



# TEXAS ASSOCIATION OF REALTORS® SELLER'S DISCLOSURE NOTICE

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

CONCERNING THE PROPERTY AT 7936 C. R. 412  
Buckholts, TX 76518

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	X		
Carbon Monoxide Det.	X		
Ceiling Fans	X		
Cooktop		X	
Dishwasher	X		
Disposal		X	
Emergency Escape Ladder(s)		X	
Exhaust Fans		X	
Fences	X		
Fire Detection Equip.	X		
French Drain		X	
Gas Fixtures	X		

Item	Y	N	U
Gas Lines (Nat/LP)	X		
Hot Tub			
Intercom System		X	
Microwave	X		
Outdoor Grill		X	
Patio/Decking	X		
Plumbing System		X	
Pool	X		
Pool Equipment	X		
Pool Maint. Accessories	X		
Pool Heater		X	
Public Sewer System		X	

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

Item	Y	N	U	Additional Information
Central A/C	X			<input checked="" type="checkbox"/> electric <input type="checkbox"/> gas number of units: <u>1</u>
Evaporative Coolers		X		number of units: <u>0</u>
Wall/Window AC Units		X		number of units: <u>0</u>
Attic Fan(s)		X		if yes, describe: <u>0</u>
Central Heat	X			<input checked="" type="checkbox"/> electric <input type="checkbox"/> gas number of units: _____
Other Heat	X			if yes, describe: <u>wood burning stove</u>
Oven	X			number of ovens: <u>1</u> <input type="checkbox"/> electric <input checked="" type="checkbox"/> gas <input type="checkbox"/> other: _____
Fireplace & Chimney	X			<input checked="" type="checkbox"/> wood <input type="checkbox"/> gas logs <input type="checkbox"/> mock <input type="checkbox"/> other: <u>wood burning stove</u>
Carport		X		<input type="checkbox"/> attached <input type="checkbox"/> not attached
Garage		X		<input type="checkbox"/> attached <input type="checkbox"/> not attached
Garage Door Openers		X		number of units: _____ number of remotes: _____
Satellite Dish & Controls	X			<input type="checkbox"/> owned <input type="checkbox"/> leased from _____
Security System		X		<input type="checkbox"/> owned <input type="checkbox"/> leased from _____
Water Heater	X			<input type="checkbox"/> electric <input checked="" type="checkbox"/> gas <input type="checkbox"/> other: <u>wired for electric</u> number of units: <u>1</u>
Water Softener		X		<input type="checkbox"/> owned <input type="checkbox"/> leased from _____
Underground Lawn Sprinkler		X		<input type="checkbox"/> automatic <input type="checkbox"/> manual areas covered: _____
Septic / On-Site Sewer Facility	X			if yes, attach Information About On-Site Sewer Facility (TAR-1407)

(TAR-1406) 7-16-08

Initialed by: Seller: RLW, LDW and Buyer: \_\_\_\_\_

Page 1 of 5



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

Water supply provided by: ☒ city ☐ well ☐ MUD ☐ co-op ☐ unknown ☐ other: \_\_\_\_\_

Was the Property built before 1978? ☐ yes ☒ no ☐ unknown

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

Roof Type: Metal Age: 9 years (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
Basement		<input checked="" type="checkbox"/>
Ceilings		<input checked="" type="checkbox"/>
Doors		<input checked="" type="checkbox"/>
Driveways		<input checked="" type="checkbox"/>
Electrical Systems		<input checked="" type="checkbox"/>
Exterior Walls		<input checked="" type="checkbox"/>

Item	Y	N
Floors		<input checked="" type="checkbox"/>
Foundation / Slab(s)		<input checked="" type="checkbox"/>
Interior Walls		<input checked="" type="checkbox"/>
Lighting Fixtures		<input checked="" type="checkbox"/>
Plumbing Systems		<input checked="" type="checkbox"/>
Roof		<input checked="" type="checkbox"/>

