



THIS FORM IS INTENDED FOR USE BY REALTOR® MEMBERS ONLY AND ANY OTHER USE OF THIS FORM IS NOT AUTHORIZED.

SELLER'S DISCLOSURE NOTICE

TO BE COMPLETED BY SELLER(S)

CONCERNING THE PROPERTY AT 3033 Winding Oaks Kaufman Kaufman
(STREET ADDRESS AND CITY) (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 GREATER DALLAS 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

- The Property is currently:
 - ☒ Owner occupied ☐ Estate
 - ☐ Leased ☐ Foreclosure
 - If owner occupied, for 4 years.
 - If not owner occupied, for years.
 - If leased: Origination Date
 - Expiration Date
- 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:
- Year the Property was constructed: 19 / 20 03
 - ☒ Per Owner ☐ Per Tax Rolls
- Is Seller a United States citizen:
 - ☒ Yes ☐ No
 - If "No", the seller is a "foreign person" as defined in the Internal Revenue Code: ☐ Yes ☐ No
- Check any of the following tax exemptions which Seller claims for the Property:
 - ☒ Homestead ☐ Senior Citizen
 - ☐ Disabled ☐ Disabled Veteran
 - ☐ Agricultural ☐ Other
- 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:
- 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:
- Are there any pending or threatened condemnation proceedings which affect the Property?
 - ☐ Yes ☒ No ☐ Unknown
 - If "Yes", explain:
- 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:
- Has the Seller asserted any claim under any insurance policy or against any person for any physical condition of the Property?
 - ☐ Yes ☒ No
 - If "Yes", explain:
- 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:

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Seller's Initials JR - Seller's Initials JS

MetroTex 7167 (03/05)

RE/MAX Landmark 115 E. Moore Ave., Terrell TX 75160

Phone: (972) 524-2525

Fax: (972) 551-2525

Terry Roberts

PROPERTY ADDRESS: 3033 Winding Oaks Kaufman, TX 75142

Buyer's Initials Buyer's Initials

Sutton Home, zf

Produced with ZipForm™ by RE FormsNet, LLC 18026 Fifteen Mile Road, Clinton Township, Michigan 48035 www.zipform.com

INFORMATION ABOUT EQUIPMENT AND SYSTEMS

12. For items listed below in Section 12, 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 repaired (note date of repair) or if item is 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 REPAIRED	DATE OF REPAIR MONTH/YEAR	IN NEED OF REPAIR	DESCRIPTION OF COMPLETED/ NEEDED REPAIRS
Attic Fan	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Automatic Lawn Sprinkler System (Front <input type="checkbox"/> , Back <input type="checkbox"/> , Left Side <input type="checkbox"/> , Right Side <input type="checkbox"/> , Fully <input checked="" type="checkbox"/>)	<input type="checkbox"/>	<input checked="" 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"/>	
Cooling (Central Gas <input type="checkbox"/> / Electric <input checked="" type="checkbox"/> , # Units <input checked="" type="checkbox"/>)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Cooling (Window <input type="checkbox"/> / Wall <input type="checkbox"/>)	<input type="checkbox"/>	<input checked="" 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"/>	
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Garage Door Opener(s) & Controls (Automatic <input checked="" type="checkbox"/> / Manual <input type="checkbox"/> / Controls <input type="checkbox"/> 1, <input checked="" type="checkbox"/> 2)	<input type="checkbox"/>	<input checked="" 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 <input type="checkbox"/> / Liquid Propane <input checked="" type="checkbox"/>)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Heating (Central Gas <input type="checkbox"/> / Electric <input checked="" type="checkbox"/> , # Units <input checked="" type="checkbox"/>)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Heating (Window <input type="checkbox"/> / Wall <input type="checkbox"/>)	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Intercom System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Lighting Fixtures	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Oven	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Plumbing System	<input 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	<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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Security System(s) (In Use <input checked="" type="checkbox"/> / Abandoned <input type="checkbox"/>)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Septic or other On-Site Sewer System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Shower Enclosure & Pan	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Spa	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Stove	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Swimming Pool & Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Swimming Pool Built-In Cleaning Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Swimming Pool Heater	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Trash Compactor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
TV Antenna	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Water Heater (Gas <input type="checkbox"/> / 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

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 Seller's Initials KA Seller's Initials PS
 MetroTex 7167 (01/05)

3033 Winding Oaks
 PROPERTY ADDRESS: Kaufman, TX 75142
 Buyer's Initials _____ Buyer's Initials _____

INFORMATION ABOUT STRUCTURE/OTHER

EQUIPMENT & SYSTEM	N/A	WORKING CONDITION	HAS BEEN REPAIRED	DATE OF REPAIR MONTH/YEAR	IN NEED OF REPAIR	DESCRIPTION OF COMPLETED/ NEEDED REPAIRS
Basement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Carport (Attached <input checked="" type="checkbox"/> / Not Attached <input type="checkbox"/>)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Ceilings	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Doors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Drains (French <input type="checkbox"/> / Other <input type="checkbox"/>)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Driveway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Electrical Wiring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Fences	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Fireplace(s)/Chimney (masonry)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Fireplace(s)/Chimney (wood burning)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Fireplace(s)/With gas logs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Foundation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Garage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Lighting (Outdoor)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Patio/Decking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Retaining Wall	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Rain Gutters and Down Spouts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Sidewalks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Skylight(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Sump Pump	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Walls (Exterior/Interior)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Washer/Dryer Hookups (Gas <input type="checkbox"/> / Electric <input checked="" type="checkbox"/>)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Windows	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Window Screens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

