



# SELLER'S DISCLOSURE NOTICE

TO BE COMPLETED BY SELLER(S)

CONCERNING THE PROPERTY AT \_\_\_\_\_

8617 FM 1616

Athens

(STREET ADDRESS AND CITY)

Henderson

COUNTY

**NOTE:** Effective January 1, 1994, Section 5.008 of the Texas Property Code (the "Code") requires a seller of residential real property of not more than one dwelling unit to deliver a copy of the Seller's Disclosure Notice, completed to the best of the seller's belief and knowledge, to a purchaser on or before the effective date of a contract for the sale of the Property. If a contract is entered into without the seller providing the notice, the buyer may terminate the contract for any reason within seven (7) days after receiving the notice. If information required by the notice is unknown to the seller, the seller may indicate that fact on the notice and thereby comply with the requirements of Section 5.008 of the Code. **This form complies with and contains additional disclosures which exceed the minimum disclosures required by the Code.**

THIS STATEMENT IS A DISCLOSURE OF SELLER'S KNOWLEDGE OF THE CONDITION OF THE PROPERTY AS OF THE DATE OF THE SELLER'S SIGNATURE INDICATED BELOW. THIS STATEMENT IS NOT A WARRANTY OF ANY KIND BY THE SELLER OR LISTING BROKER AND IS NOT A SUBSTITUTE FOR ANY INSPECTIONS OR WARRANTIES THE BUYER(S) MAY WISH TO OBTAIN. A BUYER IS URGED TO OBTAIN AN INSPECTION OF THE PROPERTY BY A QUALIFIED, LICENSED INSPECTOR. THE FOLLOWING STATEMENTS ARE REPRESENTATIONS MADE BY THE SELLER(S) BASED UPON SELLER'S KNOWLEDGE AND ARE NOT REPRESENTATIONS OF THE LISTING BROKER OR ANY OTHER BROKER PARTICIPATING IN A SALE TRANSACTION. THE METROTEX ASSOCIATION OF REALTORS®, INC., THE GREATER METRO MULTIPLE LISTING SERVICE OR ANY MULTIPLE LISTING SERVICE, AND THE LISTING BROKER HAVE RELIED UPON THE FOLLOWING INFORMATION IN DISSEMINATING INFORMATION ABOUT THE CONDITION OF THE PROPERTY.

## GENERAL INFORMATION

1. The Property is currently:

- ☒ Owner occupied    ☐ Estate  
☐ Leased    ☐ Foreclosure  
☐ Vacant since \_\_\_\_\_

- If owner occupied, for 6 years  
- If not owner occupied, for \_\_\_\_\_ years  
- If leased: Origination Date \_\_\_\_\_  
Expiration Date \_\_\_\_\_

2. Seller is the current owner of the Property and can sell the Property without being joined by any other person:

- ☒ Yes    ☐ No

- If "No", explain: \_\_\_\_\_  
\_\_\_\_\_

3. Is Seller a United States citizen?

- ☒ Yes    ☐ No

- If "No", is Seller a "foreign person" as defined in the Internal Revenue Code?

- ☐ Yes    ☐ No

4. Check any of the following tax exemptions which Seller claims for the Property:

- ☒ Homestead    ☒ Senior Citizen  
☐ Disabled    ☐ Disabled Veteran  
☒ Agricultural    ☐ Other \_\_\_\_\_

5. Is there currently in force for the Property a written Builder's Warranty?

- ☐ Yes    ☒ No    ☐ Unknown

- If "Yes", identify the warranty by stating:  
Name of Company issuing warranty: \_\_\_\_\_

Warranty Number: \_\_\_\_\_

6. Except for manufacturer warranties, if any, on appliances, does there exist any other warranties for the Property?

- ☐ Yes    ☒ No    ☐ Unknown

- If "Yes", identify the warranties: \_\_\_\_\_  
\_\_\_\_\_

7. Are there any pending or threatened condemnation proceedings which affect the Property?

- ☐ Yes    ☒ No    ☐ Unknown

- If "Yes", explain: \_\_\_\_\_  
\_\_\_\_\_

8. Has the Seller asserted any claim under any insurance policy or against any person for any physical condition of the Property?

