



TEXAS ASSOCIATION OF REALTORS®
SELLER'S DISCLOSURE NOTICE

®Texas Association of REALTORS®, Inc. 2008

Section 5.008, Property Code requires a seller of residential property of not more than one dwelling unit to deliver a Seller's Disclosure Notice to a buyer on or before the effective date of a contract. This form complies with and contains additional disclosures which exceed the minimum disclosures required by the Code.

CONCERNING THE PROPERTY AT _____

1950 FM 2869
Wimmsboro, 75494

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

Seller ☐ is ☐ is not occupying the Property. If unoccupied (by Seller), how long since Seller has occupied the Property?
☐ or ☐ never occupied the Property

Section 1. The Property has the items marked below: (Mark Yes (Y), No (N), or Unknown (U).)

This notice does not establish the items to be conveyed. The contract will determine which items will & will not convey.

Item	Y	N	U
Cable TV Wiring		<input checked="" type="checkbox"/>	
Carbon Monoxide Det.		<input checked="" type="checkbox"/>	
Ceiling Fans	<input checked="" type="checkbox"/>		
Cooktop		<input checked="" type="checkbox"/>	
Dishwasher		<input checked="" type="checkbox"/>	
Disposal		<input checked="" type="checkbox"/>	
Emergency Escape Ladder(s)		<input checked="" type="checkbox"/>	
Exhaust Fans		<input checked="" type="checkbox"/>	
Fences		<input checked="" type="checkbox"/>	
Fire Detection Equip.		<input checked="" type="checkbox"/>	
French Drain		<input checked="" type="checkbox"/>	
Gas Fixtures		<input checked="" type="checkbox"/>	

Item	Y	N	U
Gas Lines (Nat/LP)		<input checked="" type="checkbox"/>	
Hot Tub		<input checked="" type="checkbox"/>	
Intercom System		<input checked="" type="checkbox"/>	
Microwave	<input checked="" type="checkbox"/>		
Outdoor Grill		<input checked="" type="checkbox"/>	
Patio/Decking		<input checked="" type="checkbox"/>	
Plumbing System		<input checked="" type="checkbox"/>	
Pool		<input checked="" type="checkbox"/>	
Pool Equipment		<input checked="" type="checkbox"/>	
Pool Maint. Accessories		<input checked="" type="checkbox"/>	
Pool Heater		<input checked="" type="checkbox"/>	
Public Sewer System		<input checked="" type="checkbox"/>	

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

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

(TAR-1406) 7-16-08

Initialed by: Seller: AKL, Al Kennedy and Buyer: _____

United County Cain Agency 301 S Beech Wimmsboro, TX 75494
Ray Cain

Produced with ZipForm® by ziplogix 18070 Fifteen Mile Road, Fraser, Michigan 48026 www.ziplogix.com

Phone: 903.342.6948

Fax: _____

United

Water supply provided by: ☐ city ☐ well ☐ MUD ☐ co-op ☐ unknown ☐ other: _____
Was the Property built before 1978? ☐ yes ☐ no ☐ unknown

(If yes, complete, sign, and attach TAR-1906 concerning lead-based paint hazards).

Roof Type: _____ Age: _____ (approximate)

Is there an overlay roof covering on the Property (shingles or roof covering placed over existing shingles or roof covering)?
☐ yes ☐ no ☐ unknown

Are you (Seller) aware of any of the items listed in this Section 1 that are not in working condition, that have defects, or are need of repair? ☐ yes ☐ no If yes, describe (attach additional sheets if necessary): _____

Section 2. Are you (Seller) aware of any defects or malfunctions in any of the following?: (Mark Yes (Y) if you are aware and No (N) if you are not aware.)

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

If the answer to any of the items in Section 2 is yes, explain (attach additional sheets if necessary): _____

Section 3. Are you (Seller) aware of any of the following conditions: (Mark Yes (Y) if you are aware and No (N) if you are not aware.)

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

(TAR-1406) 7-16-08 Initialed by: Seller AK and Buyer: AK, _____ Page 2 of 5

Concerning the Property at _____

1950 FM 2869
Winsboro, 75494

If the answer to any of the items in Section 3 is yes, explain (attach additional sheets if necessary): _____

Section 4. Are you (Seller) aware of any item, equipment, or system in or on the Property that is in need of repair, which has not been previously disclosed in this notice? ☐ yes ☒ no If yes, explain (attach additional sheets if necessary): _____

Section 5. Are you (Seller) aware of any of the following (Mark Yes (Y) if you are aware. Mark No (N) if you are not aware.)

☒ N Room additions, structural modifications, or other alterations or repairs made without necessary permits or not in compliance with building codes in effect at the time.

