



SELLER'S DISCLOSURE NOTICE TO BE COMPLETED BY SELLER(S)

CONCERNING THE PROPERTY AT 1031 VZ County Road 4106, Canton, TX 75103

Van Zandt

(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 METROTEX ASSOCIATION OF REALTORS®, INC., THE GREATER METRO MULTIPLE LISTING SERVICE OR ANY MULTIPLE LISTING SERVICE, AND THE LISTING BROKER HAVE RELIED UPON THE FOLLOWING INFORMATION IN DISSEMINATING INFORMATION ABOUT THE CONDITION OF THE PROPERTY.

GENERAL INFORMATION

1. The Property is currently:

- Owner occupied Estate
- Leased Foreclosure
- Vacant since _____

- If owner occupied, for _____ years
- If not owner occupied, for _____ years
- If leased: Origination Date _____
- Expiration Date _____

2. Seller is the current owner of the Property and can sell the Property without being joined by any other person:

- Yes No

- If "No", explain:

My husband Tracy A Halligan and I are both listed as the owners on the home.

3. Is Seller a United States citizen?

- Yes No

- If "No", is Seller a "foreign person" as defined in the Internal Revenue Code?

- Yes No

4. Check any of the following tax exemptions which Seller claims for the Property:

- Homestead Senior Citizen
- Disabled Disabled Veteran
- Agricultural Other _____

5. Is there currently in force for the Property a written Builder's Warranty?

- Yes No Unknown

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

Name of Company issuing warranty: _____

Warranty Number: _____

6. Except for manufacturer warranties, if any, on appliances, does there exist any other warranties for the Property?

- Yes No Unknown

- If "Yes", identify the warranties:

7. Are there any pending or threatened condemnation proceedings which affect the Property?

- Yes No Unknown

- If "Yes", explain:

8. Has the Seller asserted any claim under any insurance policy or against any person for any physical condition of the Property?

- Yes No Unknown

- If "Yes", explain:

9. 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:

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

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10. B. List and attach any written inspection reports that Seller has received within the last five years that were completed by persons who regularly provide inspections and who are either licensed as inspectors or otherwise permitted by law to perform inspections.

| Date of Inspection | Type of Inspection | Name of Inspector/Company | # Pages | Attached (Y/N) |
|--------------------|----------------------------|---|---------|----------------|
| 01/19/2017 | Property Inspection Report | Best Choice Inspections/Michael Dean Morris | 17 | |
| 01/27/17 | Termite Inspection | Baldwin Pest Services | 2 | |
| | | | | |

Explanatory comments by Seller, if anv:

A buyer should not rely on the above-cited reports as a reflection of the current condition of the Property. A buyer should obtain inspections from inspectors of the buyer's own choice.

INFORMATION ABOUT EQUIPMENT AND SYSTEMS

11. For items listed below in Section 11, check appropriate box if items are included in the sale of the Property and are presently in "Working Condition" and there are no known defects. Please check if item has been replaced (note date of replacement) or explain if the item is repaired or in need of repair. Check "N/A" for items that do not apply to the Property or 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 & SYSTEMS | N/A | WORKING CONDITION | HAS BEEN REPLACED | DATE REPLACED Month/Year | IN NEED OF REPAIR | DATE / DESCRIPTION OF COMPLETED OR NEEDED REPAIRS |
|---|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|---|
| Attic Fan | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Automatic Lawn Sprinkler System (Front <input type="checkbox"/> / Back <input type="checkbox"/> / Left Side <input type="checkbox"/> / Right Side <input type="checkbox"/> / Fully <input type="checkbox"/>) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Carbon Monoxide Alarm | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Cable TV Wiring | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Ceiling Fan(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | 02/2017 (5 fans) |
| Cooktop (Gas <input type="checkbox"/> / Electric <input checked="" type="checkbox"/>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input checked="" type="checkbox"/> | 1 back burner needs repaired |
| Cooling (Central Gas <input type="checkbox"/> / Electric <input checked="" type="checkbox"/>) # Units <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Cooling (Window <input type="checkbox"/> / Wall <input type="checkbox"/> / Evaporative Coolers <input type="checkbox"/>) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Dishwasher | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Disposal | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Electrical System | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Emergency Escape Ladder(s) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Exhaust Fan(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Fire Detection Equipment (Electric <input 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"/> | <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 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 <u>1</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Heating (Window <input type="checkbox"/> / Wall <input type="checkbox"/>) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Hot Tub | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Ice Maker | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Intercom System | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Lighting Fixtures | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Media Wiring & Equipment | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Microwave | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Outdoor Cooking Equipment | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Oven (Gas <input type="checkbox"/> / Electric <input checked="" type="checkbox"/>) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Oven - Convection | <input checked="" type="checkbox"/> | <input 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 type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Range (Gas <input type="checkbox"/> / Electric <input checked="" type="checkbox"/>) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | |

