



SELLER'S DISCLOSURE NOTICE

TO BE COMPLETED BY SELLER(S)

CONCERNING THE PROPERTY AT _____

(STREET ADDRESS AND CITY)

(COUNTY)

NOTE: Effective January 1, 1994, Section 5.008 of the Texas Property Code (the "Code") requires a seller of residential real property of not more than one dwelling unit to deliver a copy of the Seller's Disclosure Notice, completed to the best of the seller's belief and knowledge, to a purchaser on or before the effective date of a contract for the sale of the Property. If a contract is entered into without the seller providing the notice, the buyer may terminate the contract for any reason within seven (7) days after receiving the notice. If information required by the notice is unknown to the seller, the seller may indicate that fact on the notice and thereby comply with the requirements of Section 5.008 of the Code. **This form complies with and contains additional disclosures which exceed the minimum disclosures required by the Code.**

THIS STATEMENT IS A DISCLOSURE OF SELLER'S KNOWLEDGE OF THE CONDITION OF THE PROPERTY AS OF THE DATE OF THE SELLER'S SIGNATURE INDICATED BELOW. THIS STATEMENT IS NOT A WARRANTY OF ANY KIND BY THE SELLER OR LISTING BROKER AND IS NOT A SUBSTITUTE FOR ANY INSPECTIONS OR WARRANTIES THE BUYER(S) MAY WISH TO OBTAIN. A BUYER IS URGED TO OBTAIN AN INSPECTION OF THE PROPERTY BY A QUALIFIED, LICENSED INSPECTOR. THE FOLLOWING STATEMENTS ARE REPRESENTATIONS MADE BY THE SELLER(S) BASED UPON SELLER'S KNOWLEDGE AND ARE NOT REPRESENTATIONS OF THE LISTING BROKER OR ANY OTHER BROKER PARTICIPATING IN A SALE TRANSACTION. THE METROTEX ASSOCIATION OF REALTORS®, INC., THE GREATER METRO MULTIPLE LISTING SERVICE OR ANY MULTIPLE LISTING SERVICE, AND THE LISTING BROKER HAVE RELIED UPON THE FOLLOWING INFORMATION IN

GENERAL INFORMATION

DISSEMINATING INFORMATION ABOUT THE CONDITION OF THE PROPERTY.

1. The Property is currently:
☐ Owner occupied ☐ Estate
☐ Leased ☐ Foreclosure
☐ Vacant since _____
- If owner occupied, for _____ years.
- If not owner occupied, for _____ years.
- If leased: Origination Date _____
Expiration Date _____
 2. Seller is the current owner of the Property and can sell the Property without being joined by any other person:
☐ Yes ☐ No
- If "No", explain: _____

 3. Is Seller a United States citizen?
☐ Yes ☐ No
- If "No," is the seller a "foreign person" as defined in the Internal Revenue Code?
☐ Yes ☐ No
 4. Check any of the following tax exemptions which Seller claims for the Property:
☐ Homestead ☐ Senior Citizen
☐ Disabled ☐ Disabled Veteran
☐ Agricultural ☐ Other _____
 5. Is there currently in force for the Property a written Builder's Warranty?
☐ Yes ☐ No ☐ Unknown
- If "Yes", identify the warranty by stating:
Name of Company issuing warranty: _____

 6. Except for manufacturer warranties, if any, on appliances, does there exist any other warranties for the Property?
☐ Yes ☐ No ☐ Unknown
- If "Yes", identify the warranties: _____

 7. Are there any pending or threatened condemnation proceedings which affect the Property?
☐ Yes ☐ No ☐ Unknown
- If "Yes", explain: _____

 8. Has the Property (or the homeowners' association of which the Property is a part) been the subject of any pending or concluded litigation?
☐ Yes ☐ No ☐ Unknown
- If "Yes", explain: _____

 9. Has the Seller asserted any claim under any insurance policy or against any person for any physical condition of the Property?
☐ Yes ☐ No ☐ Unknown
- If "Yes", explain: _____

 10. A. Seller has not received any notices, either oral or written, regarding the need for repair or replacement of any portion of the Property from any governmental agency, appraiser, inspector, mortgage lender, repair service, or other except:

- Warranty Number: _____

10. B. List and attach any written inspection reports that Seller has received within the last five years that were completed by persons who regularly provide inspections and who are either licensed as inspectors or otherwise permitted by law to perform inspections.

