



# 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.**

807 MEMORIAL DRIVE-Bunkhouse  
RICHLAND, TX 76681

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

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            | <input checked="" type="checkbox"/> |                                     |   |
| Carbon Monoxide Det.       |                                     | <input checked="" type="checkbox"/> |   |
| Ceiling Fans               | <input checked="" type="checkbox"/> |                                     |   |
| Cooktop                    |                                     | <input checked="" type="checkbox"/> |   |
| Dishwasher                 |                                     | <input checked="" type="checkbox"/> |   |
| Disposal                   |                                     | <input checked="" type="checkbox"/> |   |
| Emergency Escape Ladder(s) |                                     | <input checked="" type="checkbox"/> |   |
| Exhaust Fans               |                                     | <input checked="" type="checkbox"/> |   |
| Fences                     |                                     | <input checked="" type="checkbox"/> |   |
| Fire Detection Equip.      | <input checked="" type="checkbox"/> |                                     |   |
| French Drain               |                                     | <input checked="" type="checkbox"/> |   |
| Gas Fixtures               |                                     | <input checked="" type="checkbox"/> |   |
| Natural Gas Lines          |                                     | <input checked="" type="checkbox"/> |   |

| Item                    | Y                                   | N                                   | U |
|-------------------------|-------------------------------------|-------------------------------------|---|
| Liquid Propane Gas:     |                                     | <input checked="" type="checkbox"/> |   |
| -LP Community (Captive) |                                     | <input checked="" type="checkbox"/> |   |
| -LP on Property         |                                     | <input checked="" type="checkbox"/> |   |
| Hot Tub                 |                                     | <input checked="" type="checkbox"/> |   |
| Intercom System         |                                     | <input checked="" type="checkbox"/> |   |
| Microwave               |                                     | <input checked="" type="checkbox"/> |   |
| Outdoor Grill           |                                     | <input checked="" type="checkbox"/> |   |
| Patio/Decking           |                                     | <input checked="" type="checkbox"/> |   |
| Plumbing System         | <input checked="" type="checkbox"/> |                                     |   |
| Pool                    |                                     | <input checked="" type="checkbox"/> |   |
| Pool Equipment          |                                     | <input checked="" type="checkbox"/> |   |
| Pool Maint. Accessories |                                     | <input checked="" type="checkbox"/> |   |
| Pool Heater             |                                     | <input checked="" type="checkbox"/> |   |

| Item                                                                 | Y                                   | N                                   | U |
|----------------------------------------------------------------------|-------------------------------------|-------------------------------------|---|
| Pump: <input type="checkbox"/> sump <input type="checkbox"/> grinder |                                     | <input checked="" type="checkbox"/> |   |
| Rain Gutters                                                         |                                     | <input checked="" type="checkbox"/> |   |
| Range/Stove                                                          |                                     | <input checked="" type="checkbox"/> |   |
| Roof/Attic Vents                                                     |                                     | <input checked="" type="checkbox"/> |   |
| Sauna                                                                |                                     | <input checked="" type="checkbox"/> |   |
| Smoke Detector                                                       | <input checked="" type="checkbox"/> |                                     |   |
| Smoke Detector - Hearing Impaired                                    |                                     | <input checked="" type="checkbox"/> |   |
| Spa                                                                  |                                     | <input checked="" type="checkbox"/> |   |
| Trash Compactor                                                      |                                     | <input checked="" type="checkbox"/> |   |
| TV Antenna                                                           |                                     | <input checked="" type="checkbox"/> |   |
| Washer/Dryer Hookup                                                  |                                     | <input checked="" type="checkbox"/> |   |
| Window Screens                                                       |                                     | <input checked="" type="checkbox"/> |   |
| Public Sewer System                                                  |                                     | <input checked="" type="checkbox"/> |   |

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

(TAR-1406) 9-01-11

Initialed by: Seller: JW D.V. and Buyer: \_\_\_\_\_

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807 MEMORIAL



Concerning the Property at \_\_\_\_\_

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: \_\_\_\_\_ Age: \_\_\_\_\_ (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                                   | Item                 | Y | N                                   | Item                        | Y | N                                   |
|--------------------|---|-------------------------------------|----------------------|---|-------------------------------------|-----------------------------|---|-------------------------------------|
| Basement           |   | <input checked="" type="checkbox"/> | Floors               |   | <input checked="" type="checkbox"/> | Sidewalks                   |   | <input checked="" type="checkbox"/> |
| Ceilings           |   | <input checked="" type="checkbox"/> | Foundation / Slab(s) |   | <input checked="" type="checkbox"/> | Walls / Fences              |   | <input checked="" type="checkbox"/> |
| Doors              |   | <input checked="" type="checkbox"/> | Interior Walls       |   | <input checked="" type="checkbox"/> | Windows                     |   | <input checked="" type="checkbox"/> |
| Driveways          |   | <input checked="" type="checkbox"/> | Lighting Fixtures    |   | <input checked="" type="checkbox"/> | Other Structural Components |   | <input checked="" type="checkbox"/> |
| Electrical Systems |   | <input checked="" type="checkbox"/> | Plumbing Systems     |   | <input checked="" type="checkbox"/> |                             |   |                                     |
| Exterior Walls     |   | <input checked="" type="checkbox"/> | Roof                 |   | <input checked="" type="checkbox"/> |                             |   |                                     |

