

TEXAS ASSOCIATION OF REALTORS®

SELLER'S DISCLOSURE NOTICE
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Section 5.008, Property Code requires a seller of residential property of not more than one dwelling unit to deliver a Seller's Disclosure Notice to a buyer on or before the effective date of a contract. This form complies with and contains additional disclosures which exceed the minimum disclosures required by the Code.

CONCERNING THE PROPERTY AT			Fall Cre	ek Rd. E. TX 78028					
THIS NOTICE IS A DISCLOSURE OF DATE SIGNED BY SELLER AND IS MAY WISH TO OBTAIN. IT IS NOT AGENT.	NOT A S	S KNOWLEDGE OF JBSTITUTE FOR A	THE COND	ITION OF THE PROPERTY AS TIONS OR WARRANTIES TH	E B	BUY	ΈR		
Seller 🗍 is 🗖 is not occupying the				g since Seller has occupied the	Pro	per	rty?		
Section 1. The Property has the ite This notice does not establish the	ms marke items to be	d below: (Mark Yes	s (Y), No (N), act will determi	or Unknown (U).) ne which items will & will not conve	<i>∍y</i> .				
Item Y N U	Item		YNU	Item	Υ	N	U		
Cable TV Wiring	Liquid P	ropane Gas:		Pump: ☐ sump ☐ grinder		∇			
Carbon Monoxide Det.	-LP Cor	nmunity (Captive)		Rain Gutters	X				
Ceiling Fans	-LP on F	Property	X	Range/Stove	V				
Cooktop	Hot Tub			Roof/Attic Vents	Ż				
Dishwasher	Intercon	n System		Sauna		∇			
Disposal	Microwa			Smoke Detector	X	,			
Emergency Escape Ladder(s)	Outdoor	· Grill	X	Smoke Detector – Hearing Impaired		×			
Exhaust Fans	Patio/De	ecking		Spa	X				
Fences	Plumbin	g System	X	Trash Compactor	X				
Fire Detection Equip.	Pool			TV Antenna	П	X			
French Drain	Pool Eq	uipment		Washer/Dryer Hookup	X				
Gas Fixtures	<u> </u>	int. Accessories		Window Screens	X				
Natural Gas Lines	Pool He	ater		Public Sewer System		X			
Item	YNU		Additio	nal Information					
Central A/C		¥ electric ☐ gas	number of	units:2					
Evaporative Coolers		number of units:		_					
Wall/Window AC Units		number of units:							
Attic Fan(s)	M	if yes, describe:							
Central Heat	M	☑ electric ☐ gas number of units:							
Other Heat		if yes, describe:							
Oven	X	number of ovens:							
Fireplace & Chimney									
Carport	attached not attached								
Garage	X	······································	ot attached						
Garage Door Openers	number of units: _	3	number of remotes: 3						
Satellite Dish & Controls			ed from .	DISH					
Security System	X		ed from						
Water Heater	7	⊠ electric ☐ gas	other:	number of units:					
Water Softener	X		ed from						
Underground Lawn Sprinkler	\overline{A}			s covered: bouse 42-8	<u></u>		_		
Septic / On-Site Sewer Facility				On-Site Sewer Facility (TAR-1-)			
		er:,	and Selle	er: W Omb P	age	1 c			

Concerning the Property at				ill Cre ille,				
Water supply provided by: ☐ city	well □MUI) [] (o-op 🔲					
Was the Property built before 1978	3? ☐ yes 🗖 no	o □1	unknown					
(If yes, complete, sign, and att	ach TAR-1906 c	oncern	ing lead-b	ased pai	nt ha	ızards).		
Roof Type: 5+2nding Sean	~ metel	Age	:	15		(a	oproxim	
Is there an overlay roof covering or	n the Property (s	hingles	or roof c	overing p	lace	d over existing shingles or root	coveri	ing)?
□yes 🕽 no 🔲 unknown		J		0.		0 0		U,
Are you (Seller) aware of any of the								
need of repair? 🔲 yes 💢 no If	yes, describe (at	ttach a	dditional s	heets if r	neces	ssary):		
								
