



SELLER'S DISCLOSURE NOTICE

TO BE COMPLETED BY SELLER(S)

CONCERNING THE PROPERTY AT

16880 CR 345

Terrell

(STREET ADDRESS AND CITY)

Kaufman

(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 8 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 the 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 Property (or the homeowners' association of which the Property is a part) been the subject of any pending or concluded litigation?
☐ Yes ☒ No ☐ Unknown
- If "Yes", explain: _____
9. 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: _____
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:
None

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Seller's Initials FR Seller's Initials JB
MetroTex Association of REALTORS® 7167 (Jan10)

Re/Max Landmark 113 North Frances Street Terrell, TX 75160
Phone: 972.524.0689 Fax: 972.551.2525

Frank Roberts

Produced with ZipForm® by ZipLogix 10070 Fifteen Mile Road, Fraser, Michigan 48026 www.ziplogix.com

PROPERTY ADDRESS: 16880 CR 345
Terrell, TX 75161

Buyer's Initials _____ Buyer's Initials _____

Bobby & Fern

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 & SYSTEM	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Automatic Lawn Sprinkler System (Front _____, Back _____, Left Side _____, Right Side _____, Fully _____)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Broadband-CAT5 Wiring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Cable TV Wiring	<input type="checkbox"/>	<input checked="" 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 _____ / Electric <input checked="" type="checkbox"/>)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Cooling (Central Gas _____ / Electric <input checked="" type="checkbox"/> , # Units <u>1</u>)	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Garage Door Opener(s) & Controls (Automatic _____ / Manual _____ / Controls _____ 1, _____ 2)	<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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Media Wiring & Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Microwave	<input 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"/>	

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 MetroTex Association of REALTORS® 7167 (Jan 10)

16880 CR 345
 PROPERTY ADDRESS: Terrell, TX 75161
 Buyer's Initials _____ Buyer's Initials _____

EQUIPMENT & SYSTEM	N/A	WORKING CONDITION	HAS BEEN REPLACED	DATE REPLACED Month/Year	IN NEED OF REPAIR	DATE/DESCRIPTION OF COMPLETED OR NEEDED REPAIRS
Oven (Gas _____ / Electric <input checked="" type="checkbox"/>)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Oven-Convection	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Range (Gas _____ / Electric <input checked="" type="checkbox"/>)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
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 _____ / Abandoned _____)	<input checked="" type="checkbox"/>	<input 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 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)	<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 Equip	<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 checked="" type="checkbox"/>	<input 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 checked="" 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 Month/Year	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Electrical Wiring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Fences	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Fireplace(s)/Chimney (masonry)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Fireplace(s)/Chimney (wood burning)	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Garage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Lighting (Outdoor)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Patio/Decking	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Roof	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Sidewalks	<input checked="" type="checkbox"/>	<input 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Windows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Window Screens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Other:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Other:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Other:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

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Seller's Initials BT Seller's Initials JP
MetroTex Association of REALTORS® 7167 (Jan10)

PROPERTY ADDRESS: 16880 CR 345
Terrell, TX 75161

Buyer's Initials _____ Buyer's Initials _____

EQUIPMENT & SYSTEM	N/A	WORKING CONDITION	HAS BEEN REPLACED	DATE REPLACED Month/Year	IN NEED OF REPAIR	DATE/DESCRIPTION OF COMPLETED OR NEEDED REPAIRS
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
12. If stucco, what is the type of stucco? _____						
13. The shingles or roof covering is constructed of: <input type="checkbox"/> Wood <input checked="" type="checkbox"/> Composition <input type="checkbox"/> Tile <input type="checkbox"/> Other _____ Is there an overlay covering? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown						
14. The age of the shingles or roof covering: _____ Years _____ Unknown						
15. The electrical wiring of the Property is: <input checked="" type="checkbox"/> Copper <input type="checkbox"/> Aluminum <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Other (specify) _____						
16. Is there an alarm system? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If "Yes", system is: <input type="checkbox"/> Owned by Seller <input type="checkbox"/> Leased by Seller - If leased, is lease transferable? <input type="checkbox"/> Yes <input type="checkbox"/> No Monitor Charge: <input type="checkbox"/> Mth. <input type="checkbox"/> Qtr. <input type="checkbox"/> Yr. \$ _____ Lease Charge: <input type="checkbox"/> Mth. <input type="checkbox"/> Qtr. <input type="checkbox"/> Yr. \$ _____						
17. Please identify other systems, if any, of the Property which are leased and not owned by Seller: _____						
18. Year the Property was constructed: _____ Per <input type="checkbox"/> Owner - (If before 1978-complete, sign and attach <input type="checkbox"/> Tax Rolls TAR-1908 concerning lead-based paint hazards)						

