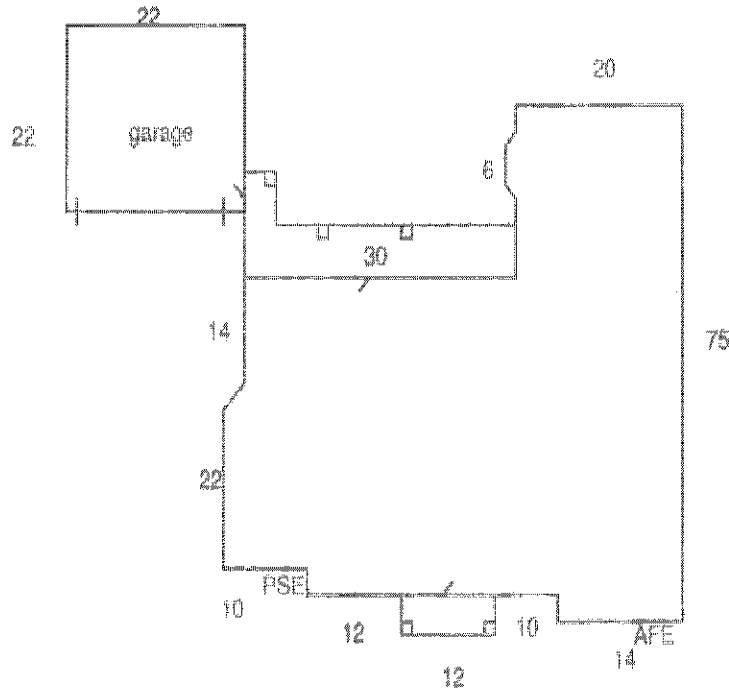
This company has a contract or warranty in effect for control of the following wood destroying insects:

Yes No List Insects: NO

If "Yes", copy(ies) of warranty and treatment diagram must be attached.

Diagram of Structure(s) Inspected

The inspector must draw a diagram including approximate perimeter measurements and indicate active or previous infestation and type of insect by using the following codes: E-Evidence of Infestation, A-Active; P-Previous; D-Drywood Termites; S-Subterranean Termites; F-Formosan Termites; C-Conducive Conditions; B-Wood Boring Beetles; H-Carpenter Ants; Other(s) - Specify Treat for subterranean termites



Additional Comments: See scope of inspection

Neither I nor the company for which I am acting have had, presently have, or contemplate having any interest in the property. I do further state that neither I nor the company for which I am acting is associated in any way with any party to this transaction.

Signatures:

11A. [Signature] 0739724

Notice of Inspection Was Posted At or Near

12A. Electric Breaker Box
 Water Heater Closet
 Bath Trap Access
 Beneath the Kitchen Sink

Approved:

11B. _____
 Certified Applicator and Certified Applicator License Number

12B. 12/14/2021
 Date Posted _____ Date

Statement of Purchaser

I have received the original or a legible copy of this form. I have read and understand any recommendations made. I have also read and understand the "Scope of Inspection." I understand that my inspector may provide additional information as an addendum to this report.
 If additional information is attached, list number of pages: _____

Signature of Purchaser of Property or their Designee _____

Date _____

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Electrical Inspection

BGRS
150 Harvester Drive Suite 201
Burr Ridge, IL 60527

12/22/2021
Client File # 8515651
FICS File # 3043343

Inspection Address

6350 Ellington Lane
Beaumont, TX 77706

In accordance with your request a Electrical inspection was conducted on **12/21/2021** at the above captioned property. The following is a summary of the inspector's findings.

EXISTING CONDITIONS	
Inspector Findings:	The CSST piping is not bonded/grounded.
Corrective Action	Electrician to bond/ground the CSST piping for safety.

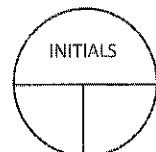
If you should have any questions, please do not hesitate to contact me.

Sincerely,

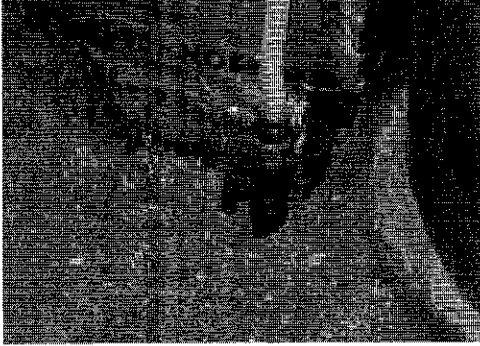
A handwritten signature in cursive script that reads "Jim Morrissey".

Jim Morrissey
Account Manager

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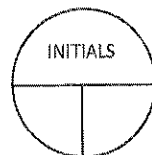


PROPERTY PHOTOS



Missing Bonding

This document is being given for informational purposes only. It represents the opinion of the individual or firm who prepared it. The seller makes no representations as to the accuracy of the information given. If you have any questions it is suggested that you consult your attorney.