Item	Y	N
Sidewalks		<input checked="" type="checkbox"/>
Walls / Fences	<input checked="" type="checkbox"/>	
Windows		<input checked="" type="checkbox"/>
Other Structural Components		<input checked="" type="checkbox"/>

If the answer to any of the items in Section 2 is yes, explain (attach additional sheets if necessary): EAST + North Fence in need of repair / there are a couple of window screens missing

**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
Aluminum Wiring		<input checked="" type="checkbox"/>
Asbestos Components		<input checked="" type="checkbox"/>
Diseased Trees: <input type="checkbox"/> oak wilt <input checked="" type="checkbox"/> unknown <u>by pond</u>		<input checked="" type="checkbox"/>
Endangered Species/Habitat on Property		<input checked="" type="checkbox"/>
Fault Lines		<input checked="" type="checkbox"/>
Hazardous or Toxic Waste		<input checked="" type="checkbox"/>
Improper Drainage		<input checked="" type="checkbox"/>
Intermittent or Weather Springs		<input checked="" type="checkbox"/>
Landfill		<input checked="" type="checkbox"/>
Lead-Based Paint or Lead-Based Pt. Hazards		<input checked="" type="checkbox"/>
Encroachments onto the Property		<input checked="" type="checkbox"/>
Improvements encroaching on others' property		<input checked="" type="checkbox"/>
Located in 100-year Floodplain		<input checked="" type="checkbox"/>
Located in Floodway		<input checked="" type="checkbox"/>
Present Flood Ins. Coverage (If yes, attach TAR-1414)		<input checked="" type="checkbox"/>
Previous Flooding into the Structures		<input checked="" type="checkbox"/>
Previous Flooding onto the Property		<input checked="" type="checkbox"/>
Previous Fires	<input checked="" type="checkbox"/>	
Previous Use of Premises for Manufacture of Methamphetamine		<input checked="" type="checkbox"/>

Condition	Y	N
Previous Foundation Repairs		<input checked="" type="checkbox"/>
Previous Roof Repairs		<input checked="" type="checkbox"/>
Other Structural Repairs		<input checked="" type="checkbox"/>
Radon Gas		<input checked="" type="checkbox"/>
Settling		<input checked="" type="checkbox"/>
Soil Movement		<input checked="" type="checkbox"/>
Subsurface Structure or Pits		<input checked="" type="checkbox"/>
Underground Storage Tanks		<input checked="" type="checkbox"/>
Unplatted Easements		<input checked="" type="checkbox"/>
Unrecorded Easements		<input checked="" type="checkbox"/>
Urea-formaldehyde Insulation		<input checked="" type="checkbox"/>
Water Penetration		<input checked="" type="checkbox"/>
Wetlands on Property		<input checked="" type="checkbox"/>
Wood Rot		<input checked="" type="checkbox"/>
Active infestation of termites or other wood-destroying insects (WDI)		<input checked="" type="checkbox"/>
Previous treatment for termites or WDI		<input checked="" type="checkbox"/>
Previous termite or WDI damage repaired		<input checked="" type="checkbox"/>
Termite or WDI damage needing repair		<input checked="" type="checkbox"/>



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

If the answer to any of the items in Section 3 is yes, explain (attach additional sheets if necessary): Had a fire in living area attic due to old wood burning stove being improperly installed which melted insulation off of wiring. Ruled electrical.

