



TEXAS ASSOCIATION OF REALTORS®  
SELLER'S DISCLOSURE NOTICE

©Texas Association of REALTORS®, Inc. 2014

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 SH 75  
Madisonville, Tx 77864

THIS NOTICE IS A DISCLOSURE OF SELLER'S KNOWLEDGE OF THE CONDITION OF THE PROPERTY AS OF THE DATE SIGNED BY SELLER AND IS NOT A SUBSTITUTE FOR ANY INSPECTIONS OR WARRANTIES THE BUYER MAY WISH TO OBTAIN. IT IS NOT A WARRANTY OF ANY KIND BY SELLER, SELLER'S AGENTS, OR ANY OTHER AGENT.

Seller ☒ is ☐ is not occupying the Property. If unoccupied (by Seller), how long since Seller has occupied the Property?  
☐ \_\_\_\_\_ or ☐ never occupied the Property

**Section 1. The Property has the items marked below: (Mark Yes (Y), No (N), or Unknown (U).)**

*This notice does not establish the items to be conveyed. The contract will determine which items will & will not convey.*

| Item                       | Y | N | U | Item                    | Y | N | U | Item                                                                 | Y | N | U |
|----------------------------|---|---|---|-------------------------|---|---|---|----------------------------------------------------------------------|---|---|---|
| Cable TV Wiring            | ✓ |   |   | Liquid Propane Gas:     |   | ✓ |   | Pump: <input type="checkbox"/> sump <input type="checkbox"/> grinder |   | ✓ |   |
| Carbon Monoxide Det.       |   | ✓ |   | -LP Community (Captive) |   | ✓ |   | Rain Gutters                                                         |   | ✓ |   |
| Ceiling Fans               | ✓ |   |   | -LP on Property         |   | ✓ |   | Range/Stove                                                          | ✓ |   |   |
| Cooktop                    |   | ✓ |   | Hot Tub                 |   | ✓ |   | Roof/Attic Vents                                                     | ✓ |   |   |
| Dishwasher                 |   | ✓ |   | Intercom System         |   | ✓ |   | Sauna                                                                |   | ✓ |   |
| Disposal                   | ✓ |   |   | Microwave               | ✓ |   |   | Smoke Detector                                                       | ✓ |   |   |
| Emergency Escape Ladder(s) |   |   | ✓ | Outdoor Grill           |   | ✓ |   | Smoke Detector – Hearing Impaired                                    |   | ✓ |   |
| Exhaust Fans               | ✓ |   |   | Patio/Decking           | ✓ |   |   | Spa                                                                  | ✓ | ✓ |   |
| Fences                     | ✓ |   |   | Plumbing System         | ✓ |   |   | Trash Compactor                                                      |   | ✓ |   |
| Fire Detection Equip.      | ✓ |   |   | Pool                    |   | ✓ |   | TV Antenna                                                           |   | ✓ |   |
| French Drain               |   | ✓ |   | Pool Equipment          |   | ✓ |   | Washer/Dryer Hookup                                                  | ✓ |   |   |
| Gas Fixtures               |   | ✓ |   | Pool Maint. Accessories |   | ✓ |   | Window Screens                                                       | ✓ |   |   |
| Natural Gas Lines          |   | ✓ |   | Pool Heater             |   | ✓ |   | Public Sewer System                                                  |   | ✓ |   |

