

**T-47 RESIDENTIAL REAL PROPERTY AFFIDAVIT
(MAY BE MODIFIED AS APPROPRIATE FOR COMMERCIAL TRANSACTIONS)**

Date: 03/13/2024 GF No. _____
Name of Affiant(s): Jeff and Susan LaReau
Address of Affiant: 3114 Green Leaf Lane, La Porte, TX 77572
Description of Property: 1074 Indian Circle, Altair, TX 77412
County Colorado, Texas

"Title Company" as used herein is the Title Insurance Company whose policy of title insurance is issued in reliance upon the statements contained herein.

Before me, the undersigned notary for the State of Texas, personally appeared Affiant(s) who after by me being sworn, stated:

1. We are the owners of the Property. (Or state other basis for knowledge by Affiant(s) of the Property, such as lease, management, neighbor, etc. For example, "Affiant is the manager of the Property for the record title owners.")
2. We are familiar with the property and the improvements located on the Property.
3. We are closing a transaction requiring title insurance and the proposed insured owner or lender has requested area and boundary coverage in the title insurance policy(ies) to be issued in this transaction. We understand that the Title Company may make exceptions to the coverage of the title insurance as Title Company may deem appropriate. We understand that the owner of the property, if the current transaction is a sale, may request a similar amendment to the area and boundary coverage in the Owner's Policy of Title Insurance upon payment of the promulgated premium.
4. To the best of our actual knowledge and belief, since September 17, 2007 there have been no:
 - a. construction projects such as new structures, additional buildings, rooms, garages, swimming pools or other permanent improvements or fixtures;
 - b. changes in the location of boundary fences or boundary walls;
 - c. construction projects on immediately adjoining property(ies) which encroach on the Property;
 - d. conveyances, replattings, easement grants and/or easement dedications (such as a utility line) by any party affecting the Property.

EXCEPT for the following (If None, Insert "None" Below): Metal building

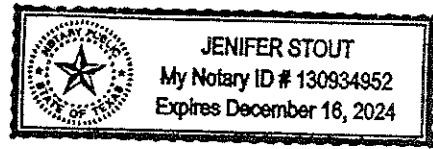
5. We understand that Title Company is relying on the truthfulness of the statements made in this affidavit to provide the area and boundary coverage and upon the evidence of the existing real property survey of the Property. This Affidavit is not made for the benefit of any other parties and this Affidavit does not constitute a warranty or guarantee of the location of improvements.
6. We understand that we have no liability to Title Company that will issue the policy(ies) should the information in this Affidavit be incorrect other than information that we personally know to be incorrect and which we do not disclose to the Title Company.

Susan LaReau
Jeff LaReau

SWORN AND SUBSCRIBED this 14 day of March, 2024.