<u>Date of Inspection</u>	<u>Type of Inspection</u>	<u>Name of Inspector/Company</u>	<u># Pages</u>	<u>Attached(Y/N)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Explanatory comments by Seller, if any: _____

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 of the buyer's own choice

INFORMATION ABOUT EQUIPMENT AND SYSTEMS

11. For items listed below in Section 12, check appropriate box if items are included in the sale of the Property and are presently in "Working Condition" and there are no known defects. Please check if item has been replaced (note date of replacement) or explain if the item is repaired or in need of repair. Check "N/A" for items that do not apply to the Property or are not included in the sale. NOTE: THIS NOTICE DOES NOT ESTABLISH WHICH ITEMS ARE TO BE CONVEYED IN A SALE OF THE PROPERTY. THE TERMS OF A CONTRACT OF SALE WILL DETERMINE WHICH ITEMS ARE TO BE CONVEYED.

<u>EQUIPMENT & SYSTEM</u>	<u>N/A</u>	<u>WORKING CONDITION</u>	<u>HAS BEEN REPLACED</u>	<u>DATE REPLACED Month/Year</u>	<u>IN NEED OF REPAIR</u>	<u>DATE/DESCRIPTION OF COMPLETED OR NEEDED REPAIRS</u>
Attic Fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Automatic Lawn Sprinkler System (Front __, Back __, Left Side __, Right Side __, Fully __/	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Broadband-CAT5 Wiring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Cable TV Wiring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Ceiling Fan(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Cooktop (Gas /Electric /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Cooling (Central Gas __ / Electric __, # Units)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Cooling (Window / Wall / Evaporative Coolers /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Electrical System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Emergency Escape Ladder(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Exhaust Fan(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Fire Detection Equipment (Electric / Battery Operated /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Garage Door Opener(s) & Controls (Automatic __ / Manual __ / Controls 1, 2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Gas Fixtures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Gas Lines (Natural / Liquid Propane /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Heating (Central Gas __ / Electric __, # Units /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Heating (Window / Wall /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Hot Tub	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Ice Maker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Intercom System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Lighting Fixtures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Media Wiring & Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Microwave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Outdoor Cooking Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Oven (Gas /Electric /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

EQUIPMENT & SYSTEM	N/A	WORKING CONDITION	HAS BEEN REPLACED	DATE REPLACED Month/Year	IN NEED OF REPAIR	DATE/DESCRIPTION OF COMPLETED OR NEEDED REPAIRS
Oven-Convection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Plumbing System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Public Sewer & Water System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Range (Gas /Electric /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Refrigerator (Built-In)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Satellite Dish and Receiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Sauna	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Security System(s)						
(In Use __ / Abandoned __/	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Septic or other On-Site Sewer System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Shower Enclosure & Pan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Smoke Detector-Hearing Impaired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Spa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Stove (Free Standing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Swimming Pool & Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Swimming Pool Built-In Cleaning Equip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Swimming Pool Heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Trash Compactor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
TV Antenna	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Water Heater (Gas / Electric /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Water Softener	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Wells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

INFORMATION ABOUT STRUCTURE/OTHER

STRUCTURE/OTHER	N/A	WORKING CONDITION	HAS BEEN REPLACED	DATE REPLACED Month/Year	IN NEED OF REPAIR	DATE/DESCRIPTION OF COMPLETED OR NEEDED REPAIRS
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Carport Attached / Not Attached /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Ceilings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Drains (French / Other /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Driveway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Electrical Wiring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Fences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Fireplace(s)/Chimney (mock)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Fireplace(s)/Chimney (wood burning)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Fireplace(s)/with gas logs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Garage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Lighting (Outdoor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Patio/Decking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Retaining Wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Rain Gutters and Down Spouts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Sidewalks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Skylight(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Sump or Grinder Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Walls (Exterior/Interior)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Washer/Dryer Hookups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Window Screens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

