



# SELLER'S DISCLOSURE NOTICE

TO BE COMPLETED BY SELLER(S)

CONCERNING THE PROPERTY AT

310 Private Road 8903 (Guest)

Canton

Van Zandt

(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 DISSEMINATING INFORMATION ABOUT THE CONDITION OF THE PROPERTY.

## GENERAL INFORMATION

1. The Property is currently:

- ☒ Owner occupied ☐ Estate *(FAMILY OCCUPANCY)*  
☐ Leased ☐ Foreclosure  
☐ Vacant since \_\_\_\_\_

- If owner occupied, for 8 years *ALTERNATELY FAMILY*  
- If not owner occupied, for \_\_\_\_\_ years *FIREWORKS, REPAIRS*  
- 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 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: \_\_\_\_\_

Warranty Number: \_\_\_\_\_

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", identify the warranties: \_\_\_\_\_

8. 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: \_\_\_\_\_

9. 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: \_\_\_\_\_

310 Private Road 8903 (Guest)

PROPERTY ADDRESS: Canton, TX 75103

MetroTex Association of REALTORS® 7167 May 2016 Buyer's Initials \_\_\_\_\_

Buyer's Initials \_\_\_\_\_

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Seller's Initials *SD* Seller's Initials *JK*

10. 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

Date of Inspection	Type of Inspection	Name of Inspector/Company	# Pages	Attached (Y/N)

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 11, 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.

EQUIPMENT & SYSTEMS	N/A	WORKING CONDITION	HAS BEEN REPLACED	DATE REPLACED Month/Year	IN NEED OF REPAIR	DATE / DESCRIPTION OF COMPLETED OR NEEDED REPAIRS
Attic Fan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Automatic Lawn Sprinkler System (Front ___ / Back ___ / Left Side ___ / Right Side ___ / Fully ___)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Carbon Monoxide Alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Cable TV Wiring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Ceiling Fan(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Cooktop (Gas ___ / Electric <input checked="" type="checkbox"/> )	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5/2015	<input type="checkbox"/>	
Cooling (Central Gas ___ / Electric ___) # Units ___	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Cooling (Window <u>1</u> / Wall <u>2</u> / Evaporative Coolers ___)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5/2016 MASTER UNIT	<input type="checkbox"/>	MASTER UNIT REPLACED
Dishwasher	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Disposal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Electrical System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Emergency Escape Ladder(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Exhaust Fan(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Fire Detection Equipment (Electric ___ / Battery Operated <input checked="" type="checkbox"/> )	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Garage Door Opener(s) & Controls (Automatic ___ / Manual ___) # Controls ___	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Gas Fixtures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Gas Lines (Natural ___ / Liquid Propane <u>1</u> )	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Heating (Central Gas ___ / Electric ___) # Units ___	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Heating (Window ___ / Wall <u>2</u> )	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5/2016 MASTER	<input type="checkbox"/>	MASTER HEAT UNIT REPLACED
Hot Tub	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Ice Maker	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Intercom System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Lighting Fixtures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Media Wiring & Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Microwave	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Outdoor Cooking Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Oven (Gas ___ / Electric <input checked="" type="checkbox"/> )	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5/2015	<input type="checkbox"/>	
Oven - Convection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Plumbing System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Public Sewer & Water System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Range (Gas ___ / Electric <input checked="" type="checkbox"/> )	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5/2015	<input type="checkbox"/>	

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EQUIPMENT & SYSTEMS	N/A	WORKING CONDITION	HAS BEEN REPLACED	DATE REPLACED	IN NEED OF REPAIR	DATE / DESCRIPTION OF COMPLETED OR NEEDED REPAIRS
Refrigerator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	11/2015	<input type="checkbox"/>	
Satellite Dish and Receiver	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Sauna	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Security System(s) (In Use / Abandoned )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Septic or other On-Site Sewer System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Shower Enclosure & Pan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Smoke Detector-Hearing Impaired ____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Spa	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Stove (Free Standing) For Heating (Free Standing)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Swimming Pool & Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Swimming Pool Built-In Cleaning Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Swimming Pool Heater	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Trash Compactor	<input checked="" 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 <input checked="" type="checkbox"/> / Electric ____)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1/2013	<input type="checkbox"/>	
Water Softener	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Wells	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	SHARES MAIN HOUSE WELL

