



APPROVED BY THE TEXAS REAL ESTATE COMMISSION (TREC)

10-23-2013

SELLER'S DISCLOSURE OF PROPERTY CONDITION

CONCERNING THE PROPERTY AT _____

469
CR 370

El Campo

(Street Address and City)

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 PURCHASER MAY WISH TO OBTAIN. IT IS NOT A WARRANTY OF ANY KIND BY SELLER OR SELLER'S AGENTS.

Seller ☒ is ☐ is not occupying the Property. If unoccupied, how long since Seller has occupied the Property? _____

1. The Property has the items checked below [Write Yes (Y), No (N), or Unknown (U)]:

<input checked="" type="checkbox"/> Range	<input checked="" type="checkbox"/> Oven	<input checked="" type="checkbox"/> Microwave
<input checked="" type="checkbox"/> Dishwasher	<input checked="" type="checkbox"/> Trash Compactor	<input checked="" type="checkbox"/> Disposal
<input checked="" type="checkbox"/> Washer/Dryer Hookups	<input checked="" type="checkbox"/> Window Screens	<input checked="" type="checkbox"/> Rain Gutters
<input checked="" type="checkbox"/> Security System	<input checked="" type="checkbox"/> Fire Detection Equipment	<input checked="" type="checkbox"/> Intercom System
	<input checked="" type="checkbox"/> Smoke Detector	
	<input checked="" type="checkbox"/> Smoke Detector-Hearing Impaired	
	<input checked="" type="checkbox"/> Carbon Monoxide Alarm	
	<input checked="" type="checkbox"/> Emergency Escape Ladder(s)	
<input checked="" type="checkbox"/> TV Antenna	<input checked="" type="checkbox"/> Cable TV Wiring	<input checked="" type="checkbox"/> Satellite Dish
<input checked="" type="checkbox"/> Ceiling Fan(s)	<input checked="" type="checkbox"/> Attic Fan(s)	<input checked="" type="checkbox"/> Exhaust Fan(s)
<input checked="" type="checkbox"/> Central A/C	<input checked="" type="checkbox"/> Central Heating	<input checked="" type="checkbox"/> Wall/Window Air Conditioning
<input checked="" type="checkbox"/> Plumbing System	<input checked="" type="checkbox"/> Septic System	<input checked="" type="checkbox"/> Public Sewer System
<input type="checkbox"/> Patio/Decking	<input checked="" type="checkbox"/> Outdoor Grill	<input checked="" type="checkbox"/> Fences
<input checked="" type="checkbox"/> Pool	<input checked="" type="checkbox"/> Sauna	<input checked="" type="checkbox"/> Spa <input checked="" type="checkbox"/> Hot Tub
<input checked="" type="checkbox"/> Pool Equipment	<input checked="" type="checkbox"/> Pool Heater	<input checked="" type="checkbox"/> Automatic Lawn Sprinkler System
<input checked="" type="checkbox"/> Fireplace(s) & Chimney (Woodburning)		<input checked="" type="checkbox"/> Fireplace(s) & Chimney (Mock)
<input checked="" type="checkbox"/> Natural Gas Lines		<input checked="" type="checkbox"/> Gas Fixtures
<input checked="" type="checkbox"/> Liquid Propane Gas:	<input checked="" type="checkbox"/> LP Community (Captive)	<input checked="" type="checkbox"/> LP on Property
Garage: <input checked="" type="checkbox"/> Attached	<input checked="" type="checkbox"/> Not Attached	<input checked="" type="checkbox"/> Carport
Garage Door Opener(s): No	<input type="checkbox"/> Electronic	<input type="checkbox"/> Control(s)
Water Heater: Yes	<input checked="" type="checkbox"/> Gas	<input checked="" type="checkbox"/> Electric
Water Supply: Well City	<input checked="" type="checkbox"/> Well <input checked="" type="checkbox"/> MUD	<input type="checkbox"/> Co-op
Roof Type: Metal		Age: 2 years (approx.)

Are you (Seller) aware of any of the above items that are not in working condition, that have known defects, or that are in need of repair? ☐ Yes ☒ No ☐ Unknown. If yes, then describe. (Attach additional sheets if necessary): _____

TREC No. OP-H

2. Does the property have working smoke detectors installed in accordance with the smoke detector requirements of Chapter 766, Health and Safety Code? ☒ Yes ☐ No ☐ Unknown. If the answer to this question is 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 the installation. The parties may agree who will bear the cost of installing the smoke detectors and which brand of smoke detectors to install.

3. Are you (Seller) aware of any known defects/malfunctions in any of the following? Write Yes (Y) if you are aware, write No (N) if you are not aware.