☒ N Homeowners' associations or maintenance fees or assessments. If yes, complete the following:

Name of association: _____ Phone: _____

Fees or assessments are: \$ _____ per _____ and are: ☐ mandatory ☐ voluntary
Any unpaid fees or assessment for the Property? ☐ yes (\$ _____) ☐ no

If the Property is in more than one association, provide information about the other associations below or attach information to this notice.

☒ N Any common area (facilities such as pools, tennis courts, walkways, or other) co-owned in undivided interest with others. If yes, complete the following:

Any optional user fees for common facilities charged? ☐ yes ☐ no If yes, describe: _____

☐ N Any notices of violations of deed restrictions or governmental ordinances affecting the condition or use of the Property.

☒ N Any lawsuits or other legal proceedings directly or indirectly affecting the Property.

☒ N Any death on the Property except for those deaths caused by: natural causes, suicide, or accident unrelated to the condition of the Property.

☒ N Any condition on the Property which materially affects the health or safety of an individual.

Any repairs or treatments, other than routine maintenance, made to the Property to remediate environmental hazards such as asbestos, radon, lead-based paint, urea-formaldehyde, or mold.

If yes, attach any certificates or other documentation identifying the extent of the remediation (for example, certificate of mold remediation or other remediation).

If the answer to any of the items in Section 5 is yes, explain (attach additional sheets if necessary): _____

(TAR-1406) 7-16-08

Initialed by: Seller: NEE, W Leonard Buyer: _____, _____

Page 3 of 5

Concerning the Property at _____

1950 FM 2869
Willsboro, 75494

Section 6. Seller ☐ has ☒ has not attached a survey of the Property.

Section 7. Within the last 4 years, have you (Seller) received any written inspection reports from persons who regularly provide inspections and who are either licensed as inspectors or otherwise permitted by law to perform inspections? ☐ yes ☒ no If yes, attach copies and complete the following:

Inspection Date	Type	Name of Inspector	No. of Pages

Note: A buyer should not rely on the above-cited reports as a reflection of the current condition of the Property. A buyer should obtain inspections from inspectors chosen by the buyer.

Section 8. Check any tax exemption(s) which you (Seller) currently claim for the Property:

- ☐ Homestead ☐ Senior Citizen
☐ Wildlife Management ☐ Agricultural
☐ Other: _____ ☐ Disabled
☐ Disabled Veteran
☐ Unknown

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

Section 10. Does the property have working smoke detectors installed in accordance with the smoke detector requirements of Chapter 766 of the Health and Safety Code? ☐ unknown ☒ no ☐ yes. If no or unknown, explain. (Attach additional sheets if necessary): _____

**Chapter 766 of the Health and Safety Code requires one-family or two-family dwellings to have working smoke detectors installed in accordance with the requirements of the building code in effect in the area in which the dwelling is located, including performance, location, and power source requirements. If you do not know the building code requirements in effect in your area, you may check unknown above or contact your local building official for more information.*

A buyer may require a seller to install smoke detectors for the hearing impaired if: (1) the buyer or a member of the buyer's family who will reside in the dwelling is hearing-impaired; (2) the buyer gives the seller written evidence of the hearing impairment from a licensed physician; and (3) within 10 days after the effective date, the buyer makes a written request for the seller to install smoke detectors for the hearing-impaired and specifies the locations for installation. The parties may agree who will bear the cost of installing the smoke detectors and which brand of smoke detectors to install.

Seller acknowledges that the statements in this notice are true to the best of Seller's belief and that no person, including the broker(s), has instructed or influenced Seller to provide inaccurate information or to omit any material information.

Signature of Seller Robert W. Kanner Date 9-10-09
Printed Name: Robert W. Kanner Signature of Seller Roba Kanner
Printed Name: ROBE KANNER Date _____

(TAR-1406) 7-16-08

Initialed by: Seller: _____ and Buyer: _____

Page 4 of 5

Concerning the Property at _____

1950 FM 2869
Wimsboro, 75494

ADDITIONAL NOTICES TO BUYER:

- (1) The Texas Department of Public Safety maintains a database that the public may search, at no cost, to determine if registered sex offenders are located in certain zip code areas. To search the database, visit www.txdps.state.tx.us. For information concerning past criminal activity in certain areas or neighborhoods, contact the local police department.
- (2) If the property is located in a coastal area that is seaward of the Gulf Intracoastal Waterway or within 1,000 feet of the mean high tide bordering the Gulf of Mexico, the property may be subject to the Open Beaches Act or the Dune Protection Act (Chapter 61 or 63, Natural Resources Code, respectively) and a beachfront construction certificate or dune protection permit may be required for repairs or improvements. Contact the local government with ordinance authority over construction adjacent to public beaches for more information.
- (3) If you are basing your offers on square footage, measurements, or boundaries, you should have those items independently measured to verify any reported information.
- (4) The following providers currently provide service to the property:
Electric: Wood County Electric Sewer: _____
Water: Shreve Water Cable: _____
Trash: _____ Natural Gas: _____
Local Phone: Peoples Propane: _____
- (5) This Seller's Disclosure Notice was completed by Seller as of the date signed. The brokers have relied on this notice as true and correct and have no reason to believe it to be false or inaccurate. **YOU ARE ENCOURAGED TO HAVE AN INSPECTOR OF YOUR CHOICE INSPECT THE PROPERTY.**