#### INFORMATION ABOUT STRUCTURE/OTHER

STRUCTURE / OTHER	N/A	WORKING CONDITION	HAS BEEN REPLACED	DATE REPLACED	IN NEED OF REPAIR	DATE / DESCRIPTION OF COMPLETED OR NEEDED REPAIRS
Basement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Carport (Attached <input checked="" type="checkbox"/> / Not Attached ____)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	Fallen stick protruding in roof
Ceilings	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Doors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Drains (French ____ / Other ____)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Driveway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Electrical Wiring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Fences	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Fireplace(s)/Chimney (Mock)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Fireplace(s)/Chimney (Wood burning)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Fireplace(s)/with gas logs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Foundation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Garage (Attached ____ / Not Attached ____)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Lighting (Outdoor)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Patio / Decking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Retaining Wall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Rain Gutters and Down Spouts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2/2012	<input type="checkbox"/>	
Sidewalk	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Skylight(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Sump or Grinder Pump	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Walls (Exterior/Interior)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Washer / Dryer Hookups ( Gas ____ / Electric <input checked="" type="checkbox"/> )	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Windows	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Window Screens	<input checked="" 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"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

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PR 8903 315

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:  
4 Years ☐ Unknown  
Is the roof paid for by the Property Owners Association?  
☐ Yes ☒ No ☐ 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. Is the heating and cooling controlled by the Property Owners Association? ☐ Yes ☒ No ☐ Unknown \_\_\_\_\_

18. Please identify other systems, if any, of the Property which are leased and not owned by the Seller: \_\_\_\_\_

19. 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? (Visible or Not)

	YES	NO	UNKNOWN	IF "YES", EXPLAIN
ASBESTOS Components?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Any personal or business BANKRUPTCY pending which would affect the sale of the Property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Carpet Stains/Damage?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MASTER BEDROOM STAIN
Located on or near CORP OF ENGINEERS Property?	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	
Unplatted EASEMENTS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FAULT Lines?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Previous FIRES?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Any FORECLOSURES pending or threatened with respect to the Property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Urea formaldehyde INSULATION?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
LANDFILL?	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	
Lead-based PAINT?	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	
Above-ground impediment to swimming POOL?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Underground impediment to swimming POOL?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Any PROPERTY CONDITION which materially affects the physical health or safety of an individual?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
RADON gas?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
House SETTLING?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
SOIL Movement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Subsurface STRUCTURES, Tanks, or Pits?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Hazardous or TOXIC WASTE affecting the Property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Holes in WALLS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1ST BEDROOM CEILING DAMAGE

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	YES	NO	UNKNOWN	IF "YES", EXPLAIN
WOOD ROT Damage Needing Repair?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Property covered by flood insurance? (If "Yes", attach "Information About Special Flood Hazard Area". TAR 1414)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Located in 100 year FLOOD PLAIN?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Located in Floodway?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Located in a city flood plain?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Tax or judgment liens?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
In an ETJ district? (Extra Territorial Jurisdiction)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Diseased TREES?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Liquid Propane Gas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TANK FOR HOT WATER
- 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 a Pool/Hot Tub/Spa* * A Single Blockable Main Drain may cause a suction entrapment hazard for an individual.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

20. If the Property is part of a Property 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 \$ \_\_\_\_\_ Annually \$ \_\_\_\_\_
- Payment of dues/assessments is:  
☐ Mandatory ☐ Voluntary
- Amount of Unpaid Dues or Assessments, if any: \$ \_\_\_\_\_
- Optional Membership: \$ \_\_\_\_\_

21. Has the Property (or the Property Owner's Association of which of which the Property is a part) been the subject of any pending or concluded litigation?  
☐ Yes ☒ No ☐ Unknown  
 - If "Yes", attach an explanation

22. Is the Property in an overlay, proposed overlay, historic or conservation district that may have special restrictions?  
☐ Yes ☒ No ☐ Unknown  
 If "Yes", explain: \_\_\_\_\_

23. 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 ☐ Unknown  
☐ Other \_\_\_\_\_  
 Are any of these paid for by the Property Owner's Association ☐ Yes ☒ No ☐ Unknown  
 If yes, explain: \_\_\_\_\_

24. The water service to the Property is provided by (check as applicable): ☐ City ☒ Well ☐ MUD ☐ Coop  
 Are any of these paid for by the Property Owner's Association ☐ Yes ☒ No ☐ Unknown  
 If yes, explain: SHAW  
WELL  
W/PAID HOUL