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Buyer's Initials

Seller's Initials

Seller's Initials

Seller's Initials

8:07PM CDT

7:34PM CDT

| EQUIPMENT & SYSTEMS | N/A | WORKING CONDITION | HAS BEEN REPLACED | DATE REPLACED | IN NEED OF REPAIR | DATE / DESCRIPTION OF COMPLETED OR NEEDED REPAIRS |
|--|-------------------------------------|-------------------------------------|--------------------------|---------------|--------------------------|---|
| Refrigerator | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Satellite Dish and Receiver | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Sauna | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Security System(s) (In Use <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"/> | |
| Smoke Detector-Hearing Impaired <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Spa | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Stove (Free Standing) For Heating (Free Standing) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Swimming Pool & Equipment | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Swimming Pool Built-in Cleaning 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 checked="" type="checkbox"/> | <input 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"/> | |

INFORMATION ABOUT STRUCTURE/OTHER

| STRUCTURE / OTHER | N/A | WORKING CONDITION | HAS BEEN REPLACED | DATE REPLACED | IN NEED OF REPAIR | DATE / DESCRIPTION OF COMPLETED OR NEEDED REPAIRS |
|---|-------------------------------------|-------------------------------------|--------------------------|---------------|--------------------------|---|
| Basement | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Carport (Attached <input type="checkbox"/> / Not Attached <input type="checkbox"/>) | <input checked="" type="checkbox"/> | <input 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 (Mock) | <input checked="" type="checkbox"/> | <input 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 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 (Attached <input checked="" type="checkbox"/> / Not Attached <input checked="" type="checkbox"/>) | <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 checked="" type="checkbox"/> | <input 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"/> | |
| Sidewalk | <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 or Grinder Pump | <input checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Other | <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"/> | |
| Other | <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"/> | |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | |

12. If stucco, what is the type of stucco?

13. The Shingles or roof covering is constructed of:
 Wood Composition Tile Other _____
 Is there an overlay covering?
 Yes No Unknown
14. The age of the shingles or roof covering:
 2 _____ Years Unknown
 Is the roof paid for by the Property Owners Association?
 Yes No Unknown
15. The electrical wiring of the Property is:
 Copper Aluminum Unknown
 Other (specify) _____
16. Is there an alarm system? Yes No
 - If "Yes", system is:
 Owned by Seller Leased by Seller
 - If leased, is lease transferable? Yes No
 Monitor Charge Mth Qtr Yr. \$ 39.00
 Lease Charge Mth Qtr Yr. \$ _____
17. Is the heating and cooling controlled by the Property Owners Association? Yes No Unknown _____
18. Please identify other systems, if any, of the Property which are leased and not owned by the Seller: None
19. Year the Property was constructed: 1998
 Per Owner Tax Rolls
 (If before 1978 complete, sign and attach TAR 1906 concerning lead-based paint hazards.)

