



### SELLER'S DISCLOSURE NOTICE

©Texas Association of REALTORS®, Inc. 2019

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 508 E. Austin Street, Bellville, TX

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            | <input checked="" type="checkbox"/> |   |                                     | Liquid Propane Gas:     |                                     | <input checked="" type="checkbox"/> |   | Pump: <input type="checkbox"/> sump <input type="checkbox"/> grinder |                                     | <input checked="" type="checkbox"/> |                                     |
| Carbon Monoxide Det.       | <input checked="" type="checkbox"/> |   |                                     | -LP Community (Captive) |                                     | <input checked="" type="checkbox"/> |   | Rain Gutters   | <input checked="" type="checkbox"/> |                                     |                                     |
| Ceiling Fans               | <input checked="" type="checkbox"/> |   |                                     | -LP on Property         |                                     | <input checked="" type="checkbox"/> |   | Range/Stove  | <input checked="" type="checkbox"/> |                                     |                                     |
| Cooktop                    | <input checked="" type="checkbox"/> |   |                                     | Hot Tub                 | <input checked="" type="checkbox"/> |                                     |   | Roof/Attic Vents   | <input checked="" type="checkbox"/> |                                     |                                     |
| Dishwasher                 | <input checked="" type="checkbox"/> |   |                                     | Intercom System         |                                     | <input checked="" type="checkbox"/> |   | Sauna  |                                     | <input checked="" type="checkbox"/> |                                     |
| Disposal                   | <input checked="" type="checkbox"/> |   |                                     | Microwave               |                                     | <input checked="" type="checkbox"/> |   | Smoke Detector   | <input checked="" type="checkbox"/> |                                     |                                     |
| Emergency Escape Ladder(s) |                                     |   | <input checked="" type="checkbox"/> | Outdoor Grill           |                                     | <input checked="" type="checkbox"/> |   | Smoke Detector - Hearing Impaired                                    |                                     |                                     | <input checked="" type="checkbox"/> |
| Exhaust Fans               |                                     |   |                                     | Patio/Decking           | <input checked="" type="checkbox"/> |                                     |   | Spa  |                                     | <input checked="" type="checkbox"/> |                                     |
| Fences                     | <input checked="" type="checkbox"/> |   |                                     | Plumbing System         | <input checked="" type="checkbox"/> |                                     |   | Trash Compactor  |                                     | <input checked="" type="checkbox"/> |                                     |
| Fire Detection Equip.      | <input checked="" type="checkbox"/> |   |                                     | Pool                    |                                     | <input checked="" type="checkbox"/> |   | TV Antenna   |                                     | <input checked="" type="checkbox"/> |                                     |
| French Drain               |                                     |   | <input checked="" type="checkbox"/> | Pool Equipment          |                                     | <input checked="" type="checkbox"/> |   | Washer/Dryer Hookup  | <input checked="" type="checkbox"/> |                                     |                                     |
| Gas Fixtures               | <input checked="" type="checkbox"/> |   |                                     | Pool Maint. Accessories |                                     | <input checked="" type="checkbox"/> |   | Window Screens   | <input checked="" type="checkbox"/> |                                     |                                     |
| Natural Gas Lines          | <input checked="" type="checkbox"/> |   |                                     | Pool Heater             |                                     | <input checked="" type="checkbox"/> |   | Public Sewer System  | <input checked="" type="checkbox"/> |                                     |                                     |

| Item                      | Y                                   | N                                   | U | Additional Information   |
|---------------------------|-------------------------------------|-------------------------------------|---|--|
| Central A/C               | <input checked="" type="checkbox"/> |                                     |   | <input checked="" type="checkbox"/> electric <input type="checkbox"/> gas number of units: <u>3</u>                                      |
| Evaporative Coolers       |                                     | <input checked="" type="checkbox"/> |   | number of units: _____   |
| Wall/Window AC Units      |                                     | <input checked="" type="checkbox"/> |   | number of units: _____   |
| Attic Fan(s)              |                                     | <input checked="" type="checkbox"/> |   | if yes, describe: _____  |
| Central Heat              | <input checked="" type="checkbox"/> |                                     |   | <input checked="" type="checkbox"/> electric <input type="checkbox"/> gas number of units: <u>3</u>                                      |
| Other Heat                |                                     | <input checked="" type="checkbox"/> |   | if yes describe: _____   |
| Oven                      | <input checked="" type="checkbox"/> |                                     |   | number of ovens: <u>1</u> <input checked="" type="checkbox"/> electric <input type="checkbox"/> gas <input type="checkbox"/> other:      |
| Fireplace & Chimney       | <input checked="" type="checkbox"/> |                                     |   | <input type="checkbox"/> wood <input checked="" type="checkbox"/> gas logs <input type="checkbox"/> mock <input type="checkbox"/> other: |
| Carport                   |                                     | <input checked="" type="checkbox"/> |   | <input type="checkbox"/> attached <input type="checkbox"/> not attached  |
| Garage                    |                                     | <input checked="" type="checkbox"/> |   | <input type="checkbox"/> attached <input type="checkbox"/> not attached  |
| Garage Door Openers       |                                     | <input checked="" type="checkbox"/> |   | number of units: _____ number of remotes: _____  |
| Satellite Dish & Controls |                                     | <input checked="" type="checkbox"/> |   | <input type="checkbox"/> owned <input type="checkbox"/> leased from  |
| Security System           | <input checked="" type="checkbox"/> |                                     |   | <input checked="" type="checkbox"/> owned <input type="checkbox"/> leased from   |
| Solar Panels              |                                     | <input checked="" type="checkbox"/> |   | <input type="checkbox"/> owned <input type="checkbox"/> leased from  |
| Water Heater              | <input checked="" type="checkbox"/> |                                     |   | <input checked="" type="checkbox"/> electric <input type="checkbox"/> gas <input type="checkbox"/> other: number of units: <u>2</u>      |
| 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: _____  |