25. Is Property Owner's Association parking:  
☐ Assigned ☐ Unassigned \_\_\_\_\_ # Spaces  
 Space Number(s) are: \_\_\_\_\_  
☐ Carport ☐ Uncovered ☐ Garage

26. Is there any rainwater harvesting system connected to the property?  
☐ Yes ☒ No ☐ Unknown  
 - Is the system connected to the property's public water supply that is able to be used for indoor potable purposes?  
☐ Yes ☐ No ☐ Unknown  
 - Is the system larger than 500 gallons?  
☐ Yes ☐ No ☐ Unknown  
 - If "Yes", explain: \_\_\_\_\_

27. Any "common area" (facilities such as pools, tennis courts, walkways, or other areas) co-owned in undivided interest with others?  
☐ Yes ☒ No

28. Are there any outstanding mechanics and Material Man's liens or lis pendens against the Property?  
☐ Yes ☒ No ☐ Unknown

#### INFORMATION ABOUT FOUNDATION

29. Has the Seller ever obtained a written report about the condition of the foundation from any engineer, contractor, inspector, or expert? ☐ Yes ☒ No ☐ Unknown  
 If "Yes", please attach the report

30. Have repairs been made to the foundation of the Property since its original construction? ☐ Yes ☒ No ☐ Unknown  
 If "Yes", please attach the report

### INFORMATION ABOUT DRAINAGE

31. Has the Seller ever obtained a written report about any improper drainage condition from any engineer, contractor, inspector, or expert? ☐ Yes ☒ No ☐ Unknown

If "Yes", identify the report by stating the date of the report, the person or company who made the report, and its content:

32. 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:

33. Does the Seller know of any currently defective condition to the drainage of the Property? ☐ Yes ☒ No ☐ Unknown

If "Yes", explain:

34. Have there been any previous incidents of flooding or other 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

35. Has the Seller ever obtained a written report about active termites or other wood destroying insects?

☐ Yes ☒ No ☐ Unknown

If "Yes", identify the report by stating the date of the report, the person or company who made the report, and its contents:

36. Has the Property been treated for termites or other wood destroying insects?

☒ Yes ☐ No ☐ Unknown

If "Yes", please state the date of treatment: 1/2013

37. 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:

38. Do active termites or other wood destroying insects currently infest the Property?

☐ Yes ☐ No ☒ Unknown

If "Yes", explain:

39. Is there any existing termite damage in need of repair?

☒ Yes ☐ No ☐ Unknown

If "Yes", explain: 1ST BEDROOM TERMITE: MASTIL BEDROOM NO ACTIVE TERMITE PAST ACTIVITY PROBABLY THROUGHOUT

40. Is the Property currently covered by a termite policy?

☐ Yes ☒ No ☐ Unknown ☐ POA Maintained

If "Yes", identify the policy by stating:

Name of Company issuing the policy:

Policy Number:

Date of policy renewal:

Phone Number:

### INFORMATION ABOUT ENVIRONMENTAL CONDITIONS

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

The presence or removal of asbestos?

☐ Yes ☒ No

The presence of radon gas?

☐ Yes ☒ No

The presence or treatment of mold?

☐ Yes ☒ No

The presence of lead based paint?

☐ Yes ☒ No

If "Yes", explain:

42. If the answer to any part of Question #41 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 contents.)

43. Is the Seller aware of previous use of premises for manufacture of Methamphetamine?

☐ Yes ☒ No

44. 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 ☐ Unknown

If "Yes", explain: CARPET ROOF RECENTLY PUNCTURED BY BRANCH IN ONE SECT.

310 Private Road 8903 (Guest)

PROPERTY ADDRESS: Canton, TX 75103

MetroTex Association of REALTORS® 7167 May 2016 Buyer's Initials

Buyer's Initials

SELLER'S DISCLOSURE NOTICE - PAGE 6 OF 8

Seller's Initials

Seller's Initials

**ACKNOWLEDGEMENT BY SELLER**

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

DD WLD  
Seller(s) Initials Seller(s) Initials

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

DD WLD  
Seller(s) Initials Seller(s) Initials

47. 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.

DD WLD  
Seller(s) Initials Seller(s) Initials

**DISCLOSURES****Municipal Utility District Disclosures**

Check All That Apply:

(Attach additional MUD Disclosure Notice provided by Chapter 49, Texas Water Code)

- ☐ The Property is located in a Municipal Utility District (MUD) 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)

**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?\*

☐ Yes ☐ No ☒ Unknown If no, or unknown, explain. (Attach additional sheets if necessary):

WORKING SMOKE DETECTORS ARE INSTALLED, BUT WE ARE UNSURE WHAT, IF ANY, BUILDING CODES APPLY

\* 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.