MISCELLANEOUS INFORMATION ABOUT PROPERTY

19. Is the Seller aware of any of the following conditions? (Visible or Not)

| | 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/Damage ? | <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 on the property (except for those deaths caused by natural causes, suicide, or accident unrelated to the condition of the Property)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Unplatted EASEMENTS ? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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"/> | |
| Any FORECLOSURES pending or threatened with respect to the Property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Urea formaldehyde INSULATION ? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| LANDFILL ? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Any NOTICES of violation of deed restrictions or governmental ordinances affecting the condition or use of the Property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Lead-based PAINT ? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Room additions, structural modification, or other alterations or repairs made without necessary PERMITS or not in compliance with building codes in effect at that time? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Above-ground impediment to swimming POOL ? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Underground impediment to swimming POOL ? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Any PROPERTY CONDITION which materially affects the physical health or safety of an individual? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| RADON gas? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| House SETTLING ? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| SOIL Movement? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Subsurface STRUCTURES , Tanks, or Pits? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Hazardous or TOXIC WASTE affecting the Property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Holes in WALLS ? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |

| | YES | NO | UNKNOWN | IF "YES", EXPLAIN |
|--|--------------------------|-------------------------------------|-------------------------------------|-------------------|
| WOOD ROT Damage Needing Repair? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Property covered by flood insurance? (If "Yes", attach "Information About Special Flood Hazard Area". TAR 1414) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Located in 100 year FLOOD PLAIN? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Located in Floodway? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Located in a city flood plain? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Tax or judgment liens? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| In an ETJ district? (Extra Territorial Jurisdiction) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Diseased TREES? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Liquid Propane Gas? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| - LP Community (Captive)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| - LP on Property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Single Blockable Main Drain in a Pool/Hot Tub/Spa* * A Single Blockable Main Drain may cause a suction entrapment hazard for an individual. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

20. If the Property is part of a Property Owner's Association, state the following information:
- Association Name: Unknown
 - Association Management Company: _____
 - Association Email: _____
 - Association Phone Number: _____
 - Amount of dues or assessments; \$ _____
 - Assessment amount is:
Monthly \$ _____ Quarterly \$ _____ Annually \$ _____
 - Payment of dues/assessments is:
 Mandatory Voluntary
 - Amount of Unpaid Dues or Assessments, if any: \$ _____
 - Optional Membership: \$ _____
21. Has the Property (or the Property Owner's Association of which of which the Property is a part) been the subject of any pending or concluded litigation?
 Yes No Unknown
 - If "Yes", attach an explanation _____
22. Is the Property in an overlay, proposed overlay, historic or conservation district that may have special restrictions?
 Yes No Unknown
 If "Yes", explain: _____
23. The Property is currently serviced by the following utilities or systems (check as applicable):
 Water Sewer Septic
 Electricity Gas Cable TV
 High Speed Internet Availability: Cable DSL Unknown
 Other _____
 Are any of these paid for by the Property Owner's Association Yes No Unknown
 If yes, explain: _____
24. The water service to the Property is provided by (check as applicable): City Well MUD Coop
 Are any of these paid for by the Property Owner's Association Yes No Unknown
 If yes, explain: _____

25. Is Property Owner's Association parking:
 Assigned Unassigned _____ # Spaces
 Space Number(s) are: _____
 Carport Uncovered Garage
26. Is there any rainwater harvesting system connected to the property?
 Yes No Unknown
 - Is the system connected to the property's public water supply that is able to be used for indoor potable purposes?
 Yes No Unknown
 - Is the system larger than 500 gallons?
 Yes No Unknown
 - If Yes:, explain: _____
27. Any "common area" (facilities such as pools, tennis courts, walkways, or other areas) co-owned in undivided interest with others?
 Yes No
 If Yes, explain: _____
28. Are there any outstanding mechanics and Material Man's liens or lis pendens against the Property?
 Yes No Unknown

INFORMATION ABOUT FOUNDATION

29. Has the Seller ever obtained a written report about the condition of the foundation from any engineer, contractor, inspector, or expert? Yes No Unknown
 If "Yes", please attach the report _____
30. Have repairs been made to the foundation of the Property since its original construction? Yes No Unknown
 If "Yes", please attach the report _____

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 05/23/18 05/23/18
 8:07PM CDT 7:34PM CDT

INFORMATION ABOUT DRAINAGE

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

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

[Empty text box for report details]

32. 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:

[Empty text box for repair details]

33. Does the Seller know of any currently defective condition to the drainage of the Property? Yes No Unknown

If "Yes", explain:

[Empty text box for explanation]

34. Have there been any previous incidents of flooding or other 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:

[Empty text box for incident details]

INFORMATION ABOUT TERMITES/WOOD DESTROYING INSECTS

35. Has the Seller ever obtained a written report about active termites or other wood destroying insects? Yes No Unknown

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

1/27/17 Baldwin Pest Services, No visible signs of active sub term were seen at this time. Signs of previous active were seen and noted on the out building.