Jenifer Stout
Notary Public

(TXR 1907) 02-01-2010

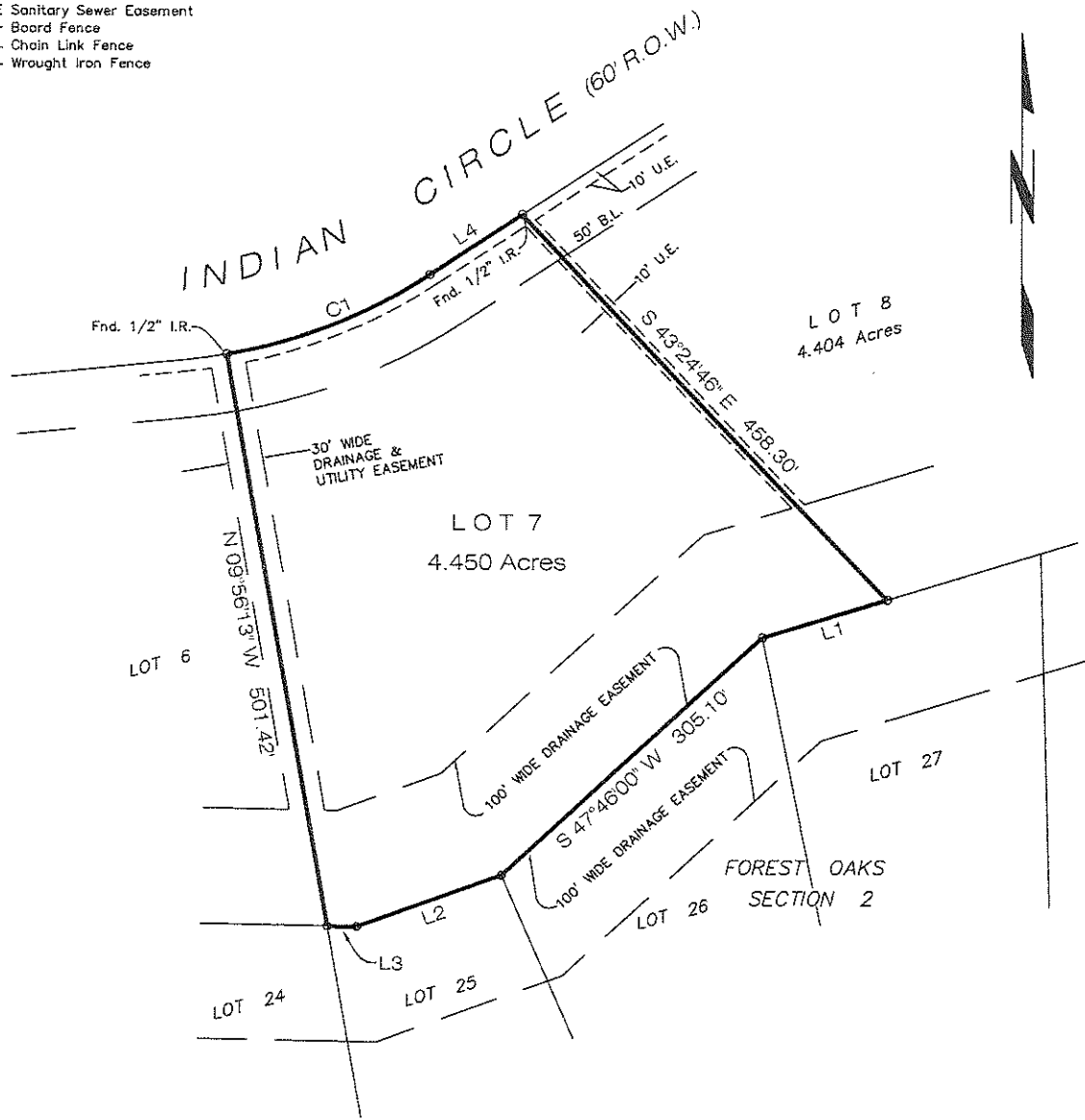


- LEGEND**
- UE Utility Easement
 - AE Aerial Easement
 - WLE Water Line Easement
 - BL Building Line
 - CP Covered Porch
 - ROW Right of Way
 - IP Iron Pipe
 - IR Iron Rod
 - SSE Sanitary Sewer Easement
 - Board Fence
 - x- Chain Link Fence
 - w- Wrought Iron Fence

This property lies within Zone X as per the
 Flood Insurance Rate Map, COLORADO County,
 Community No. 480144, Panel No. 0350
 Suffix C Dated 01-03-1990
 NOTE: Zone X indicates outside 100 year flood plain.
 Zone AE indicates within 100 year flood plain.

REVISIONS

Bearing Reference
 Recorded Plat
 Slide #41
 C.C.M.R.



LINE TABLE

LINE	BEARING	DISTANCE
L1	S 73°00'00\" W	112.00'
L2	S 70°27'00\" W	132.60'
L3	N 88°46'00\" W	25.30'
L4	N 57°00'00\" E	95.37'

CURVE TABLE

CURVE	RADIUS	ARC	BEARING	CHORD
C1	469.87'	189.13'	N 68°32'25\" E	187.85'



**SURVEY OF LOT 7, SECTION 1 OF
 FOREST OAKS SUBDIVISION,
 RECORDED IN SLIDE No. 41,
 COLORADO COUNTY MAP
 RECORDS, COLORADO COUNTY,
 TEXAS**

Scale 1"=100'
 Date 09/17/07
 Job# 709001A
 Key Map ~
 Drawn DTR
 Checked By _____

I, F.G. Huffman, a Registered Professional Surveyor in the State of Texas; hereby certify to: PURCHASER,
 that this plat was made from an actual survey on the ground by me or under my direction; that no encroachments exist at the time of this survey unless reflected hereon; that said survey conforms to the current Texas Society of Professional Surveyors Standards and Specifications for a Category 1A, Condition 2 Survey.