(TXR-1406) 09-01-19

Initialed by: Buyer: \_\_\_\_\_ and Seller: \_\_\_\_\_

Page 1 of 6

Concerning the Property at \_\_\_\_\_

Underground Lawn Sprinkler    automatic  manual areas covered: \_\_\_\_\_  
 Septic / On-Site Sewer Facility    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 Partially  
 (If yes, complete, sign, and attach TXR-1906 concerning lead-based paint hazards).  
 Roof Type: Composite Age: 1 year (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): N/A

**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): N/A

**Section 3. Are you (Seller) aware of any of the following conditions? (Mark Yes (Y) if you are aware and No (N) if you are not aware.)**

| Condition  | Y                                   | N                                   | Condition   | Y | N                                   |
|--|-------------------------------------|-------------------------------------|---|---|-------------------------------------|
| Aluminum Wiring  |                                     | <input checked="" type="checkbox"/> | Radon Gas   |   | <input checked="" type="checkbox"/> |
| Asbestos Components  |                                     | <input checked="" type="checkbox"/> | Settling  |   | <input checked="" type="checkbox"/> |
| Diseased Trees: <input type="checkbox"/> oak wilt <input type="checkbox"/> |                                     | <input checked="" type="checkbox"/> | Soil Movement   |   | <input checked="" type="checkbox"/> |
| Endangered Species/Habitat on Property                                     |                                     | <input checked="" type="checkbox"/> | Subsurface Structure or Pits  |   | <input checked="" type="checkbox"/> |
| Fault Lines  |                                     | <input checked="" type="checkbox"/> | Underground Storage Tanks   |   | <input checked="" type="checkbox"/> |
| Hazardous or Toxic Waste   |                                     | <input checked="" type="checkbox"/> | Unplatted Easements   |   | <input checked="" type="checkbox"/> |
| Improper Drainage  |                                     | <input checked="" type="checkbox"/> | Unrecorded Easements  |   | <input checked="" type="checkbox"/> |
| Intermittent or Weather Springs  |                                     | <input checked="" type="checkbox"/> | Urea-formaldehyde Insulation  |   | <input checked="" type="checkbox"/> |
| Landfill   |                                     | <input checked="" type="checkbox"/> | Water Damage Not Due to a Flood Event                                 |   | <input checked="" type="checkbox"/> |
| Lead-Based Paint or Lead-Based Pt. Hazards                                 |                                     | <input checked="" type="checkbox"/> | Wetlands on Property  |   | <input checked="" type="checkbox"/> |
| Encroachments onto the Property  |                                     | <input checked="" type="checkbox"/> | Wood Rot  |   | <input checked="" type="checkbox"/> |
| Improvements encroaching on others' property                               |                                     | <input checked="" type="checkbox"/> | Active infestation of termites or other wood destroying insects (WDI) |   | <input checked="" type="checkbox"/> |
| Located in Historic District   |                                     | <input checked="" type="checkbox"/> | Previous treatment for termites or WDI                                |   | <input checked="" type="checkbox"/> |
| Historic Property Designation  |                                     | <input checked="" type="checkbox"/> | Previous termite or WDI damage repaired                               |   | <input checked="" type="checkbox"/> |
| Previous Foundation Repairs  |                                     | <input checked="" type="checkbox"/> | Previous Fires  |   | <input checked="" type="checkbox"/> |
| Previous Roof Repairs <u>Replaced 2021</u>                                 | <input checked="" type="checkbox"/> |                                     | Termite or WDI damage needing repair                                  |   | <input checked="" type="checkbox"/> |
| Previous Other Structural Repairs  |                                     | <input checked="" type="checkbox"/> | Single Blockable Main Drain in Pool/Hot Tub/Spa*                      |   | <input checked="" type="checkbox"/> |
| Previous Use of Premises for Manufacture of Methamphetamine                |                                     | <input checked="" type="checkbox"/> |   |   |                                     |

(TXR-1406) 09-01-19

Initialed by: Buyer: \_\_\_\_\_ and Seller: [Signature]