- ☐ Yes    ☒ No    ☐ Unknown

- If "Yes", explain: \_\_\_\_\_  
\_\_\_\_\_

9. Has the Seller ever collected any insurance payments pursuant to a claim you have made for damage to the Property and then not used the proceeds to make the repairs for which the claim was submitted? ☐ Yes    ☒ No

- If "Yes", explain: \_\_\_\_\_  
\_\_\_\_\_

10. A. Seller has not received any notices, either oral or written, regarding the need for repair or replacement of any portion of the Property from any governmental agency, appraiser, inspector, mortgage lender, repair service, or other except:

NO  
\_\_\_\_\_  
\_\_\_\_\_

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Buyer's Initials \_\_\_\_\_

Buyer's Initials \_\_\_\_\_

Seller's Initials MF

Seller's Initials KJ

10. B. List and attach any written inspection reports that Seller has received within the last five years that were completed by persons who regularly provide inspections and who are either licensed as inspectors or otherwise permitted by law to perform inspections.

Date of Inspection	Type of Inspection	Name of Inspector/Company	# Pages	Attached (Y/N)

Explanatory comments by Seller, if any: \_\_\_\_\_

*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 of the buyer's own choice.*

### INFORMATION ABOUT EQUIPMENT AND SYSTEMS

11. For items listed below in Section 11, check appropriate box if items are included in the sale of the Property and are presently in "Working Condition" and there are no known defects. Please check if item has been replaced (note date of replacement) or explain if the item is repaired or in need of repair. Check "N/A" for items that do not apply to the Property or are not included in the sale. NOTE: THIS NOTICE DOES NOT ESTABLISH WHICH ITEMS ARE TO BE CONVEYED IN A SALE OF THE PROPERTY. THE TERMS OF A CONTRACT OF SALE WILL DETERMINE WHICH ITEMS ARE TO BE CONVEYED.

EQUIPMENT & SYSTEMS	N/A	WORKING CONDITION	HAS BEEN REPLACED	DATE REPLACED Month/Year	IN NEED OF REPAIR	DATE / DESCRIPTION OF COMPLETED OR NEEDED REPAIRS
Attic Fan	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Automatic Lawn Sprinkler System (Front ____ / Back ____ / Left Side ____ / Right Side ____ / Fully ____ )	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Carbon Monoxide Alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Cable TV Wiring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Ceiling Fan(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Cooktop (Gas <input checked="" type="checkbox"/> / Electric ____ )	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Cooling (Central Gas ____ / Electric <input checked="" type="checkbox"/> ) # Units <u>2</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Cooling (Window ____ / Wall ____ / Evaporative Coolers ____ )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Dishwasher	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Disposal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Electrical System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Emergency Escape Ladder(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Exhaust Fan(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Fire Detection Equipment (Electric <input checked="" type="checkbox"/> / Battery Operated <input checked="" type="checkbox"/> )	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Garage Door Opener(s) & Controls (Automatic ____ / Manual ____ ) # Controls ____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Gas Fixtures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Gas Lines (Natural ____ / Liquid Propane <input checked="" type="checkbox"/> )	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Heating (Central Gas ____ / Electric <input checked="" type="checkbox"/> ) # Units ____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Heating (Window ____ / Wall ____ )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Hot Tub	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Ice Maker	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Intercom System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Lighting Fixtures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Media Wiring & Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Microwave	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Outdoor Cooking Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Oven (Gas ____ / Electric ____ )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Oven - Convection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Plumbing System	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Public Sewer & Water System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Range (Gas ____ / Electric ____ )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

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Buyer's Initials \_\_\_\_\_

Seller's Initials \_\_\_\_\_

Seller's Initials K.L.

