

SELLER'S DISCLOSURE NOTICE TO BE COMPLETED BY SELLER(S)

CONCERNING THE PROPERTY AT: 6806 Running Deer Ct Granbury Hood
(STREET ADDRESS AND CITY) (COUNTY)

NOTE: Section 5.008 of the Texas Property 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 Texas Property 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 AND A BUYER IS URGED TO OBTAIN AN INSPECTION OF THE PROPERTY BY A QUALIFIED AND 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, ANY OTHER BROKER PARTICIPATING IN A SALE TRANSACTION, NORTH TEXAS REAL ESTATE INFORMATION SYSTEMS (THE REGIONAL MULTIPLE LISTING SERVICE), OR ANY MULTIPLE LISTING SERVICE, OR LOCAL BOARDS AND ASSOCIATIONS OF REALTORS®. THE LISTING BROKER HAS RELIED UPON THE FOLLOWING INFORMATION IN DISSEMINATING INFORMATION ABOUT THE CONDITION OF THE PROPERTY.

GENERAL INFORMATION

- The Property is currently:
 - ☒ Owner occupied ☐ Estate ☐ Leased
 - ☐ Foreclosure ☐ Vacant Since: _____
 - If owner occupied, for 16 years.
 - If not owner occupied, for _____ years.
 - If leased: Origination Date: _____
 - Expiration Date: _____
- 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:
- Year the Property was constructed: 2000
Per: ☒ Owner ☐ Tax Rolls
- (If before 1978 - complete, -sign and attach TAR-1906 concerning lead-based paint hazards.)
- Is Seller a United States citizen? ☒ Yes ☐ No
- If "No", the seller is a "foreign person" as defined in the Internal Revenue Code:
☐ Yes ☐ No
- Check any of the following tax exemptions which Seller claims for the Property:
 - ☒ Homestead ☐ Senior Citizen ☐ Disabled
 - ☐ Disabled Veteran ☐ Wildlife Management
 - ☐ Agricultural ☐ Other:
- Has the Seller asserted any claim under any insurance policy or against any person for any physical condition of the Property?
 - ☐ Yes ☒ No
 - If "Yes", explain:
- 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: _____
- Except for manufacturer warranties, if any, on appliances, do there exist any other warranties for the Property?
 - ☒ Yes ☐ No ☐ Unknown
 - If "Yes", identify the warranties:
Home warranty purchase Plan
- Are there any pending or threatened condemnation proceedings which affect the Property?
 - ☐ Yes ☒ No ☐ Unknown
 - If "Yes", explain:

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PROPERTY ADDRESS: 6806 Running Deer Ct
Granbury, TX 76049-2411

Seller's Initials _____ Seller's Initials _____

Buyer's Initials _____ Buyer's Initials _____

Ebby Halliday Real Estate, Inc. TX Lic. 257740
d/b/a Ebby Halliday, Realtors; Dave Perry-Miller Real Estate; Williams Trew Real Estate Fax: www.zipLogix.com

Williams Trew - Corporate, 3707 Camp Bowie Blvd Ste 300 Fort Worth, TX 76107
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Fax: 817-732-8509

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10. Has the Property been the subject of any pending or concluded litigation?

☒ Yes ☐ No ☐ Unknown

- If "Yes", explain:

Mineral Right ownership

11. Is this Property in an overlay, proposed overlay, historic or conservation district that may have special restrictions?

☐ Yes ☒ No ☐ Unknown

- If "Yes", explain:

INSPECTION REPORTS AND NOTICES

12. Seller has not received any notices in the last 5 years, either oral or written, regarding the need for repair or replacement of any portion of the Property from any governmental agency, appraiser, mortgage lender, repair service or other, except:

13. List and attach any written inspection reports that Seller has received in the last 5 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.