Section 2. Are you (Seller) awa aware and No (N) if you are not a		s or m	alfunctio	ns in an	y of	the following?: (Mark Yes (Y) if you	ı are
Item Y N	Item		-	YN	[Item		/ N
Basement	Floors				Ì	Sidewalks		V
Ceilings	Foundation	on / Sla	h(s)		ŀ	Walls / Fences		\checkmark
Doors	Interior W		w(3)		ŀ	Windows		*
	a							
Driveways X	Lighting F			 	- }	Other Structural Components		
Electrical Systems	Plumbing	Syster	ns	113	ŀ			\perp
Exterior Walls	Roof							
Section 3. Are you (Seller) awa	re of any of the	follow	ing cond	litions: (I	Mark	Yes (Y) if you are aware an	d No (i	N) if
Condition		YN	l Co	ndition	· · · · · · · · · · · · · · · · · · ·		V	/ N
Aluminum Wiring					unda	tion Repairs		\forall
Asbestos Components			_	vious Ro				\Diamond
Diseased Trees: 🔼 oak wilt 🔲	······································	A		er Struct				权
Endangered Species/Habitat on F	roperty	1' >	Rad	don Gas				X
Fault Lines				tling				X
Hazardous or Toxic Waste		\perp		l Moveme				X
Improper Drainage	***************************************	\downarrow \nearrow				cture or Pits		XXX
Intermittent or Weather Springs						rage Tanks		
Landfill Lead-Based Paint or Lead-Based	Dt Hozarda	++>		olatted Ea				131
Encroachments onto the Property		+ 3		ecorded		de Insulation		XX
Improvements encroaching on others' property				ter Penet				\sim
Located in 100-year Floodplain			We	tlands on				1
Located in Floodway				od Rot	1110	porty		X
Present Flood Ins. Coverage					ation	of termites or other wood		
(If yes, attach TAR-1414)				troying ir				X
Previous Flooding into the Structures						nt for termites or WDI		X
Previous Flooding onto the Property						or WDI damage repaired		XXX
Located in Historic District				vious Fire				7
Historic Property Designation						amage needing repair		
Previous Use of Premises for Mar	nutacture				Kabl	e Main Drain in Pool/Hot		K
of Methamphetamine		1 1	vi i lub	/Spa*			1	1 1

(TAR-1406) 01-01-16

Initialed by: Buyer: _____, ____,

Page 2 of 5

		465 Fall Creek Rd. E.
Co	ncernir	ng the Property at
If t	he ans	wer to any of the items in Section 3 is yes, explain (attach additional sheets if necessary):
		ŵ/A
		*A single blockable main drain may cause a suction entrapment hazard for an individual.
wh	ich ha	Are you (Seller) aware of any item, equipment, or system in or on the Property that is in need of repair, is not been previously disclosed in this notice? yes you not be previously disclosed in this notice? yes you not be previously disclosed in this notice? yes you not be property that is in need of repair, and yes, explain (attach additional sheets if yes).
		N /N
		10/14
	ction 5 t aware <u>N</u>	. Are you (Seller) aware of any of the following (Mark Yes (Y) if you are aware. Mark No (N) if you are
	1 7 4	Room additions, structural modifications, or other alterations or repairs made without necessary permits or not in compliance with building codes in effect at the time.
	Ø	Homeowners' associations or maintenance fees or assessments. If yes, complete the following:
		Name of association: Phone: and are: mandatory voluntary
		Fees or assessments are: \$ per and are: \(\preceip \) mandatory \(\preceip \) voluntary Any unpaid fees or assessment for the Property? \(\preceip \) yes \(\frac{\preceip}{\preceip} \) \(\preceip \) no If the Property is in more than one association, provide information about the other associations below or attach information to this notice.
	Ø	Any common area (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, describe:
	×	Any notices of violations of deed restrictions or governmental ordinances affecting the condition or use of the Property.
	Ħ	Any lawsuits or other legal proceedings directly or indirectly affecting the Property. (Includes, but is not limited to: divorce, foreclosure, heirship, bankruptcy, and taxes.)
	⊠	Any death on the Property except for those deaths caused by: natural causes, suicide, or accident unrelated to the condition of the Property.
J	Ń	Any condition on the Property which materially affects the health or safety of an individual.
	Þ	Any repairs or treatments, other than routine maintenance, made to the Property to remediate environmental hazards such as asbestos, radon, lead-based paint, urea-formaldehyde, or mold. If yes, attach any certificates or other documentation identifying the extent of the remediation (for example, certificate of mold remediation or other remediation).
J	Ø	Any rainwater harvesting system located on the Property that is larger than 500 gallons and that uses a