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

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

37. 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:

Wall by the door on the exterior shop

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

If "Yes", explain:

39. Is there any existing termite damage in need of repair? Yes No Unknown

If "Yes", explain:

40. Is the Property currently covered by a termite policy? Yes No Unknown POA Maintained

If "Yes", identify the policy by stating:

Name of Company issuing the policy:

Policy Number: _____

Date of policy renewal: _____

Phone Number: _____

INFORMATION ABOUT ENVIRONMENTAL CONDITIONS

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

- The presence or removal of asbestos? Yes No
- The presence of radon gas? Yes No
- The presence or treatment of mold? Yes No
- The presence of lead based paint? Yes No

If "Yes", explain:

42. If the answer to any part of Question #41 is "Yes", has the Seller ever obtained a written report for addressing such environmental hazards? Yes No

If "Yes", explain:

(Identify any reports by stating the date of the report, the person or company who made the report, and its contents.)

43. Is the Seller aware of previous use of premises for manufacture of Methamphetamine? Yes No

44. Is the Seller aware of any condition not previously addressed in this Disclosure Statement which, in Seller's opinion, is a defective condition or adversely affects the Property?: Yes No Unknown

If "Yes", explain:

ACKNOWLEDGEMENT BY SELLER

DISCLOSURES

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

TH *DH*
 05/23/18 05/23/18
 8:07PM CDT 7:34PM CDT
 Seller(s) Initials Seller(s) Initials

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

TH *DH*
 05/23/18 05/23/18
 8:07PM CDT 7:34PM CDT
 Seller(s) Initials Seller(s) Initials

47. 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.

TH *DH*
 05/23/18 05/23/18
 8:07PM CDT 7:34PM CDT
 Seller(s) Initials Seller(s) Initials

Municipal Utility District Disclosures

Check All That Apply:

(Attach additional MUD Disclosure Notice provided by Chapter 49, Texas Water Code)

- The Property is located in a Municipal Utility District (MUD) which is either:
 - Located in whole or in part within the corporate boundaries of a municipality (MUD Disclosure Form #1)
 - Not located in whole or in part within the corporate boundaries of a municipality (MUD Disclosure Form #2)
 - Located in whole or in part within the extraterritorial jurisdiction of the corporate boundaries of a municipality. (MUD Disclosure Form #3)

On-Site Sewer Facility

If the Property has a septic or other on-site sewer facility

- Attached is Information About On-Site Sewer Facility (TAR #1407)
- Property is located in a Public Improvement District (PID)

SMOKE DETECTION EQUIPMENT

Does the property have working smoke detectors installed in accordance with the smoke detector requirements of Chapter 766 of the Health and Safety Code?*

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

INDEMNIFICATION

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

Tracy A. Halligan
 dotloop verified
 05/23/18 8:07PM CDT
 VDX9-1ZQ7-R5CG-5WOW
 SELLER (SIGN AS NAME APPEARS ON TITLE) DATE

Debbie Halligan
 dotloop verified
 05/23/18 7:34PM CDT
 VPRQ-VD8D-LCSB-LB8G
 SELLER (SIGN AS NAME APPEARS ON TITLE) DATE