12. If stucco, what is the type of stucco?

13. The shingles or roof covering is constructed of:
☐ Wood ☐ Composition ☐ Tile ☐ Other _____
- Is there an overlay covering?
☐ Yes ☐ No ☐ Unknown
14. The age of the shingles or roof covering:
 _____ Years _____ Unknown
15. The electrical wiring of the Property is:
☐ Copper ☐ Aluminum ☐ Unknown
☐ Other (specify) _____

16. Is there an alarm system? ☐ Yes ☐ No
 - If "Yes", system is:
☐ Owned by Seller ☐ Leased by Seller
 - If leased, is lease transferable? ☐ Yes ☐ No
Monitor Charge: ☐ Mth. ☐ Qtr. ☐ Yr. \$ _____
Lease Charge: ☐ Mth. ☐ Qtr. ☐ Yr. \$ _____
- 17 Please identify other systems, if any, of the Property which are leased and not owned by Seller: _____

18. Year the Property was constructed: _____
☐ Per Owner ☐ Tax Rolls
 (If before 1978-complete, sign and attach TAR-1906 concerning lead-based paint hazards)

MISCELLANEOUS INFORMATION ABOUT PROPERTY

19. Is the Seller aware of any of the following conditions?

	<u>YES</u>	<u>NO</u>	<u>UNKNOWN</u>	<u>IF "YES", EXPLAIN</u>
ASBESTOS Components	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Any personal or business BANKRUPTCY pending which would affect the sale of the Property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CARPET Stains (not visible)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Located on or near CORP OF ENGINEERS Property?	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	
Unplatted EASEMENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FAULT Lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Previous FIRES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Any FORECLOSURES pending or threatened with respect to the Property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ureaformaldehyde INSULATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LANDFILL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Any NOTICES of violation of deed restrictions or governmental ordinances affecting the condition or use of the Property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lead-based PAINT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Room additions, structural modification, or other alterations or repairs made without necessary PERMITS or not in compliance with building codes in effect at that time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Above-ground impediment to swimming POOL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Underground impediment to swimming POOL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Any PROPERTY CONDITION which materially affects the physical health or safety of an individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
RADON gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
House SETTLING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SOIL Movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Subsurface STRUCTURES , Tanks, or Pits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hazardous or TOXIC WASTE affecting the Property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Holes in WALLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Previous WATER PENETRATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
WOOD ROT Damage Needing Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Property covered by flood insurance? (If "Yes", attach "Information About Special Flood Hazard Areas," TAR No.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Located in 100 year FLOOD PLAIN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Located in a Floodway?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Located in a city flood plain ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tax or judgment liens?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
In an ETJ district? (Extra Territorial Jurisdiction)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Diseased TREES?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Liquid Propane Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- LP Community (Captive)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- LP on Property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Single Blockable Main Drain in Pool/Hot Tub/Spa* *A Single Blockable Main Drain may cause a suction entrapment hazard for an individual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