This Page is for Information Purposes Only

Buyer to Initial Each
Page of the Documents
Beyond this Page and
Sign Where Indicated

Please make sure all pages of the following have been initialed and signed where indicated then submitted with the offer package to BGRS.



SELLER'S DISCLOSURE NOTICE

©Texas Association of REALTORS®, Inc. 2013

Seller is a relocation company that has never Occupied the property and provides the former Occupying owner's Disclosure Summary for Disclosure purposes only. Seller makes no Representations or warranties regarding the Accuracy of the information provided.

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 6350 ELLINGTON LN, BEAUMONT, TX 77706-4044

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			
Carbon Monoxide Det.			
Ceiling Fans			
Cooktop			
Dishwasher			
Disposal			
Emergency Escape Ladder(s)			
Exhaust Fans			
Fences			
Fire Detection Equip.			
French Drain			
Gas Fixtures			
Natural Gas Lines			

Item	Y	N	U
Liquid Propane Gas:			
-LP Community (Captive)			
-LP on Property			
Hot Tub			
Intercom System			
Microwave			
Outdoor Grill			
Patio/Decking			
Plumbing System			
Pool			
Pool Equipment			
Pool Maint. Accessories			
Pool Heater			

Item	Y	N	U
Pump: sump grinder			
Rain Gutters			
Range/Stove			
Roof/Attic Vents			
Sauna			
Smoke Detector			
Smoke Detector - Hearing Impaired			
Spa			
Trash Compactor			
TV Antenna			
Washer/Dryer Hookup			
Window Screens			
Public Sewer System			

Item	Y	N	U	Additional Information
Central A/C				electric gas number of units:
Evaporative Coolers				number of units:
Wall/Window AC Units				number of units:
Attic Fan(s)				if yes, describe:
Central Heat				electric gas number of units:
Other Heat				if yes, describe:
Oven				number of ovens: electric gas other:
Fireplace & Chimney				wood gas logs mock other:
Carport				attached not attached
Garage				attached not attached
Garage Door Openers				number of units: number of remotes:
Satellite Dish & Controls				owned leased from:
Security System				owned leased from:
Solar Panels				owned leased from:
Water Heater				electric gas other: number of units:
Water Softener				owned leased from:
Other Leased Items(s)				if yes, describe:

(TXR-1406) 09-01-19

Initialed by: Buyer: _____ and Seller: 

Concerning the Property at **6350 ELLINGTON LN, BEAUMONT, TX 77706-4044**

Underground Lawn Sprinkler	<input type="checkbox"/>	<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"/>	<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: _____ Age: _____ (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		
Ceilings		
Doors		
Driveways		
Electrical Systems		
Exterior Walls		

Item	Y	N
Floors		
Foundation / Slab(s)		
Interior Walls		
Lighting Fixtures		
Plumbing Systems		
Roof		

Item	Y	N
Sidewalks		
Walls / Fences		
Windows		
Other Structural Components		

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		
Asbestos Components		
Diseased Trees: oak wilt		
Endangered Species/Habitat on Property		
Fault Lines		
Hazardous or Toxic Waste		
Improper Drainage		
Intermittent or Weather Springs		
Landfill		
Lead-Based Paint or Lead-Based Pt. Hazards		
Encroachments onto the Property		
Improvements encroaching on others' property		
Located in Historic District		
Historic Property Designation		
Previous Foundation Repairs		
Previous Roof Repairs		
Previous Other Structural Repairs		
Previous Use of Premises for Manufacture of Methamphetamine		

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

(TXR-1406) 09-01-19

Initialed by: Buyer: _____ and Seller: 

Concerning the Property at 6350 ELLINGTON LN, BEAUMONT, TX 77706-4044

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.)

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.

(TXR-1406) 09-01-19

Initiated by: Buyer: _____, _____ and Seller:  _____

Concerning the Property at 6350 ELLINGTON LN, BEAUMONT, TX 77706-4044

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, heirs'hip, 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): _____

Seller is a relocation company that has never Occupied the property and provides the former Occupying owner's Disclosure Summary for Disclosure purposes only. Seller makes no Representations or warranties regarding the Accuracy of the information provided.

Concerning the Property at 6350 ELLINGTON LN, BEAUMONT, TX 77706-4044

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 12/21/2021 Signature of Seller BGRS Relocation Inc. Date _____

Printed Name: Shannon Garcia Printed Name: BGRS Relocation Inc.

(TXR-1406) 09-01-19 Initialed by: Buyer: _____ and Seller:  Page 5 of 6

Concerning the Property at 6350 ELLINGTON LN, BEAUMONT, TX 77706-4044

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: _____	phone #: _____
Sewer: _____	phone #: _____
Water: _____	phone #: _____
Cable: _____	phone #: _____
Trash: _____	phone #: _____
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:  _____