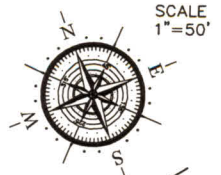


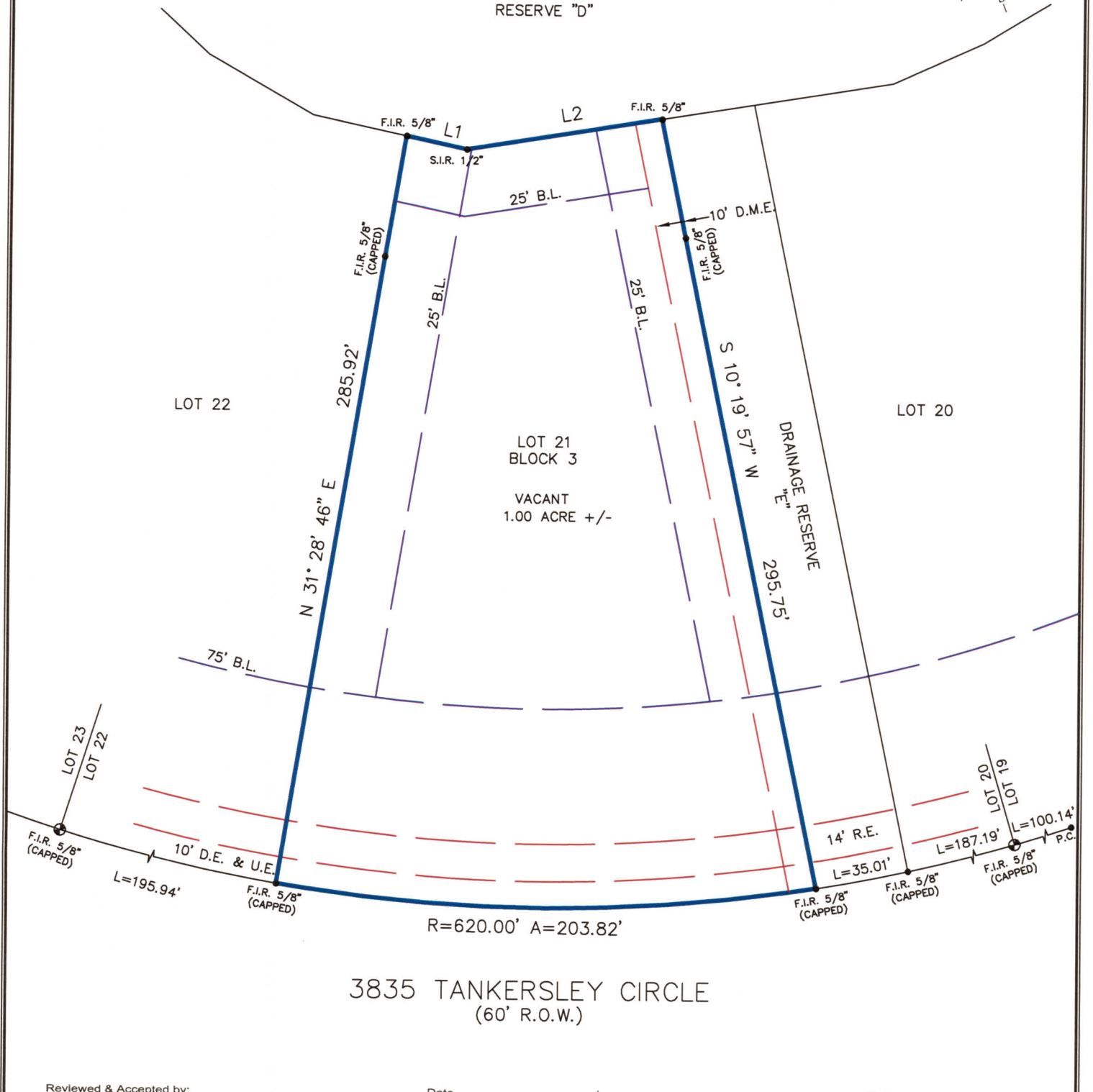
LEGEND * ITEMS THAT MAY APPEAR IN *
DRAWING BELOW

- | | | | | | | |
|-----------------------------|--|-------------------------------------|------------------|----------------------|-----------|--------------------|
| A.E. = AERIAL EASEMENT | M.P. = METAL POST | P.R.C. = POINT OF REVERSE CURVATURE | — — — — — | ⊙ = CONTROL MONUMENT | — — — — — | = WOODEN FENCE |
| B.L. = BUILDING LINE | D.M.E. = DRAINAGE MAINTENANCE EASEMENT | P.T. = POINT OF TANGENCY | ⊕ = NOT TO SCALE | ● = PROPERTY CORNER | — — — — — | = CHAIN LINK FENCE |
| BRS = BEARS | P.A.E. = PERMANENT ACCESS EASEMENT | P.U.E. = PUBLIC UTILITY EASEMENT | ⊙ = GUY ANCHOR | — — — — — | — — — — — | = METAL FENCE |
| C.F.# = CLERK'S FILE NUMBER | P.C. = POINT OF CURVATURE | S.I.R. = SET IRON ROD | ⊕ = POWER POLE | — — — — — | — — — — — | = WIRE FENCE |
| D.E. = DRAINAGE EASEMENT | P.C.C. = POINT OF COMPOUND CURVATURE | S.S.E. = SANITARY SEWER EASEMENT | ⊕ = SERVICE DROP | — — — — — | — — — — — | = VINYL FENCE |
| E.E. = ELECTRIC EASEMENT | P.C.E. = POINT OF COMMENCING | STM.S.E. = STORM SEWER EASEMENT | | — — — — — | — — — — — | |
| F.I.R. = FOUND IRON PIPE | P.O.C. = POINT OF BEGINNING | U.T.S. = UNABLE TO SET | | — — — — — | — — — — — | |
