



## AUSTIN/CENTRAL TEXAS REALTY INFORMATION SERVICE (ACTRIS)

## SELLER'S DISCLOSURE NOTICE

THIS FORM IS FURNISHED BY THE AUSTIN/CENTRAL TEXAS REALTY INFORMATION SERVICE FOR USE BY ITS PARTICIPANTS AND REPRESENTED SELLERS.

**NOTE: EFFECTIVE JANUARY 1, 1994, SECTION 5.008 OF THE TEXAS PROPERTY 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, COMPLETE 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 TEXAS PROPERTY CODE. This form complies with and contains additional disclosures which exceed the minimum required by the Code.**

CONCERNING THE PROPERTY AT 15900 Decker Lake Road Manor, TX Manor  
(Street Address and City)

**THIS NOTICE IS A DISCLOSURE OF SELLER'S KNOWLEDGE OF THE CONDITION OF THE PROPERTY AS OF THE DATE SIGNED BY SELLER AND IS NOT A SUBSTITUTE FOR ANY INSPECTIONS OR WARRANTIES THE PURCHASER MAY WISH TO OBTAIN. IT IS NOT A WARRANTY OF ANY KIND BY SELLER, SELLER'S AGENTS, OR ANY OTHER AGENT.**

Seller ☒ is ☐ is not occupying the Property.

If unoccupied, how long since Seller has occupied the Property? \_\_\_\_\_

Seller ☒ is ☐ is not knowledgeable of the current condition of the Property.

The Property ☐ is ☒ is not currently leased and ☐ has ☒ has not been leased in the last two (2) years.

If leased, how long? \_\_\_\_\_

During the last year the Property ☐ has ☒ has not been vacant.

If yes, how long was the Property vacant? \_\_\_\_\_

**1. FEATURES AND EQUIPMENT (Mark all appropriate items that EXIST and their WORKING CONDITION):**

**NOTE: This notice does not establish which items will or will not be conveyed.**

**The terms of the Contract will determine which items will and will not be conveyed.**

Y = Yes, N = No, U = Unknown

| Exists                              | Item                       | Working Condition                   |   |   | Additional Information                   |         |              |               |
|-------------------------------------|----------------------------|-------------------------------------|---|---|--|---------|--------------|---------------|
| <input checked="" type="checkbox"/> | Bathroom Heater            | <input checked="" type="checkbox"/> | N | U | #  | [E]     | [G]          |               |
| <input checked="" type="checkbox"/> | Cable TV Wiring            | <input checked="" type="checkbox"/> | N | U |  |         |              |               |
|                                     | Carport                    | Y                                   | N | U | # of Spaces                              |         | Attached [Y] | [N]           |
|                                     | Carbon Monoxide Detector   | Y                                   | N | U | #  |         |              |               |
| <input checked="" type="checkbox"/> | Central Air Conditioning   | <input checked="" type="checkbox"/> | N | U | #  | [E]     | [G]          |               |
| <input checked="" type="checkbox"/> | Central Heating            | <input checked="" type="checkbox"/> | N | U | #  | [E]     | [G]          | [HP]          |
|                                     | Central Vacuum             | Y                                   | N | U |  |         |              |               |
|                                     | Chimney                    | Y                                   | N | U |  |         |              |               |
|                                     | Cook Top/Stove             | Y                                   | N | U | [E]                                      | [G]     | # of Burners | Other:        |
| <input checked="" type="checkbox"/> | Deck                       | <input checked="" type="checkbox"/> | N | U | Wood <input checked="" type="checkbox"/> |         | Other [ ]    |               |
| <input checked="" type="checkbox"/> | Dishwasher                 | <input checked="" type="checkbox"/> | N | U |  |         |              |               |
| <input checked="" type="checkbox"/> | Disposal                   | <input checked="" type="checkbox"/> | N | U |  |         |              |               |
| <input checked="" type="checkbox"/> | Dryer                      | <input checked="" type="checkbox"/> | N | U | [E]                                      | [G]     | [110V]       | [220V]        |
| <input checked="" type="checkbox"/> | Dryer Hookups              | <input checked="" type="checkbox"/> | N | U | [110V]                                   | [220V]  | [G]          |               |
|                                     | Emergency Escape Ladder(s) | Y                                   | N | U |  |         |              |               |
|                                     | Evaporative Cooler         | Y                                   | N | U | #  |         |              |               |
| <input checked="" type="checkbox"/> | Fans                       | Y                                   | N | U | Ceiling # <u>4</u>                       | Attic # | Exhaust #    | Whole House # |