**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.)**

- | <u>Y</u>                            | <u>N</u>                            |  |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 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.   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Homeowners' associations or maintenance fees or assessments. If yes, complete the following:<br>Name of association: _____<br>Manager's name: _____ Phone: _____<br>Fees or assessments are: \$ _____ per _____ and are: <input type="checkbox"/> mandatory <input type="checkbox"/> voluntary<br>Any unpaid fees or assessment for the Property? <input type="checkbox"/> yes (\$ _____) <input type="checkbox"/> no<br>If the Property is in more than one association, provide information about the other associations below or attach information to this notice. |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Any common area (facilities such as pools, tennis courts, walkways, or other) co-owned in undivided interest with others. If yes, complete the following:<br>Any optional user fees for common facilities charged? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, describe: _____  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Any notices of violations of deed restrictions or governmental ordinances affecting the condition or use of the Property.  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Any lawsuits or other legal proceedings directly or indirectly affecting the Property.   |
| <input type="checkbox"/>            | <input checked="" 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"/> | Any condition on the Property which materially affects the health or safety of an individual.  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 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.<br>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): Closed in garage and turned it into gene room.



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

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

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

Inspection Date	Type	Name of Inspector	No. of Pages
6/19/08	Sewer	Hanson Pipe + Products Hewitt Texas Inspected quarterly as per Milam Co. under service contract.	1

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

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

- ☒ Homestead ☐ Senior Citizen ☐ Disabled  
☐ Wildlife Management ☒ Agricultural ☐ Disabled Veteran  
☐ Other: \_\_\_\_\_ ☐ Unknown

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

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

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

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

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

Signature of Seller: Roy L. White Date: 9/5/08 Signature of Seller: Linda S. White Date: 9/5/08  
 Printed Name: Roy L. White Printed Name: Linda S. White



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

**ADDITIONAL NOTICES TO BUYER:**

- (1) The Texas Department of Public Safety maintains a database that the public may search, at no cost, to determine if registered sex offenders are located in certain zip code areas. To search the database, visit [www.txdps.state.tx.us](http://www.txdps.state.tx.us). For information concerning past criminal activity in certain areas or neighborhoods, contact the local police department.
- (2) If the property is located in a coastal area that is seaward of the Gulf Intracoastal Waterway or within 1,000 feet of the mean high tide bordering the Gulf of Mexico, the property may be subject to the Open Beaches Act or the Dune Protection Act (Chapter 61 or 63, Natural Resources Code, respectively) and a beachfront construction certificate or dune protection permit may be required for repairs or improvements. Contact the local government with ordinance authority over construction adjacent to public beaches for more information.
- (3) If you are basing your offers on square footage, measurements, or boundaries, you should have those items independently measured to verify any reported information.
- (4) The following providers currently provide service to the property:  
Electric: Bartlett Electrical Co-op Sewer: \_\_\_\_\_  
Water: Southwest Milam Water Supply Cable: Dish network  
Trash: Dillo Disposal Natural Gas: \_\_\_\_\_  
Local Phone: ATTN Propane: All Service 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 _____	Signature of Buyer _____
Printed Name: <u>Roy L. White</u>	Printed Name: <u>Linda S. White</u>
Date: <u>9/5/08</u>	Date: <u>9/5/08</u>



# HOOT AEROBIC SYSTEM RENEWAL ROUTINE MAINTENANCE CONTRACT



This contract will provide the required inspection and routine maintenance of your Aerobic Treatment System per your local(county) or state(tceq) regulatory agency. Beginning 3/25/08 ending 3/25/09

The policy will include the following:

1. \*3 Routine maintenance a year/service call (~ every \*4 months), for a total of \*3 over a one year period including routine maintenance and servicing of the aerobic treatment system. This includes inspecting the control panel, air pumps, air filters. Cleaning air/effluent filters and back flushing drip lines if present.
  - \*Note: If the system is equipped with an auto-notification system in case of alarm. Then the system may be inspected/ routine maintenance every 6 months (2 inspections per year, ~every 6 months for a total of 2 over a one year period).
  - \*\*Unscheduled routine maintenance required by regulatory agency due to lapse in contract. Will result in the owner being charged for a service call. \*\*Homeowner is responsible for renewal of routine maintenance contract on or before expiration date.
2. An effluent quality inspection consisting of a test for chlorine residual will be taken and reported as required by your local(county) or state regulatory agency. Commercial systems requiring a B.O.D. and a T.S.S. test once a year. Will be charged an additional \$75.00 at the time of testing.
3. If any improper operation or broken component is observed which cannot be corrected at the time of the routine maintenance visit, you will be notified immediately in writing in the form of a carbon copy left at the routine maintenance location.
4. The Homeowner is responsible for adding chlorine and maintaining a chlorine residual of at least .1 mg/L in the treated discharge. This can be accomplished by using chlorine tablets designed for wastewater use, NOT SWIMMING POOL TABLETS! Chlorine maybe purchased from our office 254-666-4000. Within 48 hours of a request for service/repair (weekends and holidays excluded,) your system will be visited by the routine maintenance provider listed below or their authorized agent. . If there are any items, which need correction and cannot be immediately remedied, the office will inform the homeowner in writing or by phone of the conditions, cost estimate and the estimated repair date.

## HOMEOWNER

Name Ray L White  
Address 7936 CR 412  
Buckholts TX 76518  
City and County milam Co  
Phone 512 446 5888  
Signature of Home Owner Ray L White  
DATE 3/24/08

## SERVICE PROVIDER

HANSON PIPE & PROD  
Name of Service Company  
P. O. Box 688  
Address  
Hewitt, Texas 76643  
City  
254-666-4000  
Phone  
Signature of company representative Charlotte Chase  
Licensed company employee Nealy Woodard #6074

Is there any additional information that we should be aware of (gate code, aggressive dogs, electric fence, call first, necessary to schedule appointment, etc) \_\_\_\_\_

Homeowner is responsible for providing an open safe access to the system for routine maintenance and repair. If necessary a date and time appointment (between 9am-4pm, M-F) can be scheduled in advance. A signed copy of this contract must be provided to Hanson prior to any service being preformed. For additional questions please contact the office at 254-666-4000. Most major credit cards accepted.





# 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.  
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### CONCERNING THE PROPERTY AT

7936 C. R. 412  
Buckholts, TX 76518

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

- (1) Type of Treatment System: ☐ Septic Tank ☒ Aerobic Treatment ☐ Unknown
- (2) Type of Distribution System: Sprinkler System ☐ Unknown
- (3) Approximate Location of Drain Field or Distribution System: approx. 60 ft from house in front yard 3 sprinkler heads ☐ Unknown
- (4) Installer: Bill Grimm Thorndale TX ☐ Unknown
- (5) Approximate Age: 9 ☐ 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: Hanson Pipe + Products Hewitt, TX  
Phone: 254-666-4000 contract expiration date: 1-09  
*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? 7-1-08?
- (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 BW, AW Page 1 of 2

Carol Matous-Jim Currey Realty 221 Ackerman, Rockdale TX 76567  
Phone: 5124463706

Fax: 512-446-3268

Carol Matous Worley


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- 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.

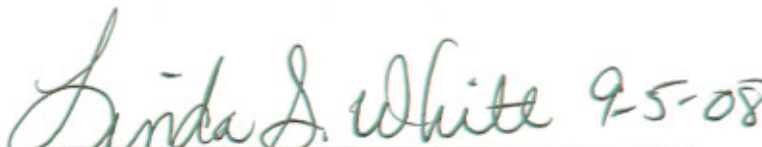
<u>Facility</u>	<u>Usage (gal/day) without water- saving devices</u>	<u>Usage (gal/day) with water- saving devices</u>
Single family dwelling (1-2 bedrooms; less than 1,500 sf)	225	180
Single family dwelling (3 bedrooms; less than 2,500 sf)	300	240
Single family dwelling (4 bedrooms; less than 3,500 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  
Roy L. White

9/5/08  
Date



Signature of Seller  
Linda S. White

9-5-08  
Date

Receipt acknowledged by:

Signature of Buyer

Date

Signature of Buyer

Date