TEXAS ASSOCIATION OF REALTORS®

SELLER'S DISCLOSURE NOTICE

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 2909 COUNTY ROAD 226 HICO, TX 76457

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
Cable TV Wiring	X		
Carbon Monoxide Det.		X	
Ceiling Fans	X		
Cooktop	X		
Dishwasher (2)	X		
Disposal	X		
Emergency Escape Ladder(s)		X	
Exhaust Fans		X	
Fences	X		
Fire Detection Equip.	X		
French Drain	X		
Gas Fixtures	X		
Natural Gas Lines		X	

Item	Y	N	U
Liquid Propane Gas:	X		
-LP Community (Captive)		X	
-LP on Property	X		
Hot Tub	X		
Intercom System	X		
Microwave	X		
Outdoor Grill		X	
Patio/Decking		X	
Plumbing System	X		
Pool		X	
Pool Equipment		X	
Pool Maint. Accessories		X	
Pool Heater		X	

Item	Y	N	U
Pump: ☐ sump ☐ grinder		X	
Rain Gutters	X		
Range/Stove	X		
Roof/Attic Vents	X		
Sauna		X	
Smoke Detector	X		
Smoke Detector – Hearing Impaired		X	
Spa		X	
Trash Compactor	X		
TV Antenna		X	
Washer/Dryer Hookup	X		
Window Screens	X		
Public Sewer System		X	

Item	Y	N	U	Additional Information
Central A/C	X			☒ electric ☐ gas number of units: 4
Evaporative Coolers		X		number of units: _____
Wall/Window AC Units		X		number of units: _____
Attic Fan(s)		X		if yes, describe: _____
Central Heat	X			☒ electric ☐ gas number of units: _____
Other Heat		X		if yes, describe: _____
Oven	X			number of ovens: 2 ☒ electric ☐ gas ☐ other: _____
Fireplace & Chimney	X			☐ wood ☒ gas logs ☐ mock ☐ other: remote control
Carport		X		☐ attached ☐ not attached
Garage 3 (car)	X			☒ attached ☐ not attached
Garage Door Openers	X			number of units: 2 number of remotes: 2
Satellite Dish & Controls	X			☒ owned ☐ leased from _____
Security System	X			☒ owned ☐ leased from _____
Water Heater	X			☒ electric ☐ gas ☐ other: _____ number of units: _____
Water Softener	X			☒ owned ☐ leased from _____
Underground Lawn Sprinkler	X			☒ automatic ☐ manual areas covered: _____
Septic / On-Site Sewer Facility	X			if yes, attach Information About On-Site Sewer Facility (TAR-1407)

Williams Trew Sotheby's International Realty 3707 Camp Bowie Blvd Ste 300 Fort Worth, TX 76107 Phone: 817-732-8400 Fax: 817-732-8509
Ann Feriend

Concerning the Property at 2909 COUNTY ROAD 226 HICO, TX 76457

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: Metal Age: 6 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		X
Ceilings		X
Doors		X
Driveways		X
Electrical Systems		X
Exterior Walls		X

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

Item	Y	N
Sidewalks		X
Walls / Fences		X
Windows		X
Other Structural Components		X

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		X
Asbestos Components		X
Diseased Trees: ☐ oak wilt ☐ _____		X
Endangered Species/Habitat on Property		X
Fault Lines		X
Hazardous or Toxic Waste		X
Improper Drainage		X
Intermittent or Weather Springs		X
Landfill		X
Lead-Based Paint or Lead-Based Pt. Hazards		X
Encroachments onto the Property		X
Improvements encroaching on others' property		X
Located in 100-year Floodplain		X
Located in Floodway		X
Present Flood Ins. Coverage (If yes, attach TAR-1414)		X
Previous Flooding into the Structures		X
Previous Flooding onto the Property		X
Previous Fires		X
Previous Use of Premises for Manufacture of Methamphetamine		X

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

Concerning the Property at 2909 COUNTY ROAD 226 HICO, TX 76457

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.)

Y	N	
☐	☒	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.
☐	☒	Homeowners' associations or maintenance fees or assessments. If yes, complete the following: Name of association: _____ Manager's name: _____ Phone: _____ Fees or assessments are: $ _____ per _____ and are: ☐ mandatory ☐ voluntary Any unpaid fees or assessment for the Property? ☐ yes ($ _____) ☐ no If the Property is in more than one association, provide information about the other associations below or attach information to this notice.
☐	☒	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.
☐	☒	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.
☐	☒	Any condition on the Property which materially affects the health or safety of an individual.
☐	☒	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).
☐	☒	Any rainwater harvesting system connected to the property's public water supply that is able to be used for indoor potable purposes.