Date of Inspection	Type of Inspection	Name of Inspector/Company	Number of Pages	Attached (Yes/No)

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

14. For items listed below and on the following pages, check appropriate box if items are presently in "Working Condition" and there are no known defects. Please check if item has been repaired (note date of repair) or if item is in need of repair. Check "N/A" for items that do not apply to the Property. **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	IN WORKING CONDITION	HAS BEEN REPAIRED	DATE OF REPAIR (Month/Year)	IN NEED OF REPAIR	DESCRIPTION OF COMPLETED/ NEEDED REPAIRS
Attic Fan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Automatic Lawn Sprinkler System (Front <input type="checkbox"/> /Back <input type="checkbox"/> /Left Side <input type="checkbox"/> /Right Side <input type="checkbox"/> /Fully <input checked="" type="checkbox"/>)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Broadband Cat 5	<input 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 <input type="checkbox"/> /Electric <input checked="" type="checkbox"/>)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Cooling (Ctrl. gas <input type="checkbox"/> /elec. <input checked="" type="checkbox"/> , # units <u>2</u>)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Cooling (Window <input type="checkbox"/> /Wall <input type="checkbox"/> /Evaporative <input type="checkbox"/>)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Dishwasher	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Disposal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Electrical System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	1 plug in Kitchen
Exhaust Fan(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

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PROPERTY ADDRESS: Granbury, TX 76049-2411

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Buyer's Initials _____ Buyer's Initials _____

Ebby Halliday Real Estate, Inc. TX Lic. 257740

d/b/a Ebby Halliday, Realtors; Dave Perry-Miller Real Estate; Williams Trew Real Estate Fax: www.zipLogix.com

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EQUIPMENT & SYSTEMS	N/A	IN WORKING CONDITION	HAS BEEN REPAIRED	DATE OF REPAIR (Month/Year)	IN NEED OF REPAIR	DESCRIPTION OF COMPLETED/ NEEDED REPAIRS
Fire Detection Equipment (Electric <input checked="" type="checkbox"/> / 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 <input type="checkbox"/> / Manual <input type="checkbox"/> / # Controls _____)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Gas Fixtures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Gas Lines (Natural <input type="checkbox"/> / Liquid Propane <input type="checkbox"/> /	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Heating (Ctrl. Gas <input type="checkbox"/> / Elec. <input checked="" type="checkbox"/> , # units _____)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Heating (Window <input type="checkbox"/> / Wall <input type="checkbox"/>)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Hot Tub	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Icemaker	<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"/>	
Jetted Bathroom Tub	<input type="checkbox"/>	<input checked="" 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(s) (Electric <input checked="" type="checkbox"/> / Gas <input type="checkbox"/> / Other <input type="checkbox"/> / Number _____)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<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"/>	
Propane Tank (Leased <input type="checkbox"/> / Owned <input type="checkbox"/>)	<input checked="" type="checkbox"/>	<input 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Refrigerator (Built-In)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Satellite Dish and Receiver	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Sauna	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Security System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Septic or other On-Site Sewer System(s) (Use <input checked="" type="checkbox"/> / Abandoned <input type="checkbox"/>)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Shower Enclosure & Pan	<input type="checkbox"/>	<input checked="" 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) (Gas <input type="checkbox"/> / Electric <input checked="" type="checkbox"/>)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Sump or Grinder Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Swimming Pool & Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Swimming Pool Built-in Cleaning Equip.	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Water Heater (Gas <input type="checkbox"/> / Electric <input checked="" type="checkbox"/>)	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

INFORMATION ABOUT STRUCTURE/OTHER

EQUIPMENT & SYSTEMS	N/A	IN WORKING CONDITION	HAS BEEN REPAIRED	DATE OF REPAIR (Month/Year)	IN NEED OF REPAIR	DESCRIPTION OF COMPLETED/ NEEDED REPAIRS
Basement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Carport (Attached <input type="checkbox"/> / Not Attached <input type="checkbox"/>)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

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STRUCTURE/OTHER	N/A	IN WORKING CONDITION	HAS BEEN REPAIRED	DATE OF REPAIR (Month/Year)	IN NEED OF REPAIR	DESCRIPTION OF COMPLETED/ NEEDED REPAIRS
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 <input type="checkbox"/> /Other <input type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Fireplace(s)/Chimney (Mock <input type="checkbox"/> / Wood-burning <input type="checkbox"/> /w/ Gas Logs <input checked="" type="checkbox"/> / Other <input type="checkbox"/>)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	never purchased gas loop.
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Lighting (Outdoor)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Patio/Decking	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Sidewalks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Skylight(s)	<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 <input type="checkbox"/> /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 type="checkbox"/>	<input checked="" 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"/>	