| F.I.R. = FOUND IRON ROD | P.O.B. = POINT OF BEGINNING | U.E. = UTILITY EASEMENT | | — — — — — | — — — — — | |
| FND. = FOUND | P.P. = POWER POLE | W.L.E. = WATER LINE EASEMENT | | — — — — — | — — — — — | |
| | | W.P. = WOODEN POST | | — — — — — | — — — — — | |
| | | W.S.E. = WATER & SEWER EASEMENT | | — — — — — | — — — — — | |

LINE	BEARING	LENGTH
L1	S 56° 05'18" E	23.21'
L2	S 77° 26'34" E	74.31'



UNRESTRICTED
RESERVE "D"



3835 TANKERSLEY CIRCLE
(60' R.O.W.)

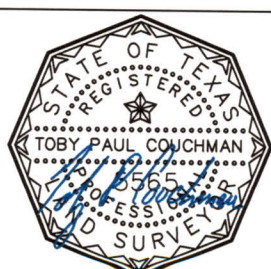
Reviewed & Accepted by: _____ Date _____ / _____ Date _____

- NOTES:**
- BEARING BASIS: PLAT
 - SUBJECT TO ANY AND ALL RECORDED AND UNRECORDED EASEMENTS
 - SURVEYOR HAS NOT INDEPENDENTLY ABSTRACTED PROPERTY
 - UNDERGROUND UTILITY INSTALLATIONS, UNDERGROUND IMPROVEMENTS, FOUNDATIONS AND/OR OTHER UNDERGROUND STRUCTURES WERE NOT LOCATED BY THIS SURVEY
 - THIS SURVEY IS CERTIFIED FOR THIS TRANSACTION ONLY, IT IS NOT TRANSFERABLE TO ADDITIONAL INSTITUTIONS OR SUBSEQUENT OWNERS
 - SUBJECT TO RESTRICTIVE COVENANTS AS PER TITLE COMMITMENT
 - SUBJECT TO ZONING AND BUILDING ORDINANCES ENFORCED BY LOCAL MUNICIPALITIES

LEGAL DESCRIPTION
LOT TWENTY-ONE (21), IN BLOCK THREE (3), OF CORRECTIVE PLAT OF SUNCREEK RANCH, SECTION TWO (2), A SUBDIVISION IN BRAZORIA COUNTY, TEXAS, ACCORDING TO THE MAP OR PLAT THEREOF RECORDED IN VOLUME 22, PAGE 383 OF THE PLAT RECORDS OF BRAZORIA COUNTY, TEXAS.