Concerning the Pro	perty at		465 Fal Kerrvi		Rd. E. 78028		
If the answer to any	of the items in t	Section 5 is yes, expla	ain (attach ad	lditional sh	eets if necessar	´y):	
		N/A	_				
	. ,			-			
	• •	not attached a surve	-				
regularly provide i	inspections and	ars, have you (Seller) d who are either lice es, attach copies and	nsed as ins	pectors o	r otherwise per	ports from persecution persec	sons who o perform
Inspection Date	Туре	Name of Inspec		<u> </u>		No. o	f Pages
				71-80			
Note: A buye Pr	er should not re operty. A buye	ely on the above-cite r should obtain inspe	ed reports a ections fron	s a reflec n inspecto	tion of the curr ors chosen by t	ent condition of the buyer.	the
Section 8. Check	any tax exemp	tion(s) which you (Se	eller) curren			y:	
☐ Homestead ☐ Wildlife Mana	igement	☐ Senior Citizer ☐ Agricultural		☐ Disa	ıbled ıbled Veteran		
Other:		/ Agricultural		Unk			
provider? \(\int \) yes	□ no	ever filed a clai	₹\$ _r				
insurance claim or	′ a settlement o	er received proceed or award in a legal pro es no If yes, ex	oceeding) a	nd not us	ed the proceed	is to make the re	enairs for
		A	P10				
equirements of Ch	napter 766 of th	ave working smoke e Health and Safety (y):	Code?*) 🔀	nstalled in unknown	n accordance v	with the smoke If no or unknown	detector , explain.
smoke detec which the dw know the bui	ctors installed in velling is located	and Safety Code req accordance with the l, including performand irements in effect in yo e information.	requirement ce, location, a	s of the bu and power	uilding code in e source requirer	effect in the area ments. If you do r	in not
of the buyer's evidence of t the buyer m specifies the	s family who will the hearing impa akes a written i locations for ins	to install smoke detec I reside in the dwelling irment from a licensed request for the seller stallation. The parties f smoke detectors to in	g is hearing-i d physician; a to install sn may agree v	mpaired; (a and (3) with noke dete	2) the buyer give hin 10 days afte ctors for the he	es the seller writter the effective date earing-impaired a	en te, nd
						. 1	

(TAR-1406) 01-01-16

Initialed by: Buyer: _____, ___ and Seller: W

(TAR-1406) 01-01-16

Signature of Buyer

Date

Printed Name: ______ Printed Name: _____

Date Signature of Buyer



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.

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CO	NCERNING THE PROPERTY AT		465 Fall Creek Rd. E. Kerrville, TX 78028						
Α.	DESCRIPTION OF ON-SITE SEWER FACILITY ON PROPERTY:								
	(1) Type of Treatment System:	Septic Tank	Aerobic Treatment	Unknown					
	(2) Type of Distribution System:	4.0.0		Unknown					
	(3) Approximate Location of Drain F	ield or Distribution	n System:	Unknown					
	(4) Installer:			 _ Inknown					
	(5) Approximate Age:			Unknown					
В.	MAINTENANCE INFORMATION:								
	Phone:	tractor: contract expir	ect for the on-site sewer facility? ration date: te aerobic treatment and certain nor						
	(2) Approximate date any tanks were	e last pumped? _	2001 ±						
	(3) Is Seller aware of any defect or n If yes, explain:		•						
	(4) Does Seller have manufacturer of	or warranty inform		Yes No					
C.	PLANNING MATERIALS, PERMITS								
	(1) The following items concerning the planning materials permit maintenance contract ma	for original insta	facility are attached: allation final inspection when Osation same warranty information same same same same same same same sam	SSF was installed					
	(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 k transferred to the buyer.	ouyer to have t	the permit to operate an on-si	te sewer facility					
TAF	-1407) 1-7-04 Initialed for Identifi	cation by Buyer	, and Seller W ,	Page 1 of 2					

Reno Realty Group, 800 Earl Garrett Kerrville, TX 78028 Phone: 830-257-5777 Fax: 830-257-5778 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>	Usage (gal/day) without water-saving devices	Usage (gal/day) with water- saving devices
Observe for the day III. (4.01. I I	005	400
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.

Signature of Seller William E. Gibson	57-11-14 Date	Signature of Seller Patricia M. Gibson	OT-WAN
Receipt acknowledged by:			
Signature of Buyer	Date	Signature of Buver	Date