DD 16 Nov 2016  
SELLER (SIGN AS NAME APPEARS ON TITLE) DATE  
Dan Daniels

Vickie Daniels 16 Nov 2016  
SELLER (SIGN AS NAME APPEARS ON TITLE) DATE  
Vickie Daniels

310 Private Road 8903 (Guest)  
PROPERTY ADDRESS: Canton, TX 75103  
MetroTex Association of REALTORS® 7167 May 2016 Buyer's Initials \_\_\_\_\_ Seller's Initials DD Seller's Initials WLD  
SELLER'S DISCLOSURE NOTICE - PAGE 7 OF 8

## 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](http://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
_____ PRINT NAME		_____ PRINT NAME	





# TEXAS ASSOCIATION OF REALTORS®

## INFORMATION ABOUT ON-SITE SEWER FACILITY

USE OF THIS FORM BY PERSONS WHO ARE NOT MEMBERS OF THE TEXAS ASSOCIATION OF REALTORS® IS NOT AUTHORIZED.  
©Texas Association of REALTORS®, Inc., 2004

310 Private Road 8903 (Guest)  
Canton, TX 75103

### CONCERNING THE PROPERTY AT

#### A. DESCRIPTION OF ON-SITE SEWER FACILITY ON PROPERTY:

- (1) Type of Treatment System: ☒ Septic Tank ☐ Aerobic Treatment ☐ Unknown  
☐ \_\_\_\_\_
- (2) Type of Distribution System: LATERAL LINES ☐ Unknown
- (3) Approximate Location of Drain Field or Distribution System: NORTHWEST CORNER, ☐ Unknown  
BEHIND HOUSE
- (4) Installer: \_\_\_\_\_ ☒ Unknown
- (5) Approximate Age: \_\_\_\_\_ ☒ Unknown

#### B. MAINTENANCE INFORMATION:

- (1) Is Seller aware of any maintenance contract in effect for the on-site sewer facility? ☐ Yes ☒ No  
If yes, name of maintenance contractor: \_\_\_\_\_  
Phone: \_\_\_\_\_ contract expiration date: \_\_\_\_\_  
*Maintenance contracts must be in effect to operate aerobic treatment and certain non-standard on-site sewer facilities.)*
- (2) Approximate date any tanks were last pumped? OCTOBER 2015
- (3) Is Seller aware of any defect or malfunction in the on-site sewer facility? ☐ Yes ☒ No  
If yes, explain: \_\_\_\_\_
- (4) Does Seller have manufacturer or warranty information available for review? ☐ Yes ☒ No

#### C. PLANNING MATERIALS, PERMITS, AND CONTRACTS:

- (1) The following items concerning the on-site sewer facility are attached:  
☐ planning materials ☐ permit for original installation ☐ final inspection when OSSF was installed  
☐ maintenance contract ☐ manufacturer information ☐ warranty information ☐ \_\_\_\_\_
- (2) "Planning materials" are the supporting materials that describe the on-site sewer facility that are submitted to the permitting authority in order to obtain a permit to install the on-site sewer facility.
- (3) It may be necessary for a buyer to have the permit to operate an on-site sewer facility transferred to the buyer.

(TAR-1407) 1-7-04

Initialed for Identification by Buyer \_\_\_\_\_ and Seller [Signature] Page 1 of 2

RE/MAX Landmark, 430 S. Trade Days Blvd Canton, TX 75103  
Phone: 903-245-2056

Fax: 903-642-0065

Bob Reese

PR 8903 315

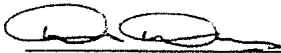
Produced with ZipForm® by zipLogix 18070 Fifteen Mile Road, Fraser, Michigan 48026 [www.zipLogix.com](http://www.zipLogix.com)


Information about On-Site Sewer Facility concerning \_\_\_\_\_

**D. INFORMATION FROM GOVERNMENTAL AGENCIES:** Pamphlets describing on-site sewer facilities are available from the Texas Agricultural Extension Service. Information in the following table was obtained from Texas Commission on Environmental Quality (TCEQ) on 10/24/2002. The table estimates daily wastewater usage rates. Actual water usage data or other methods for calculating may be used if accurate and acceptable to TCEQ.