| Item                            | Y | N | U | Additional Information                                                                                                                         |
|---------------------------------|---|---|---|------------------------------------------------------------------------------------------------------------------------------------------------|
| Central A/C                     | ✓ |   |   | <input checked="" type="checkbox"/> electric <input type="checkbox"/> gas number of units: <u>1</u>                                            |
| Evaporative Coolers             |   | ✓ |   | number of units: _____                                                                                                                         |
| Wall/Window AC Units            | ✓ |   |   | number of units: <u>2</u>                                                                                                                      |
| Attic Fan(s)                    |   | ✓ |   | if yes, describe: _____                                                                                                                        |
| Central Heat                    | ✓ |   |   | <input checked="" type="checkbox"/> electric <input type="checkbox"/> gas number of units: _____                                               |
| Other Heat                      | ✓ |   |   | if yes, describe: <u>WOOD BURNING STOVE</u>                                                                                                    |
| Oven                            | ✓ |   |   | number of ovens: <u>2</u> <input checked="" type="checkbox"/> electric <input type="checkbox"/> gas <input type="checkbox"/> other: _____      |
| Fireplace & Chimney             | ✓ |   |   | <input checked="" type="checkbox"/> wood <input type="checkbox"/> gas logs <input type="checkbox"/> mock <input type="checkbox"/> other: _____ |
| Carport                         | ✓ |   |   | <input type="checkbox"/> attached <input type="checkbox"/> not attached                                                                        |
| Garage                          |   | ✓ |   | <input type="checkbox"/> attached <input type="checkbox"/> not attached                                                                        |
| Garage Door Openers             |   | ✓ |   | number of units: _____ number of remotes: _____                                                                                                |
| Satellite Dish & Controls       | ✓ |   |   | <input type="checkbox"/> owned <input checked="" type="checkbox"/> leased from <u>DIRECT TV</u>                                                |
| Security System                 |   | ✓ |   | <input type="checkbox"/> owned <input type="checkbox"/> leased from _____                                                                      |
| Water Heater                    | ✓ |   |   | <input checked="" type="checkbox"/> electric <input type="checkbox"/> gas <input type="checkbox"/> other: _____ number of units: <u>1</u>      |
| Water Softener                  |   | ✓ |   | <input type="checkbox"/> owned <input type="checkbox"/> leased from _____                                                                      |
| Underground Lawn Sprinkler      | ✓ |   |   | <input type="checkbox"/> automatic <input checked="" type="checkbox"/> manual areas covered: <u>FRONT &amp; REAR</u>                           |
| Septic / On-Site Sewer Facility | ✓ |   |   | if yes, attach Information About On-Site Sewer Facility (TAR-1407)                                                                             |

(TAR-1406) 01-01-14

Texas First Real Estate, 1116 FM 109 New Ulm, TX 78950  
Doc Boudreaux

Initialed by: Buyer: \_\_\_\_\_, \_\_\_\_\_ and Seller: RHM

Phone: 903.322.3379 Fax: 903.322.4438  
Produced with zipForm® by zipLogix 18070 Fifteen Mile Road, Fraser, Michigan 48026 [www.zipLogix.com](http://www.zipLogix.com)

Page 1 of 5

McVey, Jon and



Concerning the Property at SH 75  
Madisonville, Tx 77864

Water supply provided by: ☐ city ☒ well ☐ MUD ☐ co-op ☐ unknown ☐ other: \_\_\_\_\_

Was the Property built before 1978? ☐ yes ☒ no ☐ unknown

(If yes, complete, sign, and attach TAR-1906 concerning lead-based paint hazards).

Roof Type: Composition Age: 5 yrs (approximate)

Is there an overlay roof covering on the Property (shingles or roof covering placed over existing shingles or roof covering)?

☐ yes ☒ no ☐ unknown

Are you (Seller) aware of any of the items listed in this Section 1 that are not in working condition, that have defects, or are need of repair? ☐ yes ☒ no If yes, describe (attach additional sheets if necessary): \_\_\_\_\_

Section 2. Are you (Seller) aware of any defects or malfunctions in any of the following?: (Mark Yes (Y) if you are aware and No (N) if you are not aware.)

| Item               | Y | N |
|--------------------|---|---|
| Basement           |   |   |
| Ceilings           |   |   |
| Doors              |   |   |
| Driveways          |   |   |
| Electrical Systems |   |   |
| Exterior Walls     |   |   |

| Item                 | Y | N |
|----------------------|---|---|
| Floors               |   |   |
| Foundation / Slab(s) |   |   |
| Interior Walls       |   |   |
| Lighting Fixtures    |   |   |
| Plumbing Systems     |   |   |
| Roof                 |   |   |

| Item                        | Y | N |
|-----------------------------|---|---|
| Sidewalks                   |   |   |
| Walls / Fences              |   |   |
| Windows                     |   |   |
| Other Structural Components |   |   |