NOTICES TO BUYER

1. The Texas Department of Public Safety maintains a database that consumers may search, at no cost, to determine if registered sex offenders are located in certain zip code areas. To search the database, visit www.txdps.state.tx.us. For information concerning past criminal activity in certain areas or neighborhoods, contact the local police department.
2. Such written information in this Seller's Disclosure Notice for the Property does not constitute the representations of the Listing Broker and other Broker participating in a sale transaction of their sales associates, employees or agents who are relying upon the written information provided by the Seller in this disclosure notice. Buyer is not relying upon any statement or representation by the Listing Broker and any other broker and their sales associates, employees, and agents concerning the condition of the Property. THIS IS NOT A WARRANTY. YOU ARE ENCOURAGED TO HAVE AN INSPECTOR OF YOUR CHOICE INSPECT THE PROPERTY PRIOR TO CLOSING.
3. Buyer may be provided information about the size of the property, either of the real property or the improvements. All such information has been obtained by Broker or Seller from third parties, including information obtained from official tax records. Such information is not always accurate.
4. If the Buyer bases an offer on square footage, measurement or boundaries, Buyer should have those items independently measured to verify any reported information which is often unreliable.
5. If the property is located in a coastal area that is seaward of the Gulf Intracoastal Waterway or within 1000 feet of the mean high tide bordering the Gulf of Mexico, the property may be subject to the Open Beaches Act or the Dune Protection Act (Chapter 61 or 63), Natural Resources Code, respectively and a beachfront construction certificate or dune protection permit may be required for repairs or improvements. Contact the local government with ordinance authority over construction adjacent to public beaches for more information.
6. This Property may be located near a military installation and may be affected by high noise or air installation compatible use zones or other operations. Information relating to high noise and compatible use zones is available in the most recent Air Installation Compatible Use Zone Study or Joint Land Use Study prepared for a military installation and may be accessed on the Internet website of the military installation and of the county and any municipality in which the military installation is located.

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

| | | | |
|------------------------|---|-------|------|
| <i>Debbie Halligan</i> | dotloop verified 05/23/18 7:34PM CDT ZG6FJ3TJ-D1CV-FOCZ | | |
| BUYER | DATE | BUYER | DATE |

PRINT NAME

PRINT NAME

1031 YZCR 4106
Inspected Address

Canton
City

75103
Zip Code

SCOPE OF INSPECTION

- A. This inspection covers only the multi-family structure, primary dwelling or place of business. Sheds, detached garages, lean-tos, fences, guest houses or any other structure will not be included in this inspection report unless specifically noted in Section 5 of this report.
- B. This inspection is limited to those parts of the structure(s) that are visible and accessible at the time of the inspection. Examples of inaccessible areas include but are not limited to (1) areas concealed by wall coverings, furniture, equipment and stored articles and (2) any portion of the structure in which inspection would necessitate removing or defacing any part of the structure(s) (including the surface appearance of the structure). **Inspection does not cover any condition or damage which was not visible in or on the structure(s) at time of inspection but which may be revealed in the course of repair or replacement work.**
- C. Due to the characteristics and behavior of various wood destroying insects, it may not always be possible to determine the presence of infestation without defacing or removing parts of the structure being inspected. Previous damage to trim, wall surface, etc., is frequently repaired prior to the inspection with putty, spackling, tape or other decorative devices. Damage that has been concealed or repaired may not be visible except by defacing the surface appearance. **The WDI inspecting company cannot guarantee or determine that work performed by a previous pest control company, as indicated by visual evidence of previous treatment; has rendered the pest(s) inactive.**
- D. If visible evidence of active or previous infestation of listed wood destroying insects is reported, it should be assumed that some degree of damage is present.
- E. If visible evidence is reported, it does not imply that damage should be repaired or replaced. Inspectors of the inspection company usually are not engineers or builders qualified to give an opinion regarding the degree of structural damage. Evaluation of damage and any corrective action should be performed by a qualified expert.
- F. **THIS IS NOT A STRUCTURAL DAMAGE REPORT OR A WARRANTY AS TO THE ABSENCE OF WOOD DESTROYING INSECTS.**
- G. If termite treatment (including pesticides, baits or other methods) has been recommended, the treating company must provide a diagram of the structure(s) inspected and proposed for treatment, label of pesticides to be used and complete details of warranty (if any). At a minimum, the warranty must specify which areas of the structure(s) are covered by warranty, renewal options and approval by a certified applicator in the termite category. Information regarding treatment and any warranties should be provided by the party contracting for such services to any prospective buyers of the property. The inspecting company has no duty to provide such information to any person other than the contracting party.
- H. There are a variety of termite control options offered by pest control companies. These options will vary in cost, efficacy, areas treated, warranties, treatment techniques and renewal options.
- I. There are some specific guidelines as to when it is appropriate for corrective treatment to be recommended. Corrective treatment may only be recommended if (1) there is visible evidence of an active infestation in or on the structure, (2) there is visible evidence of a previous infestation with no evidence of a prior treatment.
- J. If treatment is recommended based solely on the presence of conducive conditions, a preventive treatment or correction of conducive conditions may be recommended. The buyer and seller should be aware that there may be a variety of different strategies to correct the conducive condition(s). These corrective measures can vary greatly in cost and effectiveness and may or may not require the services of a licensed pest control operator. There may be instances where the inspector will recommend correction of the conducive conditions by either mechanical alteration or cultural changes. Mechanical alteration may be in some instances the most economical method to correct conducive conditions. If this inspection report recommends any type of treatment and you have any questions about this, you may contact the inspector involved, another licensed pest control operator for a second opinion, and/or the Structural Pest Control Service of the Texas Department of Agriculture.