Features and Equipment Continues Next Page

Initialed for Identification by Seller \_\_\_\_\_, \_\_\_\_\_ and Buyer JN, \_\_\_\_\_

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Seller's Disclosure Notice Concerning Property At:

| Exists                              | Item                       | Working Condition                   |   |   | Additional Information  |
|-------------------------------------|----------------------------|-------------------------------------|---|---|---|
| <input checked="" type="checkbox"/> | Fencing                    | <input checked="" type="checkbox"/> | N | U | Full [ ] Partial [ ] Type:  |
| <input checked="" type="checkbox"/> | Fire Alarm/Detector        | <input checked="" type="checkbox"/> | N | U | # <b>6</b>  |
|                                     | Fireplace                  | Y                                   | N | U | #   |
|                                     | Fireplace Logs             | Y                                   | N | U | #   |
|                                     | French Drain               | Y                                   | N | U |   |
| <input checked="" type="checkbox"/> | Garage                     | <input checked="" type="checkbox"/> | N | U | Attached: [Y] [N] # Spaces  |
| <input checked="" type="checkbox"/> | Garage Door Opener         | <input checked="" type="checkbox"/> | N | U | #   |
| <input checked="" type="checkbox"/> | Garage Remote Control(s)   | <input checked="" type="checkbox"/> | N | U | # <b>2</b>  |
|                                     | Gas Lighting Fixtures      | Y                                   | N | U | #   |
| <input checked="" type="checkbox"/> | Gas Lines                  | Y                                   | N | U | [NAT] <input checked="" type="checkbox"/> [LP]                                |
|                                     | Gazebo                     | Y                                   | N | U |   |
|                                     | Grinder Pump               | Y                                   | N | U |   |
|                                     | Ice Machine                | Y                                   | N | U |   |
|                                     | Intercom System            | Y                                   | N | U |   |
|                                     | Lawn Sprinkler System      | Y                                   | N | U | Full [ ] Partial [ ] Automatic [ ] Manual [ ]                                 |
| <input checked="" type="checkbox"/> | Microwave                  | <input checked="" type="checkbox"/> | N | U |   |
|                                     | Mock Fireplace             | Y                                   | N | U | With Chimney [ ] Without Chimney [ ]  |
|                                     | Outdoor Grill              | Y                                   | N | U | [NAT] [LP] [E]  |
| <input checked="" type="checkbox"/> | Oven                       | <input checked="" type="checkbox"/> | N | U | [E] [G]   |
| <input checked="" type="checkbox"/> | Patio                      | Y                                   | N | U | Covered <input checked="" type="checkbox"/> Uncovered [ ]                     |
| <input checked="" type="checkbox"/> | Plumbing System            | <input checked="" type="checkbox"/> | N | U |   |
|                                     | Pool                       | Y                                   | N | U | Inground [ ] Above Ground [ ] Other [ ]                                       |
|                                     | Pool Accessories           | Y                                   | N | U |   |
|                                     | Pool Heater                | Y                                   | N | U |   |
|                                     | Pool Maintenance Equip.    | Y                                   | N | U |   |
| <input checked="" type="checkbox"/> | Portable Storage Buildings | Y                                   | N | U | # <b>1</b>  |
|                                     | Public Sewer System        | Y                                   | N | U |   |
| <input checked="" type="checkbox"/> | Rain Gutters               | <input checked="" type="checkbox"/> | N | U | Full [ ] Partial [ ]  |
| <input checked="" type="checkbox"/> | Range                      | <input checked="" type="checkbox"/> | N | U | [E] [G]   |
| <input checked="" type="checkbox"/> | Refrigerator               | <input checked="" type="checkbox"/> | N | U | #   |
|                                     | Roof Attic Vents           | Y                                   | N | U |   |
| <input checked="" type="checkbox"/> | Satellite Dish System      | <input checked="" type="checkbox"/> | N | U | Owned [ ] Leased [ ]  |
|                                     | Sauna                      | Y                                   | N | U | #   |
| <input checked="" type="checkbox"/> | Security System            | <input checked="" type="checkbox"/> | N | U | Owned [ ] Leased [ ] Mo. Lease \$   |
| <input checked="" type="checkbox"/> | Septic System/Tank         | <input checked="" type="checkbox"/> | N | U | Date Last Pumped: <u>          </u>   |
| <input checked="" type="checkbox"/> | Smoke Detector(s)          | Y                                   | N | U | # <b>5</b> Hearing Impaired [Y] <input checked="" type="checkbox"/> [N]       |
|                                     | Spa/Hot Tub                | Y                                   | N | U | #   |
|                                     | Spa Heater                 | Y                                   | N | U | # [E] [G] [Solar]   |
|                                     | Space Heater               | Y                                   | N | U | # [E] [G]   |
|                                     | Speakers                   | Y                                   | N | U |   |
|                                     | Specialty Wiring           | Y                                   | N | U | Audio [ ] Data [ ] Speakers [ ] Visual [ ]                                    |
|                                     | Sump Pump                  | Y                                   | N | U | #   |
|                                     | Trash Compactor            | Y                                   | N | U | #   |
| <input checked="" type="checkbox"/> | TV Antenna                 | <input checked="" type="checkbox"/> | N | U | # <b>1 Satellite</b>  |
|                                     | Wall/Window A/C            | Y                                   | N | U | #   |
| <input checked="" type="checkbox"/> | Washer                     | <input checked="" type="checkbox"/> | N | U |   |
|                                     | Washer Hookups             | Y                                   | N | U |   |
| <input checked="" type="checkbox"/> | Water Heater               | <input checked="" type="checkbox"/> | N | U | # <b>1</b> [E] [G] [Solar] <b>LP</b>  |
| <input checked="" type="checkbox"/> | Water Softener             | <input checked="" type="checkbox"/> | N | U | Owned <input checked="" type="checkbox"/> Leased [ ] Mo. Lease/Service Chg \$ |
|                                     | Window Screens             | Y                                   | N | U | # Type:   |
|                                     | Other:                     | Y                                   | N | U |   |
|                                     | Other:                     | Y                                   | N | U |   |