<u>Facility</u>	<u>Usage (gal/day) without water- saving devices</u>	<u>Usage (gal/day) with water- saving devices</u>
Single family dwelling (1-2 bedrooms; less than 1,500 sf)	225	180
Single family dwelling (3 bedrooms; less than 2,500 sf)	300	240
Single family dwelling (4 bedrooms; less than 3,500 sf)	375	300
Single family dwelling (5 bedrooms; less than 4,500 sf)	450	360
Single family dwelling (6 bedrooms; less than 5,500 sf)	525	420
Mobile home, condo, or townhouse (1-2 bedroom)	225	180
Mobile home, condo, or townhouse (each add'l bedroom)	75	60

This document is not a substitute for any inspections or warranties. This document was completed to the best of Seller's knowledge and belief on the date signed. Seller and real estate agents are not experts about on-site sewer facilities. Buyer is encouraged to have the on-site sewer facility inspected by an inspector of Buyer's choice.

 16 Nov 2016  
\_\_\_\_\_  
Signature of Seller Date  
Dan Daniels

 16 Nov 2016  
\_\_\_\_\_  
Signature of Seller Date  
Vickie Daniels

Receipt acknowledged by:

\_\_\_\_\_  
Signature of Buyer Date

\_\_\_\_\_  
Signature of Buyer Date

## Utility Information and Costs

\*\*\*PLEASE PRINT LEGIBLY\*\*\*

Property Address: 310 PR 8903 (Guest)

# of People Living in Home: 2 Adults: 2 Children:           

Approx. Thermostat Temperature Setting in Summer: UNFROZEN Winter: UNFROZEN

Month	Year	Electric	Gas	Water	Trash	Other:
January	2016	23 <sup>-</sup> VACANT				
February	2016	23 <sup>-</sup> VACANT				
March	2016	24 <sup>-</sup> VACANT				
April	2016	28 <sup>-</sup> VACANT				
May	2016	53 <sup>-</sup>				
June	2016	87 <sup>-</sup>				
July	2016	113 <sup>-</sup>				
August	2016	90 <sup>-</sup>				
September	2015	128 <sup>-</sup>				
October	2015	55 <sup>-</sup>				
November	2015	35 <sup>-</sup> VACANT				
December	2015	26 <sup>-</sup> VACANT	\$177.20 (REFILL)			
Total						
Average						

### What providers are used currently for the following services?

Electric TRINITY VALLEY ELECTRIC phone # 972 932-2214

Water (SHARD WELL W/MAIN HOUSE) phone #                     

Sewer (SEPTIC) phone #                     

Trash CLIFF'S DISPOSAL phone # (903) 963-3561

Propane AUTOMATIC GAS phone # (903) 567-4446

Natural Gas                      phone #                     

Phone Company WAS CENTURYLINK phone # 800 201-4099

Cable/Satellite                      phone #                     

Internet WAS (CENTURYLINK) phone # 800 201-4099

The above information provided by the Seller is approximate. It is deemed accurate but not guaranteed. Buyer to verify.

## Property Features Updates and Upgrades

\*\*\*PLEASE PRINT LEGIBLY\*\*\*

Property Address: 310 PR 8903 (GUEST)

Item Updated/Upgraded	Date	Description	Approx. Cost
A/C Outside Compressor			
A/C Inside Coil/Furnace			
Curtains/Blinds			
Ceiling Fans/Fixtures			
Countertops			
Cabinets			
Deck			
Doors			
Electrical			
Faucets			
Fence			
Fireplace			
Flooring			
Garage Door/Opener			
Insulation	7/2012	REPLACED ROOF INSULATION	PART OF ROOF JOB
Landscaping			
Paint			
Roof	7/2012	REROOFED	\$12,000
Sinks			
Septic System			
Sprinkler System			
Walls			
Water Heater	1/2013	REPLACED WATER HEATER, LAUNDRY ROOM FLOOR.	\$1,900
Windows			
Other:			
Other:			

The above information provided by the Seller is approximate. It is deemed accurate but not guaranteed.  
Buyer to verify.

