

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.

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

CONCERNING THE PROPERTY AT

COBB PROPERTIES, 10156 FM 219 Clifton, TX 76634

Stefanie Cobb

AGENT.												SELLER'S AGENTS, OR AN		
							unoccupied (by Selver occupied the Pro			ow I	ong	since Seller has occupied the	Pro	perty
							•	•	-					
Section 1. The Propert	y ha	as t stabl	ne ish	item the it	s ma	arke o be	d below: (Mark Yes	Ct W), I vill	VO (N), (rmin	or Unknown (U).) e which items will & will not conve	21/	
Item	Y			1 on	Item		conveyed. The contra	Y		U]	Item	γ.	NU
Cable TV Wiring	~		П		Liqu	id P	ropane Gas:	-	+		1	Pump: ☐ sump ☐ grinder		
Carbon Monoxide Det.	~			Ī	-LP Community (Captive)							Rain Gutters		1
Ceiling Fans	V	_			-LP	on F	Property	/				Range/Stove	~	
Cooktop	V				Hot	Tub			1	1		Roof/Attic Vents		-
Dishwasher	~				Inte	rcom	System		v	1		Sauna		V
Disposal		~			Mici	owa	ve	J			1	Smoke Detector	2	-
Emergency Escape					Out	door	Grill			-	1	Smoke Detector - Hearing		
Ladder(s)		~							~			Impaired		
Exhaust Fans			-	-	Pati	o/De	ecking	V	-		1	Spa	H	4
Fences	~				Plur	nbin	g System	1				Trash Compactor		V
Fire Detection Equip.		1			Poo	1			v	-		TV Antenna		1
French Drain		~			Pool Equipment				~			Washer/Dryer Hookup	1	
Gas Fixtures		V			Pool Maint. Accessories							Window Screens	~	
Natural Gas Lines		1			Pool Heater				~	_		Public Sewer System		V
Item				T	YN	U			-	١ddi	tion	al Information		
Central A/C						1	☐ electric ☐ gas	n						
Evaporative Coolers					~	1	number of units:				• • •			
Wall/Window AC Units					-		number of units:3							
Attic Fan(s)						1	if yes, describe:							
Central Heat					7		☐ electric ☐ gas number of units:							
Other Heat					1		if yes, describe: Oropane heater							
Oven					1		number of ovens:		1		elec			
Fireplace & Chimney					~	1	□ wood □ gas lo	gs						
Carport					~		attached no							
Garage					V	1	attached no	ot at	tac	chec	1			
					number of units: number of remotes:									
Satellite Dish & Controls					owned Deased from Dish Network									
Security System														
Water Heater	Water Heater ✓ □ electric □ gas □ other: number of units:													
Water Softener	Water Softener													
Underground Lawn Sprii	nkle	r			V	1	automatic n	nanı	ua	a	reas	covered:		
Septic / On-Site Sewer F												On-Site Sewer Facility (TAR-1	407)
TAR-1406) 01-01-14			Init	ialed	by:	Buve	er:		ar	nd S	eller	. P	age	1 of

Fax: 972-534-1732

info on brokerage

Phone: 972-989-5220

Produced with zipForm® by zipLogix 18070 Fifteen Mile Road, Fraser, Michigan 48026 www.zipLogix.com

Concerning the Property at _	1609	Unc	olr	1	Dr.				
Water supply provided by:	_	_				wn E	1 other:		
vvater supply provided by: L	City Sew			CO-OP	unkno		Jotner.		-
Was the Property built befor									
(If yes, complete, sign,	and attach T	ΓAR-1906 coι	ncer	ning le	ead-based	paint h	nazards).		
Roof Type: Tin			Ag	e:	81	(S.	(appr	oxima	ate)
Is there an overlay roof cover	ering on the	Property (shi	inale	es or r	oof coveri	ng plac	ed over existing shingles or roof co	verin	a)?
yes no unknown		r roporty (om	9.	0		g piac	ou or or ormaning ormingroom or room or		9/
yesno ▶ unknown	•								
Are you (Seller) aware of an	v of the iten	ns listed in th	is S	ection	1 that are	not in	working condition, that have defec-	ts, or	are
need of repair?	Ino If you	describe (atta	ach	additio	nal shoot	s if nec	essary):	-	
Theed of repail? Lives L	Jilo il yes,	describe (alle	mA.	additic	mai snect	3 11 1100	coodity).	-	
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									-
Castian O Ara vau (Calla	r) owers of	any defeate	or	malfuu	notione ir	any o	f the following?: (Mark Yes (Y) if	VOIL	are
			U	manu	ictions ii	i ally O	Title following:. (Mark Tes (1) in	you	uic
aware and No (N) if you are	e not aware	;.)							
Item	YN	Item			Υ	N	Item	Υ	N
Basement		Floors			1		Sidewalks		
	1		- / 0	1-1-1-1		1		_	
Ceilings		Foundation		iab(s)			Walls / Fences		
Doors		Interior Wa	alls				Windows		
Driveways		Lighting Fi	xtur	es		~	Other Structural Components		4
Electrical Systems		Plumbing 9	Svst	ems					
Exterior Walls		Roof	,						
Exterior vvalio		11001	-	_					
in master bed	ana	living i	ar	ea	Poor	ing.	neets if necessary): 2 SOFT is Replace sheet ro	ckc.	
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(TAR-1406) 01-01-14