If the answer to any of the items in Section 2 is yes, explain (attach additional sheets if necessary): \_\_\_\_\_

Section 3. Are you (Seller) aware of any of the following conditions: (Mark Yes (Y) if you are aware and No (N) if you are not aware.)

| Condition                                                                        | Y | N |
|----------------------------------------------------------------------------------|---|---|
| Aluminum Wiring                                                                  |   |   |
| Asbestos Components                                                              |   |   |
| Diseased Trees: <input type="checkbox"/> oak wilt <input type="checkbox"/> _____ |   |   |
| Endangered Species/Habitat on Property                                           |   |   |
| Fault Lines                                                                      |   |   |
| Hazardous or Toxic Waste                                                         |   |   |
| Improper Drainage                                                                |   |   |
| Intermittent or Weather Springs                                                  |   |   |
| Landfill                                                                         |   |   |
| Lead-Based Paint or Lead-Based Pt. Hazards                                       |   |   |
| Encroachments onto the Property                                                  |   |   |
| Improvements encroaching on others' property                                     |   |   |
| Located in 100-year Floodplain                                                   |   |   |
| Located in Floodway                                                              |   |   |
| Present Flood Ins. Coverage<br>(If yes, attach TAR-1414)                         |   |   |
| Previous Flooding into the Structures                                            |   |   |
| Previous Flooding onto the Property                                              |   |   |
| Located in Historic District                                                     |   |   |
| Historic Property Designation                                                    |   |   |
| Previous Use of Premises for Manufacture<br>of Methamphetamine                   |   |   |

| Condition                                                                | Y | N |
|--------------------------------------------------------------------------|---|---|
| Previous Foundation Repairs                                              |   |   |
| Previous Roof Repairs                                                    |   |   |
| Other Structural Repairs                                                 |   |   |
| Radon Gas                                                                |   |   |
| Settling                                                                 |   |   |
| Soil Movement                                                            |   |   |
| Subsurface Structure or Pits                                             |   |   |
| Underground Storage Tanks                                                |   |   |
| Unplatted Easements                                                      |   |   |
| Unrecorded Easements                                                     |   |   |
| Urea-formaldehyde Insulation                                             |   |   |
| Water Penetration                                                        |   |   |
| Wetlands on Property                                                     |   |   |
| Wood Rot                                                                 |   |   |
| Active infestation of termites or other wood<br>destroying insects (WDI) |   |   |
| Previous treatment for termites or WDI                                   |   |   |
| Previous termite or WDI damage repaired                                  |   |   |
| Previous Fires                                                           |   |   |
| Termite or WDI damage needing repair                                     |   |   |
| Single Blockable Main Drain in Pool/Hot<br>Tub/Spa*                      |   |   |

If the answer to any of the items in Section 3 is yes, explain (attach additional sheets if necessary):

\*A single blockable main drain may cause a suction entrapment hazard for an individual.

**Section 4. Are you (Seller) aware of any item, equipment, or system in or on the Property that is in need of repair, which has not been previously disclosed in this notice?** ☐ yes ☒ no If yes, explain (attach additional sheets if necessary):

**Section 5. Are you (Seller) aware of any of the following (Mark Yes (Y) if you are aware. Mark No (N) if you are not aware.)**