Initialed for Identification by Seller \_\_\_\_\_, \_\_\_\_\_ and Buyer **JN**, \_\_\_\_\_

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Seller's Disclosure Notice Concerning Property At: Manor, 78653-4983

Explain all No [N] or Unknown [U] answers. Attach additional sheets as necessary. \_\_\_\_\_

The seller excludes the following items from the sale: \_\_\_\_\_

**2. UTILITY PROVIDERS and HOMEOWNERS' ASSOCIATION (Fill in names of Suppliers with Telephone Numbers):**

WATER Supply: Manville WSC Ph: \_\_\_\_\_ GAS Supply: Direct Propane Ph: \_\_\_\_\_  
☐ City ☐ Well ☐ Private ☐ MUD ☐ Utility ☒ Tank ☐ Bottle ☐ Co-Op  
☐ WCID ☒ Co-Op ☐ Other \_\_\_\_\_ Tank/Bottle Mo. Lease \$ \_\_\_\_\_

WASTEWATER: \_\_\_\_\_ Ph: \_\_\_\_\_ HOA/CONDO ASSOC: NONE  
☐ City ☐ Co-Op ☐ MUD ☐ Other ☐ Mandatory ☐ Voluntary  
☐ Septic Association Fee \$ \_\_\_\_\_ per \_\_\_\_\_  
 HOA's Administrative Transfer Fee of \$ \_\_\_\_\_  
 (Fee above shall include all costs of transfer of ownership)

ELECTRICITY: Austin Electric Ph: \_\_\_\_\_ Manager's Name: \_\_\_\_\_  
 CABLE TV: Directv Ph: \_\_\_\_\_ Manager's Telephone: \_\_\_\_\_  
 SOLID WASTE PROVIDER: \_\_\_\_\_  
Waste Management

**3. PROPERTY DEFECTS/MALFUNCTIONS:**

Are you (Seller) aware of any known defects/malfunctions in any of the following? Mark Yes [Y] if you are aware and mark No [N] if you are not aware.