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

Concerning the Property at _____

Section 6. Seller ☐ has ☐ has not attached a survey of the Property.

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 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 10. 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.

Seller acknowledges that the statements in this notice are true to the best of Seller's belief and that no person, including the broker(s), has instructed or influenced Seller to provide inaccurate information or to omit any material information.

Jack A. Mayer 4-16-13 Jean C Mayer 4-16-2013
Signature of Seller Date Signature of Seller Date
Printed Name: Jack Mayer Printed Name: JEAN C. MAYER

Concerning the Property at 2909 COUNTY ROAD 226 HICO, TX 76457

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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.

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

Section 9. 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:

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Seller acknowledges that the statements in this notice are true to the best of Seller's belief and that no person, including the broker(s), has instructed or influenced Seller to provide inaccurate information or to omit any material information.

Jack A. Mayer 4-22-12 Jean C Mayer 4-22-2012
Signature of Seller Date Signature of Seller Date
Printed Name: JACK A MAYER Printed Name: JEAN C MAYER

Concerning the Property at 2909 COUNTY ROAD 226 HICO, TX 76457

ADDITIONAL NOTICES TO BUYER:

(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 . 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:	United CO-OP	phone #:	
Sewer:	Septic	phone #:	
Water:	Well	phone #:	
Cable:	DSL (Computer)	phone #:	
Trash:		phone #:	
Natural Gas:		phone #:	
Phone Company:	Century Link	phone #:	
Propane:		phone #:	

(5) This Seller's Disclosure Notice was completed by Seller as of the date signed. The brokers have relied on this notice as true and correct and have no reason to believe it to be false or inaccurate. YOU ARE ENCOURAGED TO HAVE AN INSPECTOR OF YOUR CHOICE INSPECT THE PROPERTY.

The undersigned Buyer acknowledges receipt of the foregoing notice.

Signature of Buyer	Date	Signature of Buyer	Date
Printed Name:		Printed 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.

CONCERNING THE PROPERTY AT 2909 CR 226 HICO TX 76457

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

(1) Type of Treatment System: ☒ Septic Tank ☐ Aerobic Treatment ☐ Unknown
☐ _____

(2) Type of Distribution System: _____ ☐ Unknown

(3) Approximate Location of Drain Field or Distribution System: _____ ☐ Unknown
West of House

(4) Installer: _____ ☐ Unknown

(5) Approximate Age: 2006 ☐ 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? 2007

(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.**

COBB PROPERTIES 10156 FM 219 Clifton, TX 76634
Phone: 972-989-5220 Fax: 972-534-1732 Stefanie Cobb

Untitled

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.

Facility	Usage (gal/day) without water-saving devices	Usage (gal/day) with water-saving devices
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.

Jack A. Mayer 4-23-2013
Signature of Seller Date

Joan C Mayer 4-23-2013
Signature of Seller Date

Receipt acknowledged by:

Signature of Buyer Date

Signature of Buyer Date

X New Installation

___ Modification

HAMILTON COUNTY

APPLICATION FOR ON-SITE SEWAGE FACILITY

09-Waco (TCEQ Regional Number)

COUNTY OF INSTALLATION-Hamilton

Office Use Only
38-04
Application No.
9/28/04
Date
$ 175.00
Amount

1. Property Owner's Name: Mayer (Last) ~~Fred~~ Jean (First) (Middle)
2. 911 Address Required: 3125 CR 226 Hico TX 76457 (Administrative Action 08-23-04)
3. Daytime Telephone No.: 830 606 1487
4. Site Address: 3125 CR 226 Hico TX 76457
5. Legal Description: Sec.____ Block____ Lot____ Plat Date____

   Subdivision:____

   Other than Subdivision: Acreage: 99 Survey Name: T.J. Green Vol. 358 Pg. 466 Abstract Name/No.:____
6. Source of Water: ☑ Private Well ☐ Public Water Supply____ (Name of Supplier)
7. Single Family Residence: No. of Bedrooms 3 Living Area (sq ft) 1480
8. Commercial/Institutional (including multi-family residences) Type:____

   No. of Employees/Occupants/Units:____ Days Occupied Per Week:____
9. Site Evaluator:____ License No.____

   Phone No.:____
10. Designer:____ License No. (PE or RS)____

    Phone No.:____
11. Installer:____ License No.____

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to Macky Thedford, Hamilton County On-Site Sewage Inspector to enter upon the above described property for the purpose of soil/site evaluation and investigation of an on-site sewage facility.