<input checked="" type="checkbox"/> Interior Walls	<input checked="" type="checkbox"/> Ceilings	<input checked="" type="checkbox"/> Floors
<input checked="" type="checkbox"/> Exterior Walls	<input checked="" type="checkbox"/> Doors	<input checked="" type="checkbox"/> Windows
<input checked="" type="checkbox"/> Roof	<input checked="" type="checkbox"/> Foundation/Slab(s)	<input checked="" type="checkbox"/> Sidewalks
<input checked="" type="checkbox"/> Walls/Fences	<input checked="" type="checkbox"/> Driveways	<input checked="" type="checkbox"/> Intercom System
<input checked="" type="checkbox"/> Plumbing Sewers/Septics	<input checked="" type="checkbox"/> Electrical Systems	<input checked="" type="checkbox"/> Lighting Fixtures
<input checked="" type="checkbox"/> Other Structural Components (Describe): _____		

If the answer to any of the above is yes, explain. (Attach additional sheets if necessary): _____

4. Are you (Seller) aware of any of the following conditions? Write Yes (Y) if you are aware, write No (N) if you are not aware.

<input checked="" type="checkbox"/> Active Termites (includes wood destroying insects)	<input checked="" type="checkbox"/> Previous Structural or Roof Repair
<input checked="" type="checkbox"/> Termite or Wood Rot Damage Needing Repair	<input checked="" type="checkbox"/> Hazardous or Toxic Waste
<input checked="" type="checkbox"/> Previous Termite Damage	<input checked="" type="checkbox"/> Asbestos Components
<input checked="" type="checkbox"/> Previous Termite Treatment	<input checked="" type="checkbox"/> Urea-formaldehyde Insulation
<input checked="" type="checkbox"/> Previous Flooding	<input checked="" type="checkbox"/> Radon Gas
<input checked="" type="checkbox"/> Improper Drainage	<input checked="" type="checkbox"/> Lead Based Paint
<input checked="" type="checkbox"/> Water Penetration	<input checked="" type="checkbox"/> Aluminum Wiring
<input checked="" type="checkbox"/> Located in 100-Year Floodplain	<input checked="" type="checkbox"/> Previous Fires
<input checked="" type="checkbox"/> Present Flood Insurance Coverage	<input checked="" type="checkbox"/> Unplatted Easements
<input checked="" type="checkbox"/> Landfill, Settling, Soil Movement, Fault Lines	<input checked="" type="checkbox"/> Subsurface Structure or Pits
<input checked="" type="checkbox"/> Single Blockable Main Drain in Pool/Hot Tub/Spa*	<input checked="" type="checkbox"/> Previous Use of Premises for Manufacture of Methamphetamine

If the answer to any of the above is yes, explain. (Attach additional sheets if necessary): _____

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

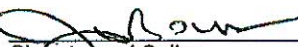
5. Are you (Seller) aware of any item, equipment, or system in or on the Property that is in need of repair? ☐ Yes (if you are aware)
☒ No (if you are not aware) If yes, explain. (Attach additional sheets if necessary): _____

6. Are you (Seller) aware of any of the following? Write Yes (Y) if you are aware, write No (N) if you are not aware.

- ☒ Room additions, structural modifications, or other alterations or repairs made without necessary permits or not in compliance with building codes in effect at that time.
☒ Homeowners' Association or maintenance fees or assessments.
☒ Any "common area" (facilities such as pools, tennis courts, walkways, or other areas) co-owned in undivided interest with others.
☒ Any notices of violations of deed restrictions or governmental ordinances affecting the condition or use of the Property.
☒ Any condition on the Property which materially affects the physical health or safety of an individual.
☒ 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.
☒ Any lawsuits directly or indirectly affecting the Property.

If the answer to any of the above is yes, explain. (Attach additional sheets if necessary): _____

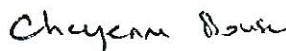
7. If the property is located in a coastal area that is seaward of the Gulf Intracoastal Waterway or within 1,000 feet of the mean high tide bordering the Gulf of Mexico, the property may be subject to the Open Beaches Act or the Dune Protection Act (Chapter 61 or 63, Natural Resources Code, respectively) 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.


Signature of Seller
Frank J. Drastata

Date

~~Signature of Seller~~

Date

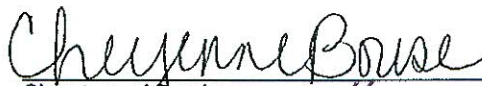


The undersigned purchaser hereby acknowledges receipt of the foregoing notice.

Signature of Purchaser

Date


J. G. Bouse



Signature of ~~Purchaser~~ *seller*

Date

Cheyenne Bouse