| Exists | Item                                 | Defect/<br>Malfunction |     | Exists | Item                                       | Defect/<br>Malfunction |     |
|--------|--------------------------------------|------------------------|-----|--------|--|------------------------|-----|
|        | Basement                             | Y                      | N   | ✓      | Potable Drinking Water                     | Y                      | (N) |
| ✓      | Ceilings                             | Y                      | (N) |        | Retaining Wall(s)                          | Y                      | N   |
| ✓      | Driveway(s)                          | Y                      | (N) | ✓      | Roof                                       | Y                      | (N) |
| ✓      | Electrical System(s)                 | Y                      | (N) |        | Overlay Shingles: (Y) [N]                  |                        |     |
| ✓      | Exterior Doors                       | Y                      | (N) |        | Roof Approximate Age: _____ Yrs            |                        |     |
| ✓      | Exterior Walls                       | Y                      | (N) |        | Roof Type: _____                           |                        |     |
| ✓      | Floors                               | Y                      | (N) | ✓      | Septic System: Type: _____                 | Y                      | (N) |
| ✓      | Foundation: Slab [✓] Pier & Beam [ ] | Y                      | (N) |        | Sidewalks                                  | Y                      | N   |
| ✓      | Interior Doors                       | Y                      | (N) |        | Stucco                                     | Y                      | N   |
| ✓      | Interior Walls                       | Y                      | (N) |        | Conventional [ ] Synthetic [ ] Type: _____ |                        |     |
| ✓      | Lighting Fixtures                    | Y                      | (N) |        | Underground Electrical Lines               | Y                      | N   |
| ✓      | Outbuildings                         | Y                      | (N) |        | Wastewater System                          | Y                      | N   |
| ✓      | Plumbing                             | Y                      | (N) | ✓      | Windows                                    | Y                      | (N) |

If the answer to any of the above in #3 is Yes [Y], explain. Attach additional sheets as necessary.

Describe any other Property Defects/Malfunctions:

Initialed for Identification by Seller \_\_\_\_\_, \_\_\_\_\_ and Buyer JN, \_\_\_\_\_

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Seller's Disclosure Notice Concerning Property At:

Manor, 78653-4983

**4. CURRENT CONDITIONS OF THE PROPERTY:**

Are you (SELLER) aware of any of the following? Mark Yes [Y] if you are aware, mark No [N] if you are not aware.

|  |                                    |                                    |  |   |                                    |
|--|------------------------------------|------------------------------------|--|---|------------------------------------|
| Active Termites                        | Y                                  | <input checked="" type="radio"/> N | Fault Lines  | Y | <input checked="" type="radio"/> N |
| Wood-Destroying Insects                | Y                                  | <input checked="" type="radio"/> N | Landfill   | Y | <input checked="" type="radio"/> N |
| Termite or Wood Rot Needing Repair     | Y                                  | <input checked="" type="radio"/> N | Subsurface Structure(s)                              | Y | <input checked="" type="radio"/> N |
| Termite Damage                         | Y                                  | <input checked="" type="radio"/> N | Pit(s)   | Y | <input checked="" type="radio"/> N |
| Termite Treatment                      | Y                                  | <input checked="" type="radio"/> N | Underground Spring(s)                                | Y | <input checked="" type="radio"/> N |
| Water Penetration of Structure         | Y                                  | <input checked="" type="radio"/> N | Intermittent/Weather Spring(s)                       | Y | <input checked="" type="radio"/> N |
| Structural or Roof Repair              | Y                                  | <input checked="" type="radio"/> N | Underground Storage Tank(s)                          | Y | <input checked="" type="radio"/> N |
| Asbestos Components                    | Y                                  | <input checked="" type="radio"/> N | Endangered Species/Habitat on Property               | Y | <input checked="" type="radio"/> N |
| Urea Formaldehyde Insulation           | Y                                  | <input checked="" type="radio"/> N | Hazardous or Toxic Waste                             | Y | <input checked="" type="radio"/> N |
| Radon Gas                              | Y                                  | <input checked="" type="radio"/> N | Diseased Trees                                       | Y | <input checked="" type="radio"/> N |
| Lead-Based Paint                       | Y                                  | <input checked="" type="radio"/> N | Fence Lines Not Corresponding to Property Boundaries | Y | <input checked="" type="radio"/> N |
| Aluminum Wiring                        | Y                                  | <input checked="" type="radio"/> N | Wetlands on Property                                 | Y | <input checked="" type="radio"/> N |
| Foundation Repair                      | <input checked="" type="radio"/> Y | N                                  | Unplatted Easement(s)                                | Y | <input checked="" type="radio"/> N |
| Flooding of Land                       | Y                                  | <input checked="" type="radio"/> N | Underground Electrical Line(s)                       | Y | <input checked="" type="radio"/> N |
| Improper Drainage or Ponding           | Y                                  | <input checked="" type="radio"/> N | Dampness in Crawl Spaces                             | Y | <input checked="" type="radio"/> N |
| Located in 100-Year Flood Plain        | Y                                  | <input checked="" type="radio"/> N | Water Heater Leak(s)                                 | Y | <input checked="" type="radio"/> N |
| Present Flood Insurance Coverage       | Y*                                 | <input checked="" type="radio"/> N | HVAC System Leak(s) – Overflow Pan or Other Defect   | Y | <input checked="" type="radio"/> N |
| *Attach TAR Form 1414 if answer is Yes |                                    |                                    |  |   |                                    |
| Settling or Soil Movement              | <input checked="" type="radio"/> Y | N                                  | Other Conditions                                     | Y | <input checked="" type="radio"/> N |