- | <u>Y</u>                 | <u>N</u>                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|--------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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.                                                                                                                                                                                                                                                                                                                                                                                               |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Homeowners' associations or maintenance fees or assessments. If yes, complete the following:<br>Name of association: _____<br>Manager's name: _____ Phone: _____<br>Fees or assessments are: \$ _____ per _____ and are: <input type="checkbox"/> mandatory <input type="checkbox"/> voluntary<br>Any unpaid fees or assessment for the Property? <input type="checkbox"/> yes (\$ _____) <input type="checkbox"/> no<br>If the Property is in more than one association, provide information about the other associations below or attach information to this notice. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any common area (facilities such as pools, tennis courts, walkways, or other) co-owned in undivided interest with others. If yes, complete the following:<br>Any optional user fees for common facilities charged? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, describe: _____                                                                                                                                                                                                                                                                    |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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"/> | Any lawsuits or other legal proceedings directly or indirectly affecting the Property. (Includes, but is not limited to: divorce, foreclosure, heirship, bankruptcy, and taxes.)                                                                                                                                                                                                                                                                                                                                                                                       |
| <input type="checkbox"/> | <input checked="" 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"/> | Any condition on the Property which materially affects the health or safety of an individual.                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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.<br>If yes, attach any certificates or other documentation identifying the extent of the remediation (for example, certificate of mold remediation or other remediation).                                                                                                                                                                                                     |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any rainwater harvesting system located on the property that is larger than 500 gallons and that uses a public water supply as an auxiliary water source.                                                                                                                                                                                                                                                                                                                                                                                                              |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | The Property is located in a propane gas system service area owned by a propane distribution system retailer.                                                                                                                                                                                                                                                                                                                                                                                                                                                          |



If the answer to any of the items in Section 5 is yes, explain (attach additional sheets if necessary):

Section 6. Seller ☐ has ☒ has not attached a survey of the Property. *Field Notes*

Section 7. 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:

| Inspection Date | Type | Name of Inspector | No. of Pages |
|-----------------|------|-------------------|--------------|
|                 |      |                   |              |
|                 |      |                   |              |
|                 |      |                   |              |
|                 |      |                   |              |

*Note: 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 chosen by the buyer.*

Section 8. Check any tax exemption(s) which you (Seller) currently claim for the Property:

- ☒ Homestead
- ☒ Senior Citizen
- ☐ Disabled
- ☐ Wildlife Management
- ☒ Agricultural
- ☐ Disabled Veteran
- ☐ Other:
- ☐ Unknown

Section 9. Have you (Seller) ever filed a claim for damage to the Property with any insurance provider? ☒ yes ☒ no *Roof*

Section 10. Have you (Seller) ever received proceeds for a claim for damage to the Property (for example, an insurance claim or a settlement or award in a legal proceeding) and not used the proceeds to make the repairs for which the claim was made? ☐ yes ☒ no If yes, explain:

Section 11. Does the property have working smoke detectors installed in accordance with the smoke detector requirements of Chapter 766 of the Health and Safety Code? ☒ unknown ☐ no ☐ yes. If no or unknown, explain. (Attach additional sheets if necessary):

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

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

Signature of Seller: Jon M. McVey Date: 04.06.2016

Printed Name: Jon M. McVEY Signature of Seller: Rebecca H. McVey Date: 04.06.2016

Printed Name: REBECCA H. McVEY

- (1) The Texas Department of Public Safety maintains a database that the public 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) If the property is located in a coastal area that is seaward of the Gulf Intracoastal 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.
- (3) If you are basing your offers on square footage, measurements, or boundaries, you should have those items independently measured to verify any reported information.
- (4) The following providers currently provide service to the property:

Electric: Entergy phone #: 1-800-968-8243  
Sewer: \_\_\_\_\_ phone #: \_\_\_\_\_  
Water: \_\_\_\_\_ phone #: \_\_\_\_\_  
Cable: Direct TV phone #: 1-800-531-5000  
Trash: \_\_\_\_\_ phone #: \_\_\_\_\_  
Natural Gas: \_\_\_\_\_ phone #: \_\_\_\_\_  
Phone Company: AT&T phone #: 1-800-331-0500  
Propane: \_\_\_\_\_ phone #: \_\_\_\_\_

- The undersigned Buyer acknowledges receipt of the foregoing notice.

|                     |      |                     |      |
|---------------------|------|---------------------|------|
| Signature of Buyer  | Date | Signature of Buyer  | Date |
| Printed Name: _____ |      | Printed Name: _____ |      |