F.G. Huffman
 Reg. Professional Surveyor No. 1682

Purchaser _____
 Address INDIAN CIRCLE
ALTAIR, TEXAS
 C.F.# _____

F.G. HUFFMAN
 12819 Eldridge Place Drive
 Houston, Texas 77041
 281 447 7802 Fax 713-896-1301
 Email: fghuffman@abcglobal.net



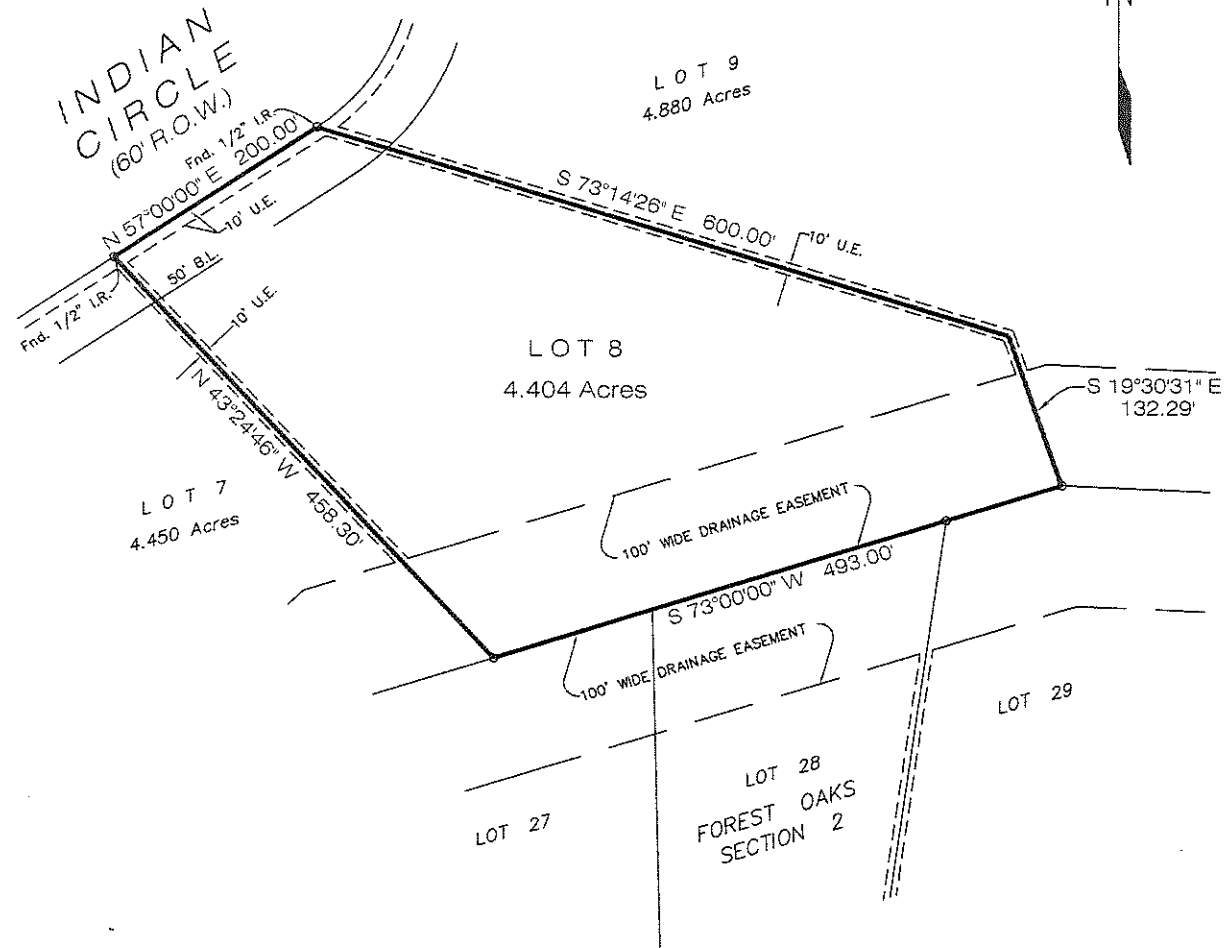
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This property lies within Zone X as per the Flood Insurance Rate Map, COLORADO County, Community No. 480144, Panel No. 0350, Suffix C Dated 01-03-1990

NOTE: Zone X indicates outside 100 year flood plain.
Zone AE indicates within 100 year flood plain.

REVISIONS

Bearing Reference
Recorded Plat
Slide #41
C.C.M.R.



SURVEY OF LOT 8, SECTION 1 OF FOREST OAKS SUBDIVISION, RECORDED IN SLIDE No. 41, COLORADO COUNTY MAP RECORDS, COLORADO COUNTY, TEXAS

Scale 1"=100'
Date 09/17/07
Job# 709001B
Key Map ~
Drawn DTR
Checked By _____

I, F.G. HUFFMAN, a Registered Professional Surveyor in the State of Texas; hereby certify to: PURCHASER, that this plat was made from an actual survey on the ground by me or under my direction; that no encroachments exist at the time of this survey unless reflected hereon; that said survey conforms to the current Texas Society of Professional Surveyors Standards and Specifications for a Category 1A, Condition 2 Survey.