If the answer to any of the above is Yes [Y], explain. Attach additional sheets House Leveling.**5. PREVIOUS CONDITIONS OF THE PROPERTY:**

Are you (SELLER) aware of the following previously defective conditions? Mark Yes [Y] if you are aware, mark No [N] if you are not aware.

|  |                                    |                                    |
|--|------------------------------------|------------------------------------|
| Previous Flooding into the Structure                         | Y                                  | <input checked="" type="radio"/> N |
| Previous Flooding onto the Property                          | Y                                  | <input checked="" type="radio"/> N |
| Previous Fires   | Y                                  | <input checked="" type="radio"/> N |
| Previous Foundation Repairs                                  | <input checked="" type="radio"/> Y | N                                  |
| Previous Roof Repairs  | <input checked="" type="radio"/> Y | N                                  |
| Previous Treatment for Termites or Wood-Destroying Insects   | Y                                  | <input checked="" type="radio"/> N |
| Previous Termite or Wood-Destroying Insect Damage Repaired   | Y                                  | <input checked="" type="radio"/> N |
| Previous Use of Premises for Manufacturer of Methamphetamine | Y                                  | <input checked="" type="radio"/> N |

Other Conditions: \_\_\_\_\_

If the answer to any of the above is Yes [Y], explain. Attach additional sheets as necessary.

Foundation Leveling. Roof replaced 5 yrs ago.**6. SYSTEMS IN NEED OF REPAIR:**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 as necessary.

Initialed for Identification by Seller \_\_\_\_\_, \_\_\_\_\_ and Buyer JN, \_\_\_\_\_

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Seller's Disclosure Notice Concerning Property At:

7. MISCELLANEOUS CONDITIONS:

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] ☒ Room additions, structural modifications, or other alterations or repairs made without necessary permits or not in compliance with building code in effect at the time of construction?
- [Y] ☒ Any "common area" facilities, i.e., pools, tennis courts, walkways, or other areas, co-owned in undivided interest with others?
- [Y] ☒ Are there any optional charges or user fees for "common area" facilities? If yes, describe: \_\_\_\_\_
- [Y] ☒ Any notices of violations of deed restrictions or governmental ordinances, zoning, use, or impervious cover limitations affecting the condition or use of the Property?
- [Y] ☒ Any lawsuits or other legal proceedings directly affecting the Property or Seller's ability to convey property, e.g., bankruptcy, probate, guardianship, etc.?
- [Y] ☒ Any condition of the Property which materially affects the physical health or safety of an individual?
- [Y] ☒ Features of the Property shared in common with adjoining landowners, e.g., walls, fences, and driveways, whose use of responsibility for maintenance may have an effect on the Property?
- [Y] ☒ Any encroachments of improvements on the subject Property onto another property or of improvements on another property onto the subject Property, easements, (recorded or unrecorded), or similar matters that may affect your interest in the Property?
- [Y] ☒ Landfill – compacted or otherwise – on the Property or any portion thereof?
- [Y] ☒ Any settling from any cause or slippage, sliding or other soil problems?
- [Y] ☒ Damage to the Property or any of the structures from fire, earthquake, floods or landslides?
- [Y] ☒ Any future highway, freeway, or air traffic patterns which affects the Property?
- [Y] ☒ Any future annexation plans which affect the Property?
- [Y] ☒ Within the previous 12 months, has there been an equity loan on the Property? If Yes, date \_\_\_\_/\_\_\_\_/\_\_\_\_
- [Y] ☒ Any pending flood plain changes known?
- [Y] ☒ Any ordinances that restrict flood coverage or rebuilding any portion of the structure to its previous use?
- [Y] ☒ Previous FEMA claim paid?
- [Y] ☒ Death on the Property other than death caused by: natural causes, suicide, or accident unrelated to the Property's condition?
- [Y] ☒ Was the dwelling built before 1978? Unknown [ ]
- [Y] ☒ Any repairs or treatment, other than routine maintenance, made to the Property to eliminate environmental hazards such as asbestos, radon, lead-based paint, urea formaldehyde, or mold?
- [Y] ☒ Any historic preservation restriction or ordinance or archeological designation associated with the Property?
- [Y] ☒ Any IRS or tax redemption periods which will affect the sale of the Property?
- [Y] ☒ Any other item(s) of concern?

If the answer to any of the above is Yes [Y], explain. Attach additional sheets as necessary.

Initialed for Identification by Seller \_\_\_\_\_, \_\_\_\_\_ and Buyer JN, \_\_\_\_\_

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Seller's Disclosure Notice Concerning Property At:

8. AD VALOREM TAXES:

Check any Tax Exemption(s) which you (SELLER) currently claim for the Property:

☒ Homestead ☐ Over 65 ☒ Disabled ☐ Disabled Veteran ☐ Wildlife Management  
☐ Agricultural ☐ Unknown ☐ None ☐ Other \_\_\_\_\_

Have you or a third party on your behalf ever supplied information regarding property defects or condition at the Appraisal District? ☐ Yes ☒ No

Have you ever testified or had an agent testify on your behalf in a valuation hearing at an Appraisal District Value Protest Hearing? ☐ Yes ☒ No If so, which Appraisal District? \_\_\_\_\_

Is property located in a Statutory Tax District? ☒ Yes ☐ No

9. INSPECTIONS AND DISCLOSURES:

Have you (SELLER) received any written inspection reports from persons who regularly provide inspections and who are either licensed as inspectors or engineers or otherwise permitted by law to perform inspections in the past four (4) years? ☐ Yes ☒ No

Chapter 6-7 of the Austin City Code requires an energy audit be completed for certain properties before the time of sale. Has an energy audit been completed on the Property within the last 10 years? ☐ Yes ☐ No ☐ N/A

If Yes to either of these questions, list the information below and attach copies of the reports:

| Date of Inspection | Name of Document | Author of Report | Number of Pages |
|--------------------|------------------|------------------|-----------------|
|--------------------|------------------|------------------|-----------------|

Is a previous Seller's Disclosure available? ☐ Yes ☐ No If so, please attach.

Is a current Survey available? ☐ Yes ☐ No If so, please attach. Date of Current Survey: \_\_\_\_/\_\_\_\_/\_\_\_\_

If yes, attach survey with notarized T-47 Affidavit.

10. SMOKE DETECTORS:

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 installation. The parties may agree who will bear the cost of installing the smoke detectors and which brand of smoke detectors to install.

11. MAJOR REPAIRS OR IMPROVEMENTS MADE:

Have you (SELLER) made, or had made, major repairs or improvements (costing \$500 or more) to the Property during the time you have owned the Property? ☒ Yes ☐ No

Are you (SELLER) aware of major repairs or improvements made by previous owners?

☐ Yes ☐ No

If Yes to either, please explain. (Attach additional sheet(s) as necessary.) Foundation leveling  
New driveway slab.

