



## 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: **2607 Brookbend Drive, Brenham, Texas 77833**

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:                                                                                                                 |
| 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 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: 2 number of remotes: 2                                                                                           |
| Satellite Dish & Controls | X |   |   | <input type="checkbox"/> owned <input checked="" type="checkbox"/> leased from: Direct TV                                         |
| 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 |



|                                 |                                     |                                                                                   |
|---------------------------------|-------------------------------------|-----------------------------------------------------------------------------------|
| 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: 2 (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           |   | X | Floors               |   | X | Sidewalks                   |   | X |
| Ceilings           |   | X | Foundation / Slab(s) |   | X | Walls / Fences              |   | X |
| Doors              |   | X | Interior Walls       |   | X | Windows                     |   | X |
| Driveways          |   | X | Lighting Fixtures    |   | X | Other Structural Components |   | X |
| Electrical Systems |   | X | Plumbing Systems     |   | X |                             |   |   |
| Exterior Walls     |   | X | Roof                 |   | X |                             |   |   |

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                                   |   | X | Radon Gas                                                             |   | X |
| Asbestos Components                               |   | X | Settling                                                              |   | X |
| Diseased Trees: <input type="checkbox"/> Oak Wilt |   | X | Soil Movement                                                         |   | X |
| Endangered Species/Habitat on Property            |   | X | Subsurface Structure or Pits                                          |   | X |
| Fault Lines                                       |   | X | Underground Storage Tanks                                             |   | X |
| Hazardous or Toxic Waste                          |   | X | Unplatted Easements                                                   |   | X |
| Improper Drainage                                 |   | X | Unrecorded Easements                                                  |   | X |
| Intermittent or Weather Springs                   |   | X | Urea-formaldehyde Insulation                                          |   | X |
| Landfill                                          |   | X | Water Damage Not Due to a Flood Event                                 |   | X |
| Lead-Based Paint or Lead-Based Pt. Hazards        |   | X | Wetlands on Property                                                  |   | X |
| Encroachments onto the Property                   |   | X | Wood Rot                                                              |   | X |
| Improvements encroaching on others' property      |   | X | Active infestation of termites or other wood destroying insects (WDI) |   | X |
| Located in Historic District                      |   | X | Previous treatment for termites or WDI                                |   | X |
| Historic Property Designation                     |   | X | Previous termite or WDI damage repaired                               |   | X |
| Previous Foundation Repairs                       |   | X |                                                                       |   |   |



|                                                             |   |
|-------------------------------------------------------------|---|
| 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):

\*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.
- 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.
- Previous water penetration into a structure on the Property due to a natural flood event.
- Located  wholly  partly in a 100-year floodplain (Special Flood Hazard Area-Zone A, V, A99, AE, AO, AH, VE, or AR).
- Located  wholly  partly in a 500-year floodplain (Moderate Flood Hazard Area-Zone X (shaded)).
- Located  wholly  partly in a floodway.
- 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):

**\*If Buyer is concerned about these matters, Buyer may consult Information About Flood Hazards (TXR 1414).**

*\*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):

\*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.

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:

\_\_\_\_\_



- 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:

- 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.

If Yes, please explain:

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

If Yes, please explain:

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

If Yes, please explain:

**Section 9. 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 10. Check any tax exemption(s) which you (Seller) currently claim for the Property:**

- |                                               |                                         |                                           |
|-----------------------------------------------|-----------------------------------------|-------------------------------------------|
| <input checked="" type="checkbox"/> Homestead | <input type="checkbox"/> Senior Citizen | <input type="checkbox"/> Disabled         |
| <input type="checkbox"/> Wildlife Management  | <input type="checkbox"/> Agricultural   | <input type="checkbox"/> Disabled Veteran |
| <input type="checkbox"/> Other: _____         |                                         | <input type="checkbox"/> Unknown          |

**Section 11. Have you (Seller) ever filed a claim for damage, other than flood damage, to the Property with any insurance provider?**

- Yes  No

**Section 12. 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 13. 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):

*\*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.*