1A. Baldwin Pest Services 1B. 14016 SPCS Business License Number
Name of Inspection Company

1C. 10781 Hwy 243 Kaufman Tx 75142 State 214-834-3183 Telephone No.
Address of Inspection Company City State Zip

1D. Hollis Baldwin 1E. Certified Applicator (check one)
Name of Inspector (Please Print) Technician

2. Case Number (VA/FHA/Other) 3. 01-27-17 Inspection Date

4A. Tracy & Debbie Halligan Seller Agent Buyer Management Co. Other
Name of Person Purchasing Inspection

4B. Donald & Virginia Jindra
Owner/Seller

4C. REPORT FORWARDED TO: Title Company or Mortgagee Purchaser of Service Seller Agent Buyer
(Under the Structural Pest Control regulations only the purchaser of the service is required to receive a copy)

The structure(s) listed below were inspected in accordance with the official inspection procedures adopted by the Texas Department of Agriculture Structural Pest Control Service. This report is made subject to the conditions listed under the Scope of Inspection. A diagram must be attached including all structures inspected.

5. Residence & detached Bldg.
List structure(s) inspected that may include residence, detached garages and other structures on the property. (Refer to Part A, Scope of Inspection)

6A. Were any areas of the property obstructed or inaccessible? Yes No
(Refer to Part B & C, Scope of Inspection) If "Yes" specify in 6B.

6B. The obstructed or inaccessible areas include but are not limited to the following:
 Attic Insulated area of attic Plumbing Areas Planter box abutting structure
 Deck Sub Floors Slab Joints Crawl Space
 Soil Grade Too High Heavy Foliage Eaves Weepholes
 Other Specify: _____

7A. Conditions conducive to wood destroying insect infestation: Yes No
(Refer to Part J, Scope of Inspection) If "Yes" specify in 7B.

7B. Conducive Conditions include but are not limited to:
 Debris under or around structure (K) Wood to Ground Contact (G) Formboards left in place (I) Excessive Moisture (J)
 Planter box abutting structure (O) Footing too low or soil line too high (L) Wood Rot (M) Heavy Foliage (N)
 Insufficient ventilation (T) Wood Pile in Contact with Structure (Q) Wooden Fence in Contact with the Structure (R)
 Other (C) Specify: _____

8. Inspection Reveals Visible Evidence in or on the structure:

| | Active Infestation | Previous Infestation | Previous Treatment |
|-----------------------------------|---|---|---|
| 8A. Subterranean Termites | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 8B. Drywood Termites | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 8C. Formosan Termites | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 8D. Carpenter Ants | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 8E. Other Wood Destroying Insects | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

Specify: _____

8F. Explanation of signs of previous treatment (including pesticides, baits, existing treatment stickers or other methods) identified: Drill holes in concrete and documentation

8G. Visible evidence of: subterranean has been observed in the following areas: entire building

If there is visible evidence of active or previous infestation, it must be noted. The type of insect(s) must be listed in the first blank and all identified infested areas of the property inspected must be noted in the second blank. (Refer to Part D, E & F, Scope of Inspection)

TEXAS OFFICIAL WOOD DESTROYING INSECT REPORT

The conditions conducive to insect infestation reported in 7A & 7B:
 9 Will be or has been mechanically corrected by inspecting