Cor	ncerning	g the Property at 1009 United Dr.
If th	e answ	er to any of the items in Section 3 is yes, explain (attach additional sheets if necessary): Tin roof approx. & yrs. ago. House is settleling.
Sec	etion 4.	*A single blockable main drain may cause a suction entrapment hazard for an individual. Are you (Seller) aware of any item, equipment, or system in or on the Property that is in need of repair, so not been previously disclosed in this notice? yes you for the property that is in need of repair, and the property disclosed in this notice? yes you for yes, explain (attach additional sheets if
	essary)	•
	etion 5.	Room additions, structural modifications, or other alterations or repairs made without necessary permits or not
	d	In compliance with building codes in effect at the time. Homeowners' associations or maintenance fees or assessments. If yes, complete the following: Name of association: Manager's name: Fees or assessments are: \$
	g	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:
	V	Any notices of violations of deed restrictions or governmental ordinances affecting the condition or use of the Property.
	उ	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.
	T	Any condition on the Property which materially affects the health or safety of an individual.
	9	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).
	G/	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.
	Q	The Property is located in a propane gas system service area owned by a propane distribution system retailer.

(TAR-1406) 01-01-14

Initialed by: Buyer: ____

and Seller:

Page 3 of 5

Concerning the Pro	perty at0	09 Lincoln D	· · · · · · · · · · · · · · · · · · ·	
If the answer to any	of the items in S	Section 5 is yes, explain (atta	ch additional sheets if necessary):
<u> </u>				
-				
,				
Section 6. Seller	⊓has 🗹 has	not attached a survey of th	e Property.	
regularly provide	inspections and		ved any written inspection reps s inspectors or otherwise perr te the following:	
Inspection Date	Type	Name of Inspector		No. of Pages
		· ·		
			orts as a reflection of the curre a from inspectors chosen by th	
☐ Homestead ☐ Wildlife Mans ☐ Other: ☐ Section 9. Have provider? ☐ yes Section 10. Have insurance claim of which the claim w ☐ Section 11. Does requirements of C	you (Seller) you (Seller) you (Seller) ev r a settlement o vas made? the property he hapter 766 of the	Senior Citizen Agricultural ever filed a claim for er received proceeds for a or award in a legal proceedi es in	urrently claim for the Property: Disabled Disabled Veteran Unknown r damage to the Property a claim for damage to the Property and not used the proceeds cors installed in accordance were	with any insurance operty (for example, and its to make the repairs for example, with the smoke detector
smoke dete which the d know the bu local buildin	ctors installed in welling is located uilding code requ g official for more y require a seller	a accordance with the required, including performance, local lirements in effect in your areal endormation. To install smoke detectors for	one-family or two-family dwelling ements of the building code in e ation, and power source requirem ea, you may check unknown abo r the hearing impaired if: (1) the b	ffect in the area in nents. If you do not ove or contact your ouyer or a member

(TAR-1406) 01-01-14

Initialed by: Buyer: ___

and Seller:

Page 4 of 5



TEXAS ASSOCIATION OF REALTORS®

INFORMATION ABOUT ON-SITE SEWER FACILITY

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CON	ERNING THE PROPERTY AT						
A.	ESCRIPTION OF ON-SITE SEWER FACILITY ON PROPERTY:						
	1) Type of Treatment System: Septic Tank Aerobic Treatment	Unknown					
		Unknown					
	2) Type of Distribution System:	Unknown					
	4) Installer:	— <u></u> Unknown					
	5) Approximate Age:	🖳 Únknown					
В.	MAINTENANCE INFORMATION:						
	1) Is Seller aware of any maintenance contract in effect for the on-site sewer facility? If yes, name of maintenance contractor: Phone: contract expiration date: Maintenance contracts must be in effect to operate aerobic treatment and certain not sewer facilities.)	n-standard" on-site					
	(2) Approximate date any tanks were last pumped?						
	3) Is Seller aware of any defect or malfunction in the on-site sewer facility? If yes, explain:						
^	4) Does Seller have manufacturer or warranty information available for review?						
C.	The following items concerning the on-site sewer facility are attached: planning materials permit for original installation final inspection when o maintenance contract manufacturer information warranty information	SSF was installed					
	2) "Planning materials" are the supporting materials that describe the on-site sews submitted to the permitting authority in order to obtain a permit to install the on-site se						
	 It may be necessary for a buyer to have the permit to operate an on-si transferred to the buyer. 	te sewer facility					
(TAF	407) 1-7-04 Initialed for Identification by Buyer, and Seller	Page 1 of 2					
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COBB PROPERTIES, 10156 FM 219 Clifton, TX 76634 Phone: 972-989-5220 Fax: 972-534-1732

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- <u>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.

Signature of Seller	8-16-15 Date	Signature of Seller	Date
Receipt acknowledged by:			
Signature of Buyer	Date	Signature of Buyer	Date