If you have questions on how to fill out this form or about the on-site sewage facility program, please contact us at the Hamilton County Clerk's office or at 254-386-3518. Individuals are entitled to request and review their personal information that the agency gathers on its forms. They may also have any errors in their information corrected. To review such information, contact us at 254-386-3518.

12. ____ (Signature of Owner) ____ (Date)

ATTACH A COPY OF THE SURVEY PLAT FOR YOUR PROPERTY UPON WHICH THIS SYSTEM IS TO BE INSTALLED. (ADOPTED 4-26-2004)

HAMILTON COUNTY ON-SITE PROGRAM

SITE EVALUATION AND PLANNING MATERIALS FOR AN ON-SITE SEWAGE FACILIT

The following information must be submitted with the design package for review by Hamilton Coun
Failure to include or address all of the following items may result in approval delays.

Application No._____

Applicant/Site Information		Site Evaluator Information	
Name	Jean Mayers	**Name**	James T. Young
Address	3125 CR 226	**Address**	2703 CR 455
City, State, Zip	Hico Texas	**City, State, Zip**	Stephenville, Tex. 764
Phone No.		**Phone No.**	254-968-6014
County	Hamilton Co.	**License No.**	PE 18748

Additional Information:

SITE EVALUATION: A minimum of two soil borings or backhoe pits must be excavated at opposite ends the proposed disposal area. The borings or pits must be excavated to a depth of two feet below the propo excavation, or to a restrictive horizon, whichever is less. The boring or pit locations must be indicated. Thi report shall include a groundwater evaluation, a surface drainage analysis, and all applicable minimum separation requirements.

PLANNING MATERIALS: The proposed treatment and disposal system shall be prepared based on the si evaluation. The submittal requirements must include the following details.

- ☐ A scale drawing of the on-site sewage facility, showing all structures served.
- ☐ Submittals prepared by a professional engineer or professional sanitarian must be sealed, dated and signed.
- ☐ Proposed designs must comply with all separation distances identified in Table X.
- ☐ A sectional view of the tanks, including pump tanks, and excavations must be submitted.

Soil Boring/Backhoe Pit Number #1

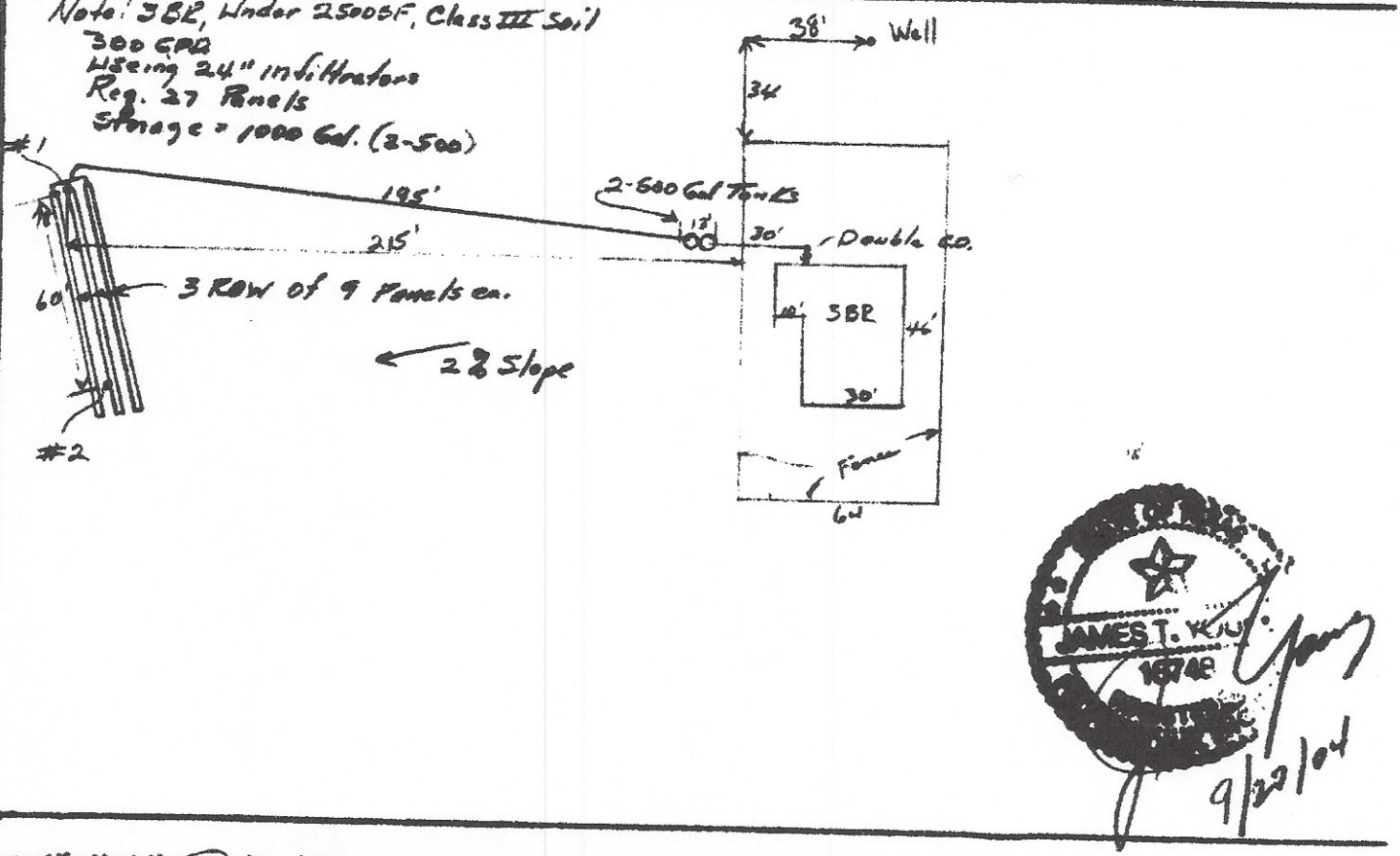
Depth (Feet)	Soil Class	Gravel Analysis	Restrictive Horizon	Groundwater	Topography	Flood H
0	Class III					
1	Sandy Loam					
2 (2½)						
3	Class III					
4	Sandy Clay Loam					
5						
6						
7						