F.G. Huffman
Reg. Professional Surveyor No. 1682

Purchaser _____
Address INDIAN CIRCLE
ALTAIR, TEXAS
C.F.# _____

F.G. HUFFMAN
12819 Eldridge Place Drive
Houston, Texas 77041
281 447 7802 Fax 713-896-1301
Email: fghuffman@abglobal.net



ELEVATION CERTIFICATE

IMPORTANT: Follow the instructions on pages 1-9.

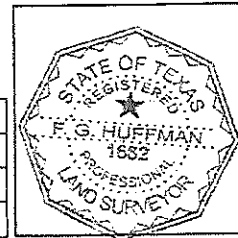
OMB No. 1660-0008
 Expiration Date: July 31, 2015

SECTION A - PROPERTY INFORMATION		FOR INSURANCE COMPANY USE
A1. Building Owner's Name Susan and Jeff Lareau	Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Indian Circle	Company NAIC Number:	
City Altair	State Tx	ZIP Code 77412
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lots 7 and 8, Forest Oaks		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential		
A5. Latitude/Longitude: Lat. N 29 55 43 56 Long. W 096 50 21 03 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 5		
A8. For a building with a crawlspace or enclosure(s):		A9. For a building with an attached garage:
a) Square footage of crawlspace or enclosure(s) NA sq ft		a) Square footage of attached garage 400 sq ft
b) Number of permanent flood openings in the crawlspace or enclosure(s) with n 1.0 foot above adjacent grade NA		b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade NA
c) Total net area of flood openings in A8.b NA sq in		c) Total net area of flood openings in A9.b NA sq in
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 Colorado County 480144		B2. County Name Colorado		B3. State Tx	
B4. Map/Panel Number 0425	B5. Suffix D	B6. FIRM Index Date 02/04/2011	B7. FIRM Panel Effective/Revised Date 02/04/2011	B8. Flood Zone(s) X & A	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 193.00
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 type="checkbox"/> FIRMA <input type="checkbox"/> Community Determined <input checked="" type="checkbox"/> Other/Source: Topographic Survey					
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					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)	
C1. Building elevations are based on: <input checked="" type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input type="checkbox"/> 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: GS No. AX493-T-210 Vertical Datum: NAVD88 Indicate elevation datum used for the elevations in items a) through h) below. <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> 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)	198.50 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor	NA <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	NA <input type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab)	198.00 <input checked="" 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)	198.50 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	197.60 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	195.70 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	NA <input checked="" 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.			
<input checked="" type="checkbox"/> Check here if comments are provided on back of form.		Were latitude and longitude in Section A provided by a licensed land surveyor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Check here if attachments.			
Certifier's Name F. G. Huffman	Title Registered Professional Land Surveyor		License Number 1682
Address 2902 Sage Bluff Ave		City Richmond	State Tx
Signature <i>F. G. Huffman</i>		Date 04/23/2015	Zip Code 77469
		Telephone (281) 447-7802	



ELEVATION CERTIFICATE, page 2

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 R.O. Route and Box No.			Policy Number:	
Indian Circle			Company NAIC Number:	
City	State	ZIP Code		
Altair	Tx	77412		

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

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

Comments C2e denotes elevation of Air Conditioner

Job No. 15-0422

Signature *F. E. ...* Date 04/23/2015

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

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
- a) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet meters above or below the HAG.
 - b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet meters above or below the LAG.
- E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8–9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ feet meters above or below the HAG.
- E3. Attached garage (top of slab) is _____ feet meters above or below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is _____ feet meters above or below the HAG.
- E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.

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

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

Property Owner or Owner's Authorized Representative's Name _____

Address _____ City _____ State _____ ZIP Code _____

Signature _____ Date _____ Telephone _____

Comments _____

Check here if attachments.

SECTION G – COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.

- G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4–G10) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate Of Compliance/Occupancy Issued

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

G8. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters Datum _____

G9. BFE or (in Zone AO) depth of flooding at the building site: _____ feet meters Datum _____

G10. Community's design flood elevation: _____

Local Official's Name _____ Title _____

Community Name _____ Telephone _____

Signature _____ Date _____

Comments _____

Check here if attachments.

Replaces all previous editions.