EQUIPMENT & SYSTEMS	N/A	WORKING CONDITION	HAS BEEN REPLACED	DATE REPLACED	IN NEED OF REPAIR	DATE / DESCRIPTION OF COMPLETED OR NEEDED REPAIRS
Refrigerator (Built-In)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Satellite Dish and Receiver	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Sauna	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Security System(s) (In Use <input checked="" type="checkbox"/> / Abandoned <input type="checkbox"/> )	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Septic or other On-Site Sewer System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Shower Enclosure & Pan	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Smoke Detector-Hearing Impaired _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Spa	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Stove (Free Standing) For Heating (Free Standing)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Swimming Pool & Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Swimming Pool Built-In Cleaning Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Swimming Pool Heater	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Trash Compactor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
TV Antenna	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Water Heater (Gas _____ / Electric _____ )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Water Softener	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Wells	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

#### INFORMATION ABOUT STRUCTURE/OTHER

STRUCTURE / OTHER	N/A	WORKING CONDITION	HAS BEEN REPLACED	DATE REPLACED	IN NEED OF REPAIR	DATE / DESCRIPTION OF COMPLETED OR NEEDED REPAIRS
Basement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Carport (Attached _____ / Not Attached _____ )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Ceilings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Drains (French _____ / Other _____ )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Driveway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Electrical Wiring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Fences	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Fireplace(s)/Chimney (Mock)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Fireplace(s)/Chimney (Wood burning)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Fireplace(s)/with gas logs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Foundation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Garage (Attached _____ / Not Attached _____ )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Lighting (Outdoor)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Patio / Decking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Retaining Wall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Rain Gutters and Down Spouts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Sidewalks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Skylight(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Sump or Grinder Pump	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Walls (Exterior/Interior)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Washer / Dryer Hookups (Gas _____ / Electric _____ )	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Windows	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Window Screens	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

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Buyer's Initials \_\_\_\_\_

Seller's Initials \_\_\_\_\_

Seller's Initials \_\_\_\_\_

12. If stucco, what is the type of stucco? NA
13. The Shingles or roof covering is constructed of:  
☐ Wood ☒ Composition ☐ Tile ☐ Other \_\_\_\_\_  
 Is there an overlay covering?  
☐ Yes ☐ No ☒ Unknown
14. The age of the shingles or roof covering:  
 \_\_\_\_\_ Years ☒ Unknown
15. The electrical wiring of the Property is:  
☒ Copper ☐ Aluminum ☐ Unknown  
☐ Other (specify) \_\_\_\_\_

16. Is there an alarm system? ☒ Yes ☐ No  
 - If "Yes", system is:  
☒ Owned by Seller ☐ Leased by Seller  
 - If leased, is lease transferable? ☐ Yes ☐ No  
 Monitor Charge ☐ Mth ☐ Qtr ☒ Yr. \$ 263.00  
 Lease Charge ☐ Mth ☐ Qtr ☐ Yr. \$ \_\_\_\_\_
17. Please identify other systems, if any, of the Property which are leased and not owned by the Seller: \_\_\_\_\_
18. Year the Property was constructed: 2003  
☐ Per Owner ☒ Tax Rolls  
 (If before 1978 — complete, sign and attach TAR 1906 concerning lead-based paint hazards.)

### MISCELLANEOUS INFORMATION ABOUT PROPERTY

19. Is the Seller aware of any of the following conditions? (Visible or Not)

	YES	NO	UNKNOWN	IF "YES", EXPLAIN
ASBESTOS Components?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Any personal or business <b>BANKRUPTCY</b> pending which would affect the sale of the Property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Carpet Stains/Damage?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Located on or near <b>CORP OF ENGINEERS</b> Property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Any <b>DEATH</b> 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"/>	<input type="checkbox"/>	
Unplatted <b>EASEMENTS</b> ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>FAULT</b> Lines?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Previous <b>FIRES</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Any <b>FORECLOSURES</b> pending or threatened with respect to the Property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Urea formaldehyde <b>INSULATION</b> ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>LANDFILL</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Any <b>NOTICES</b> of violation of deed restrictions or governmental ordinances affecting the condition or use of the Property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lead-based <b>PAINT</b> ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Room additions, structural modification, or other alterations or repairs made without necessary <b>PERMITS</b> or not in compliance with building codes in effect at that time?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Above-ground impediment to swimming <b>POOL</b> ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Underground impediment to swimming <b>POOL</b> ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Any <b>PROPERTY CONDITION</b> which materially affects the physical health or safety of an individual?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>RADON</b> gas?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
House <b>SETTLING</b> ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>SOIL</b> Movement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Subsurface <b>STRUCTURES</b> , Tanks, or Pits?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Hazardous or <b>TOXIC WASTE</b> affecting the Property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Holes in <b>WALLS</b> ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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Buyer's Initials