Soil Boring/Backhoe Pit Number #2

Depth (Feet)	Soil Class	Gravel Analysis	Restrictive Horizon	Groundwater	Topography	Floo
0	Class II Sandy Loam					
1						
2 (2½)						
3	Class III Sandy C/L Loam					
4						
5 (5')						
6						
7						

Schematic of Lot or Tract/Site Drawing

Scale: 1 inch=50 feet/or appropriate



I certify that the results of this report are based on my site observations and are accurate to the best of my ability.

Signature: _____ (Site Evaluator)

Date 9/22/04

ON-SITE SEWAGE FACILITY
TECHNICAL INFORMATION FOR PERMIT

APPLICATION # _____

**DO NOT BEGIN CONSTRUCTION PRIOR TO APPLICATION APPROVAL.
UNAUTHORIZED CONSTRUCTION CAN RESULT IN CIVIL AND/OR ADMINISTRATIVE PENALTIES.**

Owner's Name: Dean Mayer County: Hamilton

Professional design required? ☐ Yes ☒ No If yes, professional design attached: ☐ Yes ☐ No

I. SEWER (House drain):

Type and Size of Pipe: 3" Min Sch 40, 24 Slope of Sewer Pipe to Tank: Min 1/8" per ft.

II. DAILY WASTEWATER USAGE RATE: Q= 300 (gallons/day)

Water Saving Devices: ☐ Yes ☒ No

III. TREATMENT UNIT: ☐ Septic Tank ☐ Aerobic Unit

A. • Tank Dimensions: _____ • Liquid Depth (Bottom of Tank to Outlet): _____

• Size Required: 1000 • Size Proposed: 1000 (2-500 Gal Tanks

• Manufacturer: _____ • Material/Model #: _____

• Pretreatment Tank: ☐ Yes Size: _____ (gal) ☐ No ☐ N/A

B. Other: _____

(Please attach description)

IV. DISPOSAL SYSTEM:

Type: 24" Infiltrators

• Area Required: 1500SF-40%= 900SF • Area Proposed: 900SF (27 Panels)

V. ADDITIONAL INFORMATION:

NOTE-THIS INFORMATION MUST BE ATTACHED FOR REVIEW TO BE COMPLETED.

A. Soil/Site Evaluation

B. Planning Materials

The attached checklist details those items that must be addressed under each of these categories.

James Young — Designer's Signature

PE 18748 — License No.

9/27/04 — Date