Initialed for Identification by Seller \_\_\_\_\_, \_\_\_\_\_ and Buyer JN, \_\_\_\_\_

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Seller's Disclosure Notice Concerning Property At: \_\_\_\_\_

**12. INSURANCE CLAIMS:**

In the last 5 years have you (SELLER) filed an insurance claim related to this property? ☐ Yes ☒ No  
If there was a monetary settlement, were the funds used to make the repair? ☐ Yes ☐ No

**13. GOVERNMENT OR OTHER PENDING OR RECEIVED NOTICES:**

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

SELLER has not received any notices from any governmental agency or private company of pending condemnation or any portion of the Property, except:

**14. ADDITIONAL DISCLOSURE FORMS ATTACHED:** ☐ Yes ☒ No

- ☐ Addendum for Seller's Disclosure of Information on Lead-Based Paint (TAR 1906)
- ☐ Environmental Assessment, Threatened or Endangered Species, and Wetlands Addendum (TAR 1917)
- ☐ Energy Audit
- ☐ Information About On-Site Sewer Facility (TAR 1407)
- ☐ \$49,452 Notice to Purchase (TREC OP-C) ☐ Yes ☐ No
- ☐ Information About Special Flood Hazard Areas (TAR 1414)
- ☐ Relocation Addendum (TAR 1941)
- ☐ Other \_\_\_\_\_

**THE ABOVE DISCLOSURES ARE TRUE AND CORRECT TO THE BEST KNOWLEDGE OF THE SELLER(S).** SELLER acknowledges that the statements in this Disclosure are true to the best of the Seller's belief and that no person, including the Broker(s) and their Agent(s) has instructed or influenced Seller to provide inaccurate information or to omit any material information.

John M. Nichols  
Seller's Signature

\_\_\_\_\_  
Seller's Signature

John M. Nichols  
Printed Name

\_\_\_\_\_  
Printed Name

6-6-2011  
Date

\_\_\_\_\_  
Date

Initialed for Identification by Buyer \_\_\_\_\_ , \_\_\_\_\_

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Seller's Disclosure Notice Concerning Property At: Manor, 78653-4983

**THE UNDERSIGNED BUYER HEREBY ACKNOWLEDGES  
RECEIPT OF A COPY OF THIS STATEMENT.**

**NOTICES TO BUYER:**

**LISTING BROKER, Linda Ramsey - Keller Williams Bastrop, AND OTHER BROKER,**  
**\_\_\_\_\_, ADVISE YOU THAT THE SELLER'S**  
**DISCLOSURE NOTICE WAS COMPLETED BY SELLER, AS OF THE DATE SIGNED.**

**THE LISTING BROKER AND THE OTHER BROKER HAVE RELIED ON THIS NOTICE AS TRUE AND CORRECT  
AND HAVE NO REASON TO BELIEVE IT TO BE FALSE OR INACCURATE.**

**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.**

**IF THE PROPERTY IS LOCATED IN A COASTAL AREA THAT IS SEWARD 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.**

**YOU ARE STRONGLY ADVISED TO HAVE AN INSPECTOR OF YOUR CHOICE INSPECT THE PROPERTY PRIOR  
TO CLOSING. ALL INSPECTION REPORTS FURNISHED BY THE SELLER ARE PROVIDED FOR INFORMATION  
PURPOSES ONLY AND ARE NOT INTENDED TO BE A SUBSTITUTE FOR AN INSPECTION PERFORMED BY AN  
INSPECTOR OF BUYER'S CHOICE.**

**BUYER ACKNOWLEDGES THAT THEY HAVE BEEN STRONGLY ADVISED TO HAVE THE PROPERTY  
INSPECTED BY THEIR OWN INDEPENDENT INSPECTOR(S).**

**THE DISCLOSURE NOTICE CONTAINS NO ESTIMATE OF THE NUMBER OF SQUARE FEET OF SPACE WITHIN  
THE RESIDENCE AND BROKERS MAKE NO REPRESENTATIONS REGARDING SUCH AREA. IF SQUARE  
FOOTAGE IS IMPORTANT TO BUYER, BUYER SHOULD HAVE IT MEASURED BY A PROFESSIONAL.**

**THE UNDERSIGNED BUYER ACKNOWLEDGES RECEIPT OF THE FOREGOING NOTICE.**

\_\_\_\_\_  
Buyer's Signature\_\_\_\_\_  
Buyer's Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Date