20. If the Property is part of a regime creating a home-owner's association, state the following information:
 - Association Name: _____
 - Association Management Company _____
 - Association Email: _____
 - Association Phone Number: _____
 - Amount of dues or assessments: \$ _____
 - Assessment amount is:
 Monthly __ Quarterly __ Annual __
 - Payment of dues/assessments is:
 ☐ Mandatory ☐ Voluntary
 - Amount of Unpaid Dues or Assessments, if any: \$ _____
 - Optional Membership: \$ _____
21. Is the Property in an overlay, proposed overlay, historic or conservation district that may have special restrictions?
☐ Yes ☐ No ☐ Unknown
 If "Yes", explain _____
22. The Property is currently serviced by the following utilities or systems (check as applicable):
☐ Water ☐ Sewer ☐ Septic
☐ Electricity ☐ Gas ☐ Cable TV
 High Speed Internet Availability: Cable ☐ DSL ☐ Other ☐
☐ Unknown _____
23. The water service to the Property is provided by (check as applicable): ☐ City ☐ Well ☐ MUD ☐ Coop
24. Has the Seller ever collected any insurance payments pursuant to a claim you have made for damage to the Property and then not used the proceeds to make the repairs for which the claim was submitted: ☐ Yes ☐ No
 - If "Yes", explain: _____
25. Are there any outstanding mechanics and materialmen's liens or lis pendens against the Property?
☐ Yes ☐ No ☐ Unknown
26. Any rainwater harvesting system connected to the property's public water supply that is able to be used for indoor potable purposes.
☐ Yes ☐ No

INFORMATION ABOUT FOUNDATION

27. Has the Seller ever obtained a written report about the condition of the foundation from any engineer, contractor, inspector, or expert?
☐ Yes ☐ No
 - If "Yes", identify the report by stating the date of the report, the person or company who made the report, and its content:

28. Have repairs been made to the foundation of the Property since its original construction?
☐ Yes ☐ No ☐ Unknown
 If "Yes", explain what repairs you know or believe to have been made:

INFORMATION ABOUT DRAINAGE

29. Has the Seller ever obtained a written report about any improper drainage condition from any engineer, contractor, inspector, or expert? ☐ Yes ☐ No
 If "Yes", identify the report by stating the date of the report, the person or company who made the report, and its content:

30. Have repairs been made to the drainage of the Property since its original construction?
☐ Yes ☐ No ☐ Unknown
 If "Yes", explain what repairs you know or believe to have been made:

31. Does the Seller know of any currently defective condition to the drainage of the Property? ☐ Yes ☐ No
 - If "Yes", explain:

32. Have there been any previous incidents of flooding or other surface water penetration into the house, garage, or accessory buildings of the Property?
- ☐ Yes ☐ No ☐ Unknown
- If "Yes", when did the incident(s) occur and describe the extent of flooding or water penetration:
- _____
- _____

INFORMATION ABOUT TERMITES/ WOOD DESTROYING INSECTS

33. Has the Seller ever obtained a written report about active termites or other wood destroying insects?
- ☐ Yes ☐ No
- If "Yes", identify the report by stating the date of the report, the person or company who made the report, and its content:
- _____
- _____
- _____
34. Has the Property been treated for termites or other wood destroying insects?
- ☐ Yes ☐ No ☐ Unknown
- If "Yes", please state the date of treatment: _____
35. Have there been any repairs made to damage caused by termites or other wood destroying insects?
- ☐ Yes ☐ No ☐ Unknown
- If "Yes", explain what repairs you know or believe to have been made: _____
- _____
36. Do active termites or other wood destroying insects currently infest the Property?
- ☐ Yes ☐ No ☐ Unknown
- If "Yes", explain: _____
- _____
37. Is there any existing termite damage in need of repair?
- ☐ Yes ☐ No ☐ Unknown
- If "Yes", explain: _____
- _____
38. Is the Property currently covered by a termite policy?
- ☐ Yes ☐ No
- If "Yes", identify the policy by stating:
- Name of Company issuing policy: _____
- Policy Number: _____
- Date of policy renewal: _____
- Phone Number: _____

INFORMATION ABOUT ENVIRONMENTAL CONDITIONS

39. Is the Seller aware of any repairs or treatment, other than routine maintenance, for the following environmental hazards?

The presence or removal of asbestos	<input type="checkbox"/> Yes <input type="checkbox"/> No
The presence of radon gas	<input type="checkbox"/> Yes <input type="checkbox"/> No
The presence or treatment of mold	<input type="checkbox"/> Yes <input type="checkbox"/> No
The presence of lead based paint	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

If "Yes", explain: _____

40. If the answer to any part of Question #39 is "Yes," has the Seller ever obtained a written report for addressing such environmental hazards? ☐ Yes ☐ No

- If "Yes", explain: _____

(Identify any reports by stating the date of the report, the person or company who made the report, and its content.)