MISCELLANEOUS INFORMATION ABOUT PROPERTY

19. Is the Seller aware of any of the following conditions?

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

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16880 CR 345
 PROPERTY ADDRESS: Tarrell, TX 75161

Buyer's Initials _____ Buyer's Initials _____

Property covered by flood insurance? (If "Yes", attach "Information About Special Flood Hazard Areas," TAR No.	<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 checked="" type="checkbox"/>	<input type="checkbox"/>
✓ Liquid Propane Gas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
✓ - LP Community (Captive)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
✓ - LP on Property	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
✓ Single Blockable Main Drain in Pool/Hot Tub/Spa* *A Single Blockable Main Drain may cause a auction entrapment hazard for an individual.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

20. If the Property is part of a regime creating a home-owner's association, state the following information:

- Association Name: X/12
- Association Management Company

- Association Email:

- Association Phone Number:

- Amount of dues or assessments: \$

- Assessment amount is:

Monthly ☐ Quarterly ☐ Annual ☐

- Payment of dues/assessments is:

☐ Mandatory ☐ Voluntary

- Amount of Unpaid Dues or Assessments, If any: \$

- Optional Membership: \$

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

☐ Yes ☒ No ☐ Unknown

If "Yes", explain

22. 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

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

24. 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:

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

☐ Yes ☒ No ☐ Unknown

26. Any rainwater harvesting system connected to the property's public water supply that is able to be used for indoor potable purposes.

☐ Yes ☒ No

INFORMATION ABOUT FOUNDATION

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

☐ Yes ☒ No

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

28. 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:

INFORMATION ABOUT DRAINAGE

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

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

30. 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:

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

- If "Yes", explain:

33. Has the Property been treated for termites or other wood destroying insects?

☐ Yes ☒ No ☐ Unknown

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

34. 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: _____

35. Do active termites or other wood destroying insects currently infest the Property?

☐ Yes ☒ No ☐ Unknown

- If "Yes", explain: _____

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

☐ Yes ☒ No ☐ Unknown

- If "Yes", explain: _____

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

☐ Yes ☒ No

- If "Yes", identify the policy by stating:

Name of Company Issuing policy: _____

Policy Number: _____

Date of policy renewal: _____

Phone Number: _____

INFORMATION ABOUT ENVIRONMENTAL CONDITIONS

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

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

Other: _____

☐ Yes ☒ No

- If "Yes", explain: _____

39. If the answer to any part of Question #38 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 content.)

40. Seller is aware of previous use of premises for manufacture of Methamphetamine? ☐ Yes ☒ No

41. 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

- If "Yes", explain: _____

ACKNOWLEDGMENT BY SELLER

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

BP
Seller(s) Initials

JP
Seller(s) Initials

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

BP
Seller(s) Initials

JP
Seller(s) Initials

44. 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 as far as the Seller knows.

BP
Seller(s) Initials

JP
Seller(s) Initials

DISCLOSURES

Municipal Utility District Disclosures

Check which Apply:

[Attach additional MUD Disclosure Notice provided by Chapter 49, Texas Water Code]

☐ The Property is located in a Municipal Utility District 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)

☐ Seller is a Real Estate Licensee

SELLER'S DISCLOSURE NOTICE - PAGE 6 OF 7

Seller's Initials BP Seller's Initials JP
MetroTex Association of REALTORS® 7167 (Jan10)

PROPERTY ADDRESS: 16880 CR 345
Terrell, TX 75161

Buyer's Initials _____ Buyer's Initials _____

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? ☐ 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 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.

Bobby Phillips 12-15-11
SELLER (SIGN AS NAME APPEARS ON TITLE) DATE
Bobby Phillips

Terri Phillips 4/14/11
SELLER (SIGN AS NAME APPEARS ON TITLE) DATE
Terri Phillips

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. 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 1000 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 _____

SELLER'S DISCLOSURE NOTICE - PAGE 7 OF 7

16880 CR 345
PROPERTY ADDRESS: Terrell, TX 75161

MetroTex Association of REALTORS® 7167 (Jan10)

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Bobby & Terri