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                                   | Condition                                                                | Y | N                                   |
|----------------------------------------------------------------------------------|---|-------------------------------------|--------------------------------------------------------------------------|---|-------------------------------------|
| Aluminum Wiring                                                                  |   | <input checked="" type="checkbox"/> | Previous Foundation Repairs                                              |   | <input checked="" type="checkbox"/> |
| Asbestos Components                                                              |   | <input checked="" type="checkbox"/> | Previous Roof Repairs                                                    |   | <input checked="" type="checkbox"/> |
| Diseased Trees: <input type="checkbox"/> oak wilt <input type="checkbox"/> _____ |   | <input checked="" type="checkbox"/> | Other Structural Repairs                                                 |   | <input checked="" type="checkbox"/> |
| Endangered Species/Habitat on Property                                           |   | <input checked="" type="checkbox"/> | Radon Gas                                                                |   | <input checked="" type="checkbox"/> |
| Fault Lines                                                                      |   | <input checked="" type="checkbox"/> | Settling                                                                 |   | <input checked="" type="checkbox"/> |
| Hazardous or Toxic Waste                                                         |   | <input checked="" type="checkbox"/> | Soil Movement                                                            |   | <input checked="" type="checkbox"/> |
| Improper Drainage                                                                |   | <input checked="" type="checkbox"/> | Subsurface Structure or Pits                                             |   | <input checked="" type="checkbox"/> |
| Intermittent or Weather Springs                                                  |   | <input checked="" type="checkbox"/> | Underground Storage Tanks                                                |   | <input checked="" type="checkbox"/> |
| Landfill                                                                         |   | <input checked="" type="checkbox"/> | Unplatted Easements                                                      |   | <input checked="" type="checkbox"/> |
| Lead-Based Paint or Lead-Based Pt. Hazards                                       |   | <input checked="" type="checkbox"/> | Unrecorded Easements                                                     |   | <input checked="" type="checkbox"/> |
| Encroachments onto the Property                                                  |   | <input checked="" type="checkbox"/> | Urea-formaldehyde Insulation                                             |   | <input checked="" type="checkbox"/> |
| Improvements encroaching on others' property                                     |   | <input checked="" type="checkbox"/> | Water Penetration                                                        |   | <input checked="" type="checkbox"/> |
| Located in 100-year Floodplain                                                   |   | <input checked="" type="checkbox"/> | Wetlands on Property                                                     |   | <input checked="" type="checkbox"/> |
| Located in Floodway                                                              |   | <input checked="" type="checkbox"/> | Wood Rot                                                                 |   | <input checked="" type="checkbox"/> |
| Present Flood Ins. Coverage<br>(If yes, attach TAR-1414)                         |   | <input checked="" type="checkbox"/> | Active infestation of termites or other wood<br>destroying insects (WDI) |   | <input checked="" type="checkbox"/> |
| Previous Flooding into the Structures                                            |   | <input checked="" type="checkbox"/> | Previous treatment for termites or WDI                                   |   | <input checked="" type="checkbox"/> |
| Previous Flooding onto the Property                                              |   | <input checked="" type="checkbox"/> | Previous termite or WDI damage repaired                                  |   | <input checked="" type="checkbox"/> |
| Previous Fires                                                                   |   | <input checked="" type="checkbox"/> | Termite or WDI damage needing repair                                     |   | <input checked="" type="checkbox"/> |
| Previous Use of Premises for Manufacture<br>of Methamphetamine                   |   | <input checked="" type="checkbox"/> | Single Blockable Main Drain in Pool/Hot Tub/Spa*                         |   | <input checked="" type="checkbox"/> |

(TAR-1406) 9-01-11

Initialed by: Seller:                      and Buyer:

Concerning the Property at \_\_\_\_\_

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): \_\_\_\_\_

(TAR-1406) 9-01-11

Initialed by: Seller:                      and Buyer:                     

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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

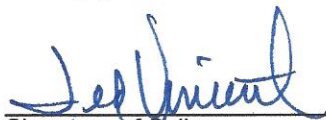
Section 9. Have you (Seller) ever received proceeds for a claim for damage to the Property (for example, an insurance claim or a settlement or award in a legal proceeding) and not used the proceeds to make the repairs for which the claim was made? ☐ yes ☐ no If yes, explain: \_\_\_\_\_

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.



Signature of Seller

10-5-12

Date



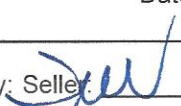
Signature of Seller

Date

Printed Name: TED VINCENT

Printed Name: DORIS VINCENT

(TAR-1406) 9-01-11

Initialed by: 

and Buyer: \_\_\_\_\_

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Concerning the Property at \_\_\_\_\_

**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](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: _____      | phone #: _____ |
| Sewer: _____         | phone #: _____ |
| Water: _____         | phone #: _____ |
| Cable: _____         | phone #: _____ |
| Trash: _____         | phone #: _____ |
| Natural Gas: _____   | phone #: _____ |
| Phone Company: _____ | 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: _____      |            |