Seller's Initials

Seller's Initials

	YES	NO	UNKNOWN	IF "YES", EXPLAIN
WOOD ROT Damage Needing Repair?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Property covered by flood insurance? (If "Yes", attach "Information About Special Flood Hazard Area". TAR 1414)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Located in 100 year FLOOD PLAIN?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Located in a Floodway?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Located in a city flood plain?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Tax or judgment liens?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
In an ETJ district? (Extra Territorial Jurisdiction)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Diseased TREES?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Liquid Propane Gas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
— LP Community (Captive)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
— LP on Property?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Single Blockable Main Drain in a Pool/Hot Tub/Spa* *A Single Blockable Main Drain may cause a suction entrapment hazard for an individual.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

20. If the Property is part of a homeowner's association, state the following information:

- Association Name: \_\_\_\_\_
- Association Management Company: \_\_\_\_\_
- Association Email: \_\_\_\_\_
- Association Phone Number: \_\_\_\_\_
- Amount of dues or assessments; \$ \_\_\_\_\_
- Assessment amount is:  
Monthly \$ \_\_\_\_\_ Quarterly \$ \_\_\_\_\_ Annually \$ \_\_\_\_\_
- Payment of dues/assessments is:  
☐ Mandatory ☐ Voluntary
- Amount of Unpaid Dues or Assessments, if any: \$ \_\_\_\_\_
- Optional Membership: \$ \_\_\_\_\_

21. Has the Property (or the homeowner's association of which the Property is a part) been the subject of any pending or concluded litigation?

☐ Yes ☒ No ☐ Unknown

- If "Yes", explain: \_\_\_\_\_

22. Is the Property in an overlay, proposed overlay, historic or conservation district that may have special restrictions?

☐ Yes ☒ No ☐ Unknown

If "Yes", explain: \_\_\_\_\_

23. The Property is currently serviced by the following utilities or systems (check as applicable):

☒ Water ☐ Sewer ☐ Septic  
☒ Electricity ☐ Gas ☐ Cable TV

High Speed Internet Availability: ☐ Cable ☒ DSL ☒ Other  
☐ Unknown T-1 hook up

24. The water service to the Property is provided by (check as applicable): ☐ City ☒ Well ☐ MUD ☒ Coop

25. Are there any outstanding mechanics and materialmen's liens or lis pendens against the Property?

☐ Yes ☒ No ☐ Unknown

26. Is there any rainwater harvesting system connected to the property?

☐ Yes ☒ No ☐ Unknown

-Is the system connected to the property's public water supply that is able to be used for indoor potable purposes?

☒ Yes ☐ No ☐ Unknown

-Is the system larger than 500 gallons?

☐ Yes ☐ No ☐ Unknown

- If "Yes", explain: \_\_\_\_\_

27. Any "common area" (facilities such as pools, tennis courts, walkways, or other areas) co-owned in undivided interest with others?

☐ Yes ☒ No

#### INFORMATION ABOUT FOUNDATION

28. Has the Seller ever obtained a written report about the condition of the foundation from any engineer, contractor, inspector, or expert?

☐ Yes ☒ No ☐ Unknown

If "Yes", identify the report by stating the date of the report, the person or company who made the report, and its content:

29. Have repairs been made to the foundation of the Property since its original construction?

☐ Yes ☒ No ☐ Unknown

If "Yes", explain what repairs you know or believe to have been made:

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### INFORMATION ABOUT DRAINAGE

30. Has the Seller ever obtained a written report about any improper drainage condition from any engineer, contractor, inspector, or expert? ☐ Yes ☒ No ☐ Unknown

If "Yes", identify the report by stating the date of the report, the person or company who made the report, and its content:

31. Have repairs been made to the drainage of the Property since its original construction? ☐ Yes ☒ No ☐ Unknown

If "Yes", explain what repairs you know or believe to have been made:

32. Does the Seller know of any currently defective condition to the drainage of the Property? ☐ Yes ☒ No ☐ Unknown

If "Yes", explain:

33. Have there been any previous incidents of flooding or other water penetration into the house, garage, or accessory buildings of the Property? ☐ Yes ☒ No ☐ Unknown

If "Yes", when did the incident(s) occur and describe the extent of flooding or water penetration:

### INFORMATION ABOUT TERMITES/WOOD DESTROYING INSECTS

34. Has the Seller ever obtained a written report about active termites or other wood destroying insects? ☐ Yes ☒ No ☐ Unknown

If "Yes", identify the report by stating the date of the report, the person or company who made the report, and its contents:

35. Has the Property been treated for termites or other wood destroying insects? ☒ Yes ☒ No ☐ Unknown

If "Yes", please state the date of treatment:

36. Have there been any repairs made to damage caused by termites or other wood destroying insects? ☐ Yes ☒ No ☐ Unknown

If "Yes", explain what repairs you know or believe to have been made:

37. Do active termites or other wood destroying insects currently infest the Property? ☐ Yes ☒ No ☐ Unknown

If "Yes", explain:

38. Is there any existing termite damage in need of repair?

☐ Yes ☐ No ☒ Unknown

If "Yes", explain:

39. Is the Property currently covered by a termite policy?

☐ Yes ☒ No ☐ Unknown

If "Yes", identify the policy by stating:

Name of Company issuing the policy:

Policy Number:

Date of policy renewal:

Phone Number:

### INFORMATION ABOUT ENVIRONMENTAL CONDITIONS

40. Is the Seller aware of any repairs or treatment, other than routine maintenance, for the following environmental conditions?

The presence or removal of asbestos? ☐ Yes ☒ No

The presence of radon gas? ☐ Yes ☒ No

The presence or treatment of mold? ☐ Yes ☒ No

The presence of lead based paint? ☐ Yes ☒ No

If "Yes", explain:

41. If the answer to any part of Question #40 is "Yes", has the Seller ever obtained a written report for addressing such environmental hazards?

☐ Yes ☐ No

If "Yes", explain:

(Identify any reports by stating the date of the report, the person or company who made the report, and its contents.)

42. Is the Seller aware of previous use of premises for manufacture of Methamphetamine?

☐ Yes ☒ No

43. Is the Seller aware of any condition not previously addressed in this Disclosure Statement which, in Seller's opinion, is a defective condition or adversely affects the Property?:

☐ Yes ☒ No ☐ Unknown

If "Yes", explain:

8617 FM 1616

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Buyer's Initials

SELLER'S DISCLOSURE NOTICE—PAGE 6 OF 8

Seller's Initials

Seller's Initials

# ACKNOWLEDGMENT BY SELLER

# DISCLOSURES

44. I, the Seller, state that the information in this disclosure is complete and accurate to the best of my knowledge and belief.

Seller(s) Initials

Seller(s) Initials

45. I, the Seller, understand the information in this statement will be disseminated by Listing Broker to prospective buyers and other brokers.

Seller(s) Initials

Seller(s) Initials

46. The listing agent has not instructed Seller how to answer any question in this disclosure or suggested any answer to Seller or in any way sought to influence Seller to provide any information or answers which are not absolutely true so far as the Seller knows.

Seller(s) Initials

Seller(s) Initials

## Municipal Utility District Disclosures

Check All That Apply:

(Attach additional MUD Disclosure Notice provided by Chapter 49, Texas Water Code)

☐ The Property is located in a Municipal Utility District (MUD) which is either:

☐ Located in whole or in part within the corporate boundaries of a municipality (MUD Disclosure Form #1)

☐ Not located in whole or in part within the corporate boundaries of a municipality (MUD Disclosure Form #2)

☐ Located in whole or in part within the extraterritorial jurisdiction of the corporate boundaries of a municipality. (MUD Disclosure Form #3)

## On-Site Sewer Facility

If the Property has a septic or other on-site sewer facility

☐ Attached is Information About On-Site Sewer Facility (TAR #1407)

☐ Property is located in a Public Improvement District (PID)

## SMOKE DETECTION EQUIPMENT

Does the property have working smoke detectors installed in accordance with the smoke detector requirements of Chapter 766 of the Health and Safety Code?\*

☒ Yes ☐ No ☐ Unknown 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 the installation. The parties may agree who will bear the cost of installing the smoke detectors and which brand of smoke detectors to install.