Additional Property Info and FAQs Answered by Seller

\*\*\*PLEASE PRINT LEGIBLY\*\*\*

Property Address: 310 PR 8903 (Guest)

Is there a survey on the property? YES If yes, do you have a copy? YES

What builder built the home? DON'T KNOW

How many owners has the home had? DONT KNOW

For properties with acreage, how much is wooded? \_\_\_\_\_ Open? \_\_\_\_\_

To your knowledge, is any of the property in the 100 yr. Flood Plain? If so, how much and where? NO

Is there Ag. exemption on the property? NO If so, for what activity? \_\_\_\_\_

Are there any recorded/unrecorded easements? NO

Are there any written or oral leases (including minerals)? NO If so, what are they and with whom? \_\_\_\_\_

Is the property in a Homeowner's Association? NO If so, what are the amount and frequency of the dues? \_\_\_\_\_



APPROVED BY THE TEXAS REAL ESTATE COMMISSION

10-10-11

# **ADDENDUM FOR SELLER'S DISCLOSURE OF INFORMATION ON LEAD-BASED PAINT AND LEAD-BASED PAINT HAZARDS AS REQUIRED BY FEDERAL LAW**

CONCERNING THE PROPERTY AT 310 Private Road 8903 (Guest House) Canton  
(Street Address and City)

**A. LEAD WARNING STATEMENT:** "Every purchaser of any interest in residential real property on which a residential dwelling was built prior to 1978 is notified that such property may present exposure to lead from lead-based paint that may place young children at risk of developing lead poisoning. Lead poisoning in young children may produce permanent neurological damage, including learning disabilities, reduced intelligence quotient, behavioral problems, and impaired memory. Lead poisoning also poses a particular risk to pregnant women. The seller of any interest in residential real property is required to provide the buyer with any information on lead-based paint hazards from risk assessments or inspections in the seller's possession and notify the buyer of any known lead-based paint hazards. A risk assessment or inspection for possible lead-paint hazards is recommended prior to purchase."

**NOTICE:** Inspector must be properly certified as required by federal law.

**B. SELLER'S DISCLOSURE:**

1. PRESENCE OF LEAD-BASED PAINT AND/OR LEAD-BASED PAINT HAZARDS (check one box only):
  - ☐ (a) Known lead-based paint and/or lead-based paint hazards are present in the Property (explain): \_\_\_\_\_
  - ☒ (b) Seller has no actual knowledge of lead-based paint and/or lead-based paint hazards in the Property.
2. RECORDS AND REPORTS AVAILABLE TO SELLER (check one box only):
  - ☐ (a) Seller has provided the purchaser with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the Property (list documents): \_\_\_\_\_
  - ☒ (b) Seller has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the Property.

**C. BUYER'S RIGHTS** (check one box only):

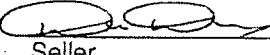


- ☐ 1. Buyer waives the opportunity to conduct a risk assessment or inspection of the Property for the presence of lead-based paint or lead-based paint hazards.
- ☐ 2. Within ten days after the effective date of this contract, Buyer may have the Property inspected by inspectors selected by Buyer. If lead-based paint or lead-based paint hazards are present, Buyer may terminate this contract by giving Seller written notice within 14 days after the effective date of this contract, and the earnest money will be refunded to Buyer.

**D. BUYER'S ACKNOWLEDGMENT** (check applicable boxes):

- ☐ 1. Buyer has received copies of all information listed above.
- ☐ 2. Buyer has received the pamphlet *Protect Your Family from Lead in Your Home*.

**E. BROKERS' ACKNOWLEDGMENT:** Brokers have informed Seller of Seller's obligations under 42 U.S.C. 4852d to: (a) provide Buyer with the federally approved pamphlet on lead poisoning prevention; (b) complete this addendum; (c) disclose any known lead-based paint and/or lead-based paint hazards in the Property; (d) deliver all records and reports to Buyer pertaining to lead-based paint and/or lead-based paint hazards in the Property; (e) provide Buyer a period of up to 10 days to have the Property inspected; and (f) retain a completed copy of this addendum for at least 3 years following the sale. Brokers are aware of their responsibility to ensure compliance.

**F. CERTIFICATION OF ACCURACY:** The following persons have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

Buyer _____	Date _____	 Seller Dan Daniels	16 Nov 2016 Date
Buyer _____	Date _____	 Seller Vickie Daniels	16 Nov 2016 Date
Other Broker _____	Date _____	 Listing Broker Bob Reese	11/16/2016 Date

The form of this addendum has been approved by the Texas Real Estate Commission for use only with similarly approved or promulgated forms of contracts. Such approval relates to this contract form only. TREC forms are intended for use only by trained real estate licensees. No representation is made as to the legal validity or adequacy of any provision in any specific transactions. It is not suitable for complex transactions. Texas Real Estate Commission, P.O. Box 12188, Austin, TX 78711-2188, 512-936-3000 (<http://www.trec.texas.gov>)