15. The shingles or roof covering is constructed of:
☐ Wood ☒ Composition ☐ Tile
☐ Other: _____
 There is an overlay covering? ☐ Yes ☐ No ☒ Unknown
16. The age of the shingles or roof covering: 16 years.
☐ Unknown
17. The electrical wiring of the Property is:
☒ Copper ☐ Aluminum ☐ Unknown
☐ Other (specify): _____
18. 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 Charges: ☐ Mth. ☐ Qtr. ☐ Yr. \$ _____

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

20. Is there a single blockable main drain in pool/hot tub/spa?(A single blockable main drain may cause a suction entrapment hazard for an individual.)
☐ Yes ☒ No

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PROPERTY ADDRESS: Granbury, TX 76049-2411

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MISCELLANEOUS INFORMATION ABOUT PROPERTY

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

	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 (not visible)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Located on or near CORP OF ENGINEER 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 type="checkbox"/>	<input type="checkbox"/>	
Does the property have EMERGENCY ESCAPE LADDER(S) ?	<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"/>	
Located in 100 Year FLOODPLAIN	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Located in City FLOODPLAIN	<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"/>	
Ureaformaldehyde INSULATION	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
LANDFILL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
LEAD-BASED PAINT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Tax or judgment LIENS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
LIQUID PROPANE GAS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
LP Community (Captive)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
LP on Property	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are there MINERAL RIGHTS with the property? If yes, who owns them? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>We own mineral Rights</i>
Any NOTICES of violations of deed restrictions or governmental ordinances affecting the condition or use of the Property	<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"/>	
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Synthetic STUCCO	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Diseased TREES	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	
Previous WATER PENETRATION	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WOOD ROT Damage Needing Repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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SELLER'S DISCLOSURE NOTICE - (Updated 03/16) - PAGE 5 EH-22		6806 Running Deer Ct	
PROPERTY ADDRESS: Granbury, TX 76049-2411			
Seller's Initials _____	Seller's Initials _____	Buyer's Initials _____	Buyer's Initials _____

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22. 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:

23. If the Property is part of a regime creating a homeowner's association, state the following information:

- Amount of dues or assessments: Monthly: \$ _____

Quarterly: \$ _____ Annual: \$ 25

- Payment of dues/assessments is: ☐ Mandatory ☐ Voluntary

- Seller's Percentage Ownership in Common Areas: _____ %

- Amount of Unpaid Dues or Assessments, if any: \$ 0

- Optional Membership: \$ _____

24. High speed internet available? ☒ Yes ☐ No

☐ Cable ☒ DSL ☐ Cable TV ☐ Other: _____

25. Is Property in a Public Improvement District ☐ Yes ☒ No (PID)?

Are you being taxed for these improvements? ☐ Yes ☒ No

26. The Property is currently serviced by the following utilities (check as applicable):

☐ Water ☐ Sewer ☒ Septic ☒ Electricity

☐ Gas ☐ Cable ☐ Other: Phone

27. The water service to the Property is provided by (check as applicable):

☐ City ☒ Well ☐ MUD ☐ Co-op

28. 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:

29. Are any common areas (facilities such as pools, tennis courts, walkways, or other) co-owned in undivided interest with others. If yes, complete the following: Any optional user fees for common facilities charged:

☐ Yes ☒ No

- If "Yes", explain:

30. Are there any outstanding IRS, judgement or ☐ Yes ☒ No mechanics liens or lis pendens against the property?

31. Any rainwater harvesting system connected ☐ Yes ☒ No to the property's public water supply that is able to be used for indoor potable purposes.

INFORMATION ABOUT FOUNDATION

32. 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:

- If "Yes", have you given a copy of each ☐ Yes ☐ No report to the Listing Broker?

33. 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

34. 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:

- If "Yes", have you given a copy of each ☐ Yes ☐ No report to the Listing Broker?

35. 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:

36. Does the Seller know of any currently defective condition to the drainage of the Property?

☐ Yes ☒ No

- If "Yes", explain:

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PROPERTY ADDRESS: Granbury, TX 76049-2411

Seller's Initials _____ Seller's Initials _____

Buyer's Initials _____ Buyer's Initials _____

Ebby Halliday Real Estate, Inc. TX Lic. 257740

d/b/a Ebby Halliday, Realtors; Dave Perry-Miller Real Estate; Williams Trew Real Estate Fax: www.zipLogix.com

37. 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

38. Is the Property covered by flood insurance? ☐ Yes ☒ No
(If yes, attach "Information About Special Flood Hazard Areas", TAR #1414.)