Concerning the Property at \_\_\_\_\_

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

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

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

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

- |                          |                                     |  |
|--------------------------|-------------------------------------|--|
| <u>Y</u>                 | <u>N</u>                            |  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Room additions, structural modifications, or other alterations or repairs made without necessary permits, with unresolved permits, or not in compliance with building codes in effect at the time.   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Homeowners' associations or maintenance fees or assessments. If yes, complete the following:<br>Name of association: _____<br>Manager's name: _____ Phone: _____<br>Fees or assessments are: \$ _____ per _____ and are: <input type="checkbox"/> mandatory <input type="checkbox"/> voluntary<br>Any unpaid fees or assessment for the Property? <input type="checkbox"/> yes (\$ _____) <input type="checkbox"/> no<br>If the Property is in more than one association, provide information about the other associations below or attach information to this notice. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any common area (facilities such as pools, tennis courts, walkways, or other) co-owned in undivided interest with others. If yes, complete the following:<br>Any optional user fees for common facilities charged? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, describe: _____  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any notices of violations of deed restrictions or governmental ordinances affecting the condition or use of the Property.  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any lawsuits or other legal proceedings directly or indirectly affecting the Property. (Includes, but is not limited to: divorce, foreclosure, heirship, bankruptcy, and taxes.)   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any death on the Property except for those deaths caused by: natural causes, suicide, or accident unrelated to the condition of the Property.  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any condition on the Property which materially affects the health or safety of an individual.  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any repairs or treatments, other than routine maintenance, made to the Property to remediate environmental hazards such as asbestos, radon, lead-based paint, urea-formaldehyde, or mold.<br>If yes, attach any certificates or other documentation identifying the extent of the remediation (for example, certificate of mold remediation or other remediation).   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any rainwater harvesting system located on the Property that is larger than 500 gallons and that uses a public water supply as an auxiliary water source.  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | The Property is located in a propane gas system service area owned by a propane distribution system retailer.  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of the Property that is located in a groundwater conservation district or a subsidence district.   |

If the answer to any of the items in Section 5 is yes, explain (attach additional sheets if necessary): \_\_\_\_\_



**ADDITIONAL NOTICES TO BUYER:**

- (1) The Texas Department of Public Safety maintains a database that the public may search, at no cost, to determine if registered sex offenders are located in certain zip code areas. To search the database, visit <https://publicsite.dps.texas.gov/SexOffenderRegistry>. For information concerning past criminal activity in certain areas or neighborhoods, contact the local police department.
- (2) If the Property is located in a coastal area that is seaward of the Gulf Intracoastal Waterway or within 1,000 feet of the mean high tide bordering the Gulf of Mexico, the Property may be subject to the Open Beaches Act or the Dune Protection Act (Chapter 61 or 63, Natural Resources Code, respectively) and a beachfront construction certificate or dune protection permit may be required for repairs or improvements. Contact the local government with ordinance authority over construction adjacent to public beaches for more information.
- (3) If the Property is located in a seacoast territory of this state designated as a catastrophe area by the Commissioner of the Texas Department of Insurance, the Property may be subject to additional requirements to obtain or continue windstorm and hail insurance. A certificate of compliance may be required for repairs or improvements to the Property. For more information, please review *Information Regarding Windstorm and Hail Insurance for Certain Properties* (TXR 2518) and contact the Texas Department of Insurance or the Texas Windstorm Insurance Association.
- (4) This Property may be located near a military installation and may be affected by high noise or air installation compatible use zones or other operations. Information relating to high noise and compatible use zones is available in the most recent Air Installation Compatible Use Zone Study or Joint Land Use Study prepared for a military installation and may be accessed on the Internet website of the military installation and of the county and any municipality in which the military installation is located.
- (5) If you are basing your offers on square footage, measurements, or boundaries, you should have those items independently measured to verify any reported information.

(6) The following providers currently provide service to the Property:

|                                    |                |
|------------------------------------|----------------|
| Electric: <u>City of Bellville</u> | phone #: _____ |
| Sewer: <u>City of Bellville</u>    | phone #: _____ |
| Water: <u>City of Bellville</u>    | phone #: _____ |
| Cable: <u>N/A</u>                  | phone #: _____ |
| Trash: <u>City of Bellville</u>    | phone #: _____ |
| Natural Gas: _____                 | phone #: _____ |
| Phone Company: <u>N/A</u>          | phone #: _____ |
| Propane: _____                     | phone #: _____ |
| Internet: <u>Sparklight</u>        | phone #: _____ |

(7) This Seller's Disclosure Notice was completed by Seller as of the date signed. The brokers have relied on this notice as true and correct and have no reason to believe it to be false or inaccurate. **YOU ARE ENCOURAGED TO HAVE AN INSPECTOR OF YOUR CHOICE INSPECT THE PROPERTY.**

The undersigned Buyer acknowledges receipt of the foregoing notice.

|                          |                            |                                       |             |
|--------------------------|----------------------------|---------------------------------------|-------------|
| Signature of Buyer _____ | Date _____                 | Signature of Buyer <u>[Signature]</u> | Date _____  |
| Printed Name: _____      |                            | Printed Name: _____                   |             |
| (TXR-1406) 09-01-19      | Initialed by: Buyer: _____ | and Seller: <u>[Signature]</u>        | Page 6 of 6 |