The undersigned Buyer acknowledges receipt of the foregoing notice and acknowledges the property complies with the smoke detector requirements of Chapter 766, Health and Safety Code, or, if the property does not comply with the smoke detector requirements of Chapter 766, the buyer waives the buyer's rights to have smoke detectors installed in compliance with Chapter 766.

Signature of Buyer	_____	Date	Signature of Buyer	_____	Date
Printed Name:	_____		Printed Name:	_____	

(TAR-1406) 7-16-08



TEXAS ASSOCIATION OF REALTORS®

INFORMATION ABOUT ON-SITE SEWER FACILITY

USE OF THIS FORM BY PERSONS WHO ARE NOT MEMBERS OF THE TEXAS ASSOCIATION OF REALTORS® IS NOT AUTHORIZED.
©Texas Association of REALTORS®, Inc., 2004

CONCERNING THE PROPERTY AT

1950 FM 2869
Winnboro, 75494

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

- (1) Type of Treatment System: ☒ Septic Tank ☐ Aerobic Treatment ☐ Unknown
- (2) Type of Distribution System: ☐ ☐ Unknown
- (3) Approximate Location of Drain Field or Distribution System: ☐ Unknown
- (4) Installer: ☐ Unknown
- (5) Approximate Age: ☐ Unknown

B. MAINTENANCE INFORMATION:

- (1) Is Seller aware of any maintenance contract in effect for the on-site sewer facility? ☐ Yes ☐ No
If yes, name of maintenance contractor: _____
Phone: _____ contract expiration date: _____
Maintenance contracts must be in effect to operate aerobic treatment and certain non-standard" on-site sewer facilities.)
- (2) Approximate date any tanks were last pumped? _____
- (3) Is Seller aware of any defect or malfunction in the on-site sewer facility? ☐ Yes ☐ No
If yes, explain: _____
- (4) Does Seller have manufacturer or warranty information available for review? ☐ Yes ☐ No

C. PLANNING MATERIALS, PERMITS, AND CONTRACTS:

- (1) The following items concerning the on-site sewer facility are attached:
☐ planning materials ☐ permit for original installation ☐ final inspection when OSSF was installed
☐ maintenance contract ☐ manufacturer information ☐ warranty information ☐ _____
- (2) "Planning materials" are the supporting materials that describe the on-site sewer facility that are submitted to the permitting authority in order to obtain a permit to install the on-site sewer facility.
- (3) It may be necessary for a buyer to have the permit to operate an on-site sewer facility transferred to the buyer.

(TAR-1407) 1-7-04

Initialed for Identification by Buyer _____, _____ and Seller RLC, R. Horner Page 1 of 2

United Country Cain Agency 301 S Beech Winnboro, TX 75494
Phone: 903.342.6948

Fax: _____ Ray Cain


Produced with ZipForm® by zipLogix 18070 Fifteen Mile Road, Fraser, Michigan 48026 www.ziplogix.com

Untitled


D. **INFORMATION FROM GOVERNMENTAL AGENCIES:** Pamphlets describing on-site sewer facilities are available from the Texas Agricultural Extension Service. Information in the following table was obtained from Texas Commission on Environmental Quality (TCEQ) on 10/24/2002. The table estimates daily wastewater usage rates. Actual water usage data or other methods for calculating may be used if accurate and acceptable to TCEQ.

Facility	Usage (gal/day) without water- saving devices	Usage (gal/day) with water- saving devices
Single family dwelling (1-2 bedrooms; less than 1,500 sf)	225	180
Single family dwelling (3 bedrooms; less than 2,500 sf)	300	240
Single family dwelling (4 bedrooms; less than 3,500 sf)	375	300
Single family dwelling (5 bedrooms; less than 4,500 sf)	450	360
Single family dwelling (6 bedrooms; less than 5,500 sf)	525	420
Mobile home, condo, or townhouse (1-2 bedroom)	225	180
Mobile home, condo, or townhouse (each add'l bedroom)	75	60

This document is not a substitute for any inspections or warranties. This document was completed to the best of Seller's knowledge and belief on the date signed. Seller and real estate agents are not experts about on-site sewer facilities. Buyer is encouraged to have the on-site sewer facility inspected by an inspector of Buyer's choice.

Signature of Seller 

Date

Signature of Seller 

Date

Receipt acknowledged by:

Signature of Buyer

Date

Signature of Buyer

Date