41. Seller is aware of previous use of premises for manufacture of Methamphetamine? ☐ Yes ☐ No

42. Is the Seller aware of any condition not previously addressed in this Disclosure Statement which, in Seller's opinion, is a defective condition or adversely affects the Property? ☐ Yes ☐ No

-If "Yes", explain: _____

ACKNOWLEDGMENT BY SELLER

43. I, the Seller, state that the information in this disclosure is complete and accurate *to the best of my knowledge and belief*.

Seller(s) Initials Seller(s) Initials

44. I, the Seller, understand the information in this statement will be disseminated by Listing Broker to prospective buyers and other brokers.

Seller(s) Initials Seller(s) Initials

45. The listing agent has not instructed Seller how to answer any question in this disclosure or suggested any answer to Seller or in any way sought to influence Seller to provide any information or answers which are not absolutely true so far as the Seller knows.

Seller(s) Initials Seller(s) Initials

DISCLOSURES

Municipal Utility District Disclosures

Check which Apply:

[Attach additional MUD Disclosure Notice provided by Chapter 49, Texas Water Code]

- ☐ The Property is located in a Municipal Utility District which is either:
- ☐ Located in whole or in part within the corporate boundaries of a municipality (MUD Disclosure Form #1)
- ☐ Not located in whole or in part within the corporate boundaries of a municipality (MUD Disclosure Form #2)
- ☐ Located in whole or in part within the extraterritorial jurisdiction of the corporate boundaries of a municipality. (MUD Disclosure Form #3)

On-Site Sewer Facility

- ☐ If the Property has a septic or other on-site sewer facility:
- ☐ Attached is Information About On-Site Sewer Facility (TAR #1407)
- ☐ Property is located in a Public Improvement District (PID)
- ☐ Seller is a Real Estate Licensee

SMOKE DETECTION EQUIPMENT

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 the installation. The parties may agree who will bear the cost of installing the smoke detectors and which brand of smoke detectors to install.

INDEMNIFICATION

SELLER(S) HEREBY AGREE(S) TO INDEMNIFY LISTING BROKER AND ALL OTHER BROKERS PARTICIPATING IN ANY SALE OF THE PROPERTY OF AND FROM ANY CLAIM, LOSS, OR DAMAGE ARISING FROM ANY FALSE REPRESENTATION CONTAINED IN THIS DISCLOSURE STATEMENT.

SELLER (SIGN AS NAME APPEARS ON TITLE) _____ DATE _____ SELLER (SIGN AS NAME APPEARS ON TITLE) _____ DATE _____

NOTICES TO BUYER

1. The Texas Department of Public Safety maintains a database that consumers 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. Such written information in this Seller's Disclosure Notice for the Property does not constitute the representations of the Listing Broker and other Broker participating in a sale transaction or their sales associates, employees or agents who are relying upon the written information provided by the Seller in this disclosure notice. Buyer is not relying upon any statement or representation by the Listing Broker and any other broker and their sales associates, employees, and agents concerning the condition of the Property. THIS IS NOT A WARRANTY. YOU ARE ENCOURAGED TO HAVE AN INSPECTOR OF YOUR CHOICE INSPECT THE PROPERTY PRIOR TO CLOSING.
3. Buyer may be provided information about the size of the property, either of the real property or the improvements. All such information has been obtained by Broker or Seller from third parties, including information obtained from official tax records. Such information is not always accurate.
4. If the Buyer bases an offer on square footage, measurements or boundaries, Buyer should have those items independently measured to verify any reported information which is often unreliable.
5. If the property is located in a coastal area that is seaward of the Gulf Intracoastal Waterway or within 1000 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.

The undersigned Buyer(s) hereby acknowledge(s) receipt of this Seller's Disclosure Notice for the Property:

BUYER

DATE

BUYER

DATE