13. The shingles or roof covering is constructed of:
☐ Wood ☒ Composition ☐ Tile ☐ Other _____
 Is there an overlay covering?
☐ Yes ☒ No ☐ Unknown
 14. The age of the shingles or roof covering: 4 years

15. The electrical wiring of the Property is:
☐ Copper ☐ Aluminum ☐ Other (specify) _____
☐ Unknown

16. Is there a security system?
 - If "Yes", system is:
 - If leased, is lease transferable?
☒ Yes ☐ No
☒ Owned by Seller ☐ Leased by Seller
☐ Yes ☐ No
 Monitor Charge: ☒ Mth. ☐ Qtr. ☐ Yr. \$ 30.00
 Lease Charge: ☐ Mth. ☐ Qtr. ☐ Yr. \$ _____

17. Please identify other systems, if any, of the Property which are leased and not owned by Seller: _____

MISCELLANEOUS INFORMATION ABOUT PROPERTY

18. 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Located on or near CORP OF ENGINEERS Property	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Any DEATH occurring on Property (other than self-inflicted or by natural causes)	<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 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"/>	

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 Buyer's Initials _____ Buyer's Initials _____

MISCELLANEOUS INFORMATION ABOUT PROPERTY CONTINUED

	YES	NO	UNKNOWN	IF "YES", EXPLAIN
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 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"/>	
Previous WATER PENETRATION	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WOOD ROT Damage Needing Repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

19. Is the Seller aware of any condition which has not been previously addressed in this disclosure statement which, in your opinion, is defective?

☐ Yes ☒ No

- If "Yes", explain: _____

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

- Amount of Monthly dues or assessments: \$ 800 year
- Payment of dues/assessments is: ☒ Mandatory ☐ Voluntary
- Seller's Percentage Ownership in Common Area: _____ %
- Amount of Unpaid Dues or Assessments, if any: \$ _____
- Optional Membership: \$ _____

21. Is the Property in a 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
- ☐ Unknown ☐ Other _____

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 liens against the Property? ☐ Yes ☐ No ☐ Unknown

INFORMATION ABOUT FOUNDATION

26. 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: _____

- If "Yes", have you given a copy of each report to the Listing Broker?

☐ Yes ☐ No

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

☐ Yes ☒ No ☐ Unknown

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

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Buyer's Initials _____ Buyer's Initials _____

INFORMATION ABOUT DRAINAGE

28. 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: _____

- If "Yes", have you given a copy of each report to the Listing Broker?
☐ Yes ☐ No

29. 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: _____

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

- If "Yes", explain: _____

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

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

32. Is the Property covered by flood insurance? ☐ Yes ☒ No
 (If yes, attach "Information About Special Flood Hazard Areas", TAR No. 1414)

INFORMATION ABOUT TERMITES/WOOD DESTROYING INSECTS

33. Has the Seller ever obtained a written report about active termites or other wood destroying insects?
☐ 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: _____

- If "Yes", have you given a copy of each report to the Listing Broker?
☐ Yes ☒ No

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

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

35. 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: _____

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

- If "Yes", explain: _____

37. Is there any existing termite damage in need of repair?
☐ Yes ☒ No ☐ Unknown

- If "Yes", explain: _____

38. 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: _____

INFORMATION ABOUT ENVIRONMENTAL CONDITIONS

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

The presence or removal of asbestos	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
The presence of radon gas	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
The presence or treatment of mold	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
The presence of lead based paint	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

- If "Yes", explain: _____

40. If the answer to any part of question #39 is "Yes", has the Seller ever obtained a written report for addressing environmental hazards referred to in question #39 above?
☐ 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.)

ACKNOWLEDGMENT BY SELLER

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

 Seller(s) Initials

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

 Seller(s) Initials

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

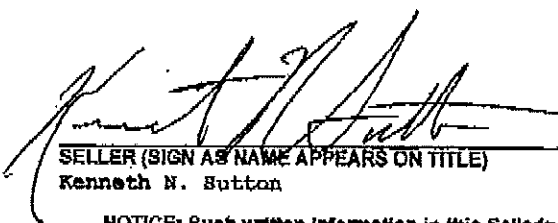
 Seller(s) Initials

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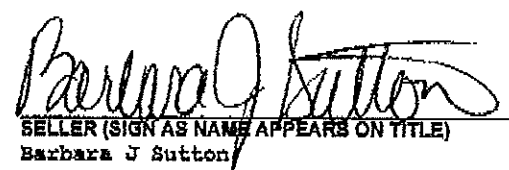
3033 Winding Oaks
 PROPERTY ADDRESS: Kaufman, TX 75142
 Buyer's Initials _____ Buyer's Initials _____

INDEMNIFICATION

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


SELLER (SIGN AS NAME APPEARS ON TITLE)
Kenneth N. Sutton

1/23/09
DATE


SELLER (SIGN AS NAME APPEARS ON TITLE)
Barbara J. Sutton

01/23/09
DATE

NOTICE: 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. The Listing Broker and any other Broker and their sales associates, employees, and agents are relying upon the written information provided by the Seller in this Disclosure Notice. THIS IS NOT A WARRANTY. YOU ARE ENCOURAGED TO HAVE AN INSPECTOR OF YOUR CHOICE INSPECT THE PROPERTY PRIOR TO CLOSING. Buyer is not relying upon any statement or representation by the Listing Broker or any other Broker or the sales associates, employees, and agents of the Brokers concerning the condition of the Property.

NOTICE TO PURCHASER: 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.

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

BUYER

DATE

BUYER

DATE