INFORMATION ABOUT TERMITES/WOOD DESTROYING INSECTS

39. 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:

- If "Yes", have you given a copy of each ☐ Yes ☐ No report to the Listing Broker?

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

☐ Yes ☒ No ☐ Unknown

- If "Yes", please state date of treatment:

41. 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:

42. Do active termites or other wood destroying insects currently infest the Property:

☐ Yes ☒ No ☐ Unknown

- If "Yes", explain:

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

☐ Yes ☐ No ☒ Unknown

- If "Yes", explain:

44. 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: _____

INFORMATION ABOUT ENVIRONMENTAL CONDITIONS

45. Has the Seller ever obtained a written report about treatment or repairs about any of the following environmental conditions:

- The presence or removal of asbestos: ☐ Yes ☒ No

- The presence of radon gas: ☐ Yes ☒ No

- The presence or treatment for Stachybotrys Commonly known as "black mold": ☐ Yes ☒ No

- The presence of lead based paint: ☐ 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:

- If "Yes", have you given a copy of the Certification of Mold Remediation to the Listing Broker?

☐ Yes ☒ No

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

☐ Yes ☒ No

47. Is the Seller aware of the presence of any of the conditions referred to in question 45?

☐ Yes ☒ No

- If "Yes", explain:

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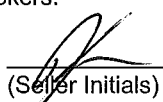
ACKNOWLEDGEMENT BY SELLER

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


(Seller Initials)

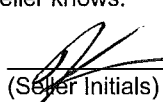

(Seller Initials)


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


(Seller Initials)


(Seller Initials)

50. 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 Initials)


(Seller 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 Property has a septic or other on-site sewer facility:
- ☐ Attached is Information About On-Site Sewer Facility (TAR #1407)

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):

*Chapter 766 of the Health and Safety Code requires one-family or two-family dwellings to have working smoke detectors installed in accordance with the requirements of the building code in effect in the area in which the dwelling is located, including performance, location, and power source requirements. If you do not know the building code requirements in effect in your area, you may check unknown above or contact your local building official for more information.

A buyer may require a seller to install smoke detectors for the hearing impaired if: (1) the buyer or a member of the buyer's family who will reside in the dwelling is hearing-impaired; (2) the buyer gives the seller written evidence of the hearing impairment from a licensed physician; and (3) within 10 days after the effective date, the buyer makes a written request for the seller to install smoke detectors for the hearing-impaired and specifies the locations for installation. The parties may agree who will bear the cost of installing the smoke detectors and which brand of smoke detectors to install.

CONDOMINIUM/TOWNHOME ADDITIONAL INFORMATION, IF APPLICABLE

- 1. Is the roof covered by the Property Owner's Association? ☐ Yes ☐ No
- 2. Is the heating and cooling control regulated by the Property Owner's Association? ☐ Yes ☐ No
- 3. What services are paid for by the Property, Owner's Association? ☐ Yes ☐ No
 - ☐ Water ☐ Sewer ☐ Septic ☐ Electricity ☐ Gas ☐ Cable
 - ☐ Other: _____
- 4. The water service to the Property is provided by: ☐ Yes ☐ No
 - ☐ City ☐ Well ☐ MUD ☐ Co-op
- 5. Is parking: ☐ Assigned ☐ Unassigned
 - # of Spaces: _____ Spaced Numbers: _____
 - ☐ Carport ☐ Uncovered ☐ Garage

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INDEMNIFICATION

SELLER HEREBY AGREES 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.

 10/9/16
SELLER (SIGN AS NAME APPEARS ON TITLE) DATE
Jeffrey D Krause

 10/9/16
SELLER (SIGN AS NAME APPEARS ON TITLE) DATE
Jan Marie Krause

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 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 property is located in a coastal area that is seaward of the Gulf Intra-coastal Waterway or within 1,000 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 above described waiver applies only to a hearing impaired purchaser.

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

BUYER DATE

BUYER DATE

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