## INDEMNIFICATION

SELLER(S) HEREBY AGREE(S) TO INDEMNIFY LISTING BROKER AND ALL OTHER BROKERS PARTICIPATING IN ANY SALE OF THE PROPERTY OF AND FROM ANY CLAIM, LOSS, OR DAMAGE ARISING FROM ANY FALSE REPRESENTATION CONTAINED IN THIS DISCLOSURE STATEMENT.

SELLER (SIGN AS NAME APPEARS ON TITLE)  
Neal Yates

DATE

7-11-14

SELLER (SIGN AS NAME APPEARS ON TITLE)  
Kay Yates

DATE

X Kay Yates

8617 FM 1616

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Buyer's Initials

SELLER'S DISCLOSURE NOTICE—PAGE 7 OF 8

Seller's Initials

Seller's Initials

## NOTICES TO BUYER

1. The Texas Department of Public Safety maintains a database that consumers 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. Such written information in this Seller's Disclosure Notice for the Property does not constitute the representations of the Listing Broker and other Broker participating in a sale transaction or their sales associates, employees or agents who are relying upon the written information provided by the Seller in this disclosure notice. Buyer is not relying upon any statement or representation by the Listing Broker and any other broker and their sales associates, employees, and agents concerning the condition of the Property. THIS IS NOT A WARRANTY. YOU ARE ENCOURAGED TO HAVE AN INSPECTOR OF YOUR CHOICE INSPECT THE PROPERTY PRIOR TO CLOSING.
3. Buyer may be provided information about the size of the property, either of the real property or the improvements. All such information has been obtained by Broker or Seller from third parties, including information obtained from official tax records. Such information is not always accurate.
4. If the Buyer bases an offer on square footage, measurements or boundaries, Buyer should have those items independently measured to verify any reported information which is often unreliable.
5. If the property is located in a coastal area that is seaward of the Gulf Intracoastal Waterway or within 100 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.

The undersigned Buyer(s) hereby acknowledge(s) receipt of this Seller's Disclosure Notice for the Property:

BUYER \_\_\_\_\_ DATE \_\_\_\_\_

BUYER \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

PRINT NAME \_\_\_\_\_

8617 FM 1616

PROPERTY ADDRESS: Athens, TX 75752

SELLER'S DISCLOSURE NOTICE—PAGE 8 OF 8

MetroTex Association of REALTORS® 7167 Feb 2014





# 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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### CONCERNING THE PROPERTY AT

8617 FM 1616  
Athens, TX 75752

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

- (1) Type of Treatment System: ☒ Septic Tank ☐ Aerobic Treatment ☐ Unknown  
☐ \_\_\_\_\_
- (2) Type of Distribution System: LA ☐ Unknown
- (3) Approximate Location of Drain Field or Distribution System: South West ☐ Unknown  
CORNER OF House off Kitchen
- (4) Installer: \_\_\_\_\_ ☒ Unknown
- (5) Approximate Age: 12 yrs ☐ 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? \_\_\_\_\_
- (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 ☒ NONE
- (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.

(TAR-1407) 1-7-04

Initialed for Identification by Buyer \_\_\_\_\_, \_\_\_\_\_ and Seller FR YN

Page 1 of 2

RE/MAX Landmark, 113 N. Frances St. Terrell, TX 75160  
Phone: 972-524-0689/1002

Fax: 972-551-2525

Frank Roberts

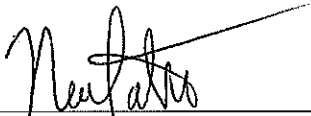
Yates Neal

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**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>	<u>Usage (gal/day) without water- saving devices</u>	<u>Usage (gal/day) with water- 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  
 Neal Yates

\_\_\_\_\_  
 Date

X   
 \_\_\_\_\_  
 Signature of Seller  
 Kay Yates

\_\_\_\_\_  
 Date

Receipt acknowledged by:

Signature of Buyer

Date

Signature of Buyer

Date