ELMER D. JIMENEZ
YADHIRA LOZANO

ADDRESS
3835 TANKERSLEY CIRCLE



I DO HEREBY CERTIFY THAT THIS SURVEY WAS THIS DAY MADE ON THE GROUND OF THE PROPERTY LEGALLY DESCRIBED HEREON (OR ON ATTACHED SHEET), AND THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN, AND WAS DONE BY ME OR UNDER MY SUPERVISION, AND CONFORMS TO OR EXCEEDS THE CURRENT STANDARDS AS ADOPTED BY THE TEXAS BOARD OF PROFESSIONAL ENGINEERS AND LAND SURVEYORS.

JOB # 2104213
DATE 04/16/2021
GF# PL2182893

PRO-SURV
P.O. BOX 1366, FRIENDSWOOD, TX 77549
PHONE: 281-996-1113 FAX: 281-996-0012
EMAIL: orders@prosurv.net
T.B.P.E.L.S. FIRM #10119300

ONLY SURVEY MAPS WITH THE SURVEYOR'S ORIGINAL SIGNATURE ARE GENUINE TRUE AND CORRECT COPIES OF THE SURVEYOR'S ORIGINAL WORK AND OPINION

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1–9.

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

SECTION A – PROPERTY INFORMATION				FOR INSURANCE COMPANY USE	
A1. Building Owner's Name JIMENEZ		2104213		Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 3835 TANKERSLEY CIRCLE				Company NAIC Number:	
City ROCHARON		State Texas		ZIP Code 77583	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) SUNCREEK RANCH SEC 2 (A0125 A ROBINSON) BLK 3 LOT 21					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>RESIDENTIAL</u>					
A5. Latitude/Longitude: Lat. <u>29°20'09.83" N</u> Long. <u>95°21'55.61" W</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983					
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.					
A7. Building Diagram Number _____					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) _____ N/A sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>N/A</u>					
c) Total net area of flood openings in A8.b _____ N/A sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
A9. For a building with an attached garage:					
a) Square footage of attached garage _____ N/A sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>N/A</u>					
c) Total net area of flood openings in A9.b _____ N/A sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number BRAZORIA COUNTY UNINC. 485458			B2. County Name BRAZORIA		B3. State Texas
B4. Map/Panel Number 48039C0235	B5. Suffix K	B6. FIRM Index Date 12-30-2020	B7. FIRM Panel Effective/ Revised Date 12-30-2020	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 44.9
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 3835 TANKERSLEY CIRCLE			Policy Number:
City ROCHARON	State Texas	ZIP Code 77583	Company NAIC Number

SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

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

C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.
Benchmark Utilized: NGS MON. DF5873 Vertical Datum: NAVD 1988

Indicate elevation datum used for the elevations in items a) through h) below.
 NGVD 1929 NAVD 1988 Other/Source: _____

Datum used for building elevations must be the same as that used for the BFE.

Check the measurement used.

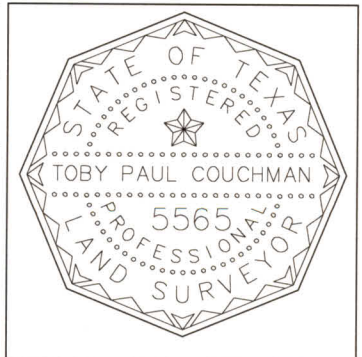
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	_____	N/A	<input type="checkbox"/> feet	<input type="checkbox"/> meters
b) Top of the next higher floor	_____	N/A	<input type="checkbox"/> feet	<input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	_____	N/A	<input type="checkbox"/> feet	<input type="checkbox"/> meters
d) Attached garage (top of slab)	_____	N/A	<input type="checkbox"/> feet	<input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	_____	N/A	<input type="checkbox"/> feet	<input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	_____	42.0	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	_____	42.3	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	_____	N/A	<input type="checkbox"/> feet	<input type="checkbox"/> meters

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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

Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No Check here if attachments.

Certifier's Name TOBY PAUL COUCHMAN		License Number 5565	
Title R.P.L.S.			
Company Name PROSURV TBPELS FIRM NO. 10119300			
Address P.O. BOX 1366			
City FRIENDSWOOD	State Texas	ZIP Code 77549	
Signature <i>Toby P. Couchman</i>	Date 04-13-2021	Telephone (281) 996-1113	Ext.



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

Comments (including type of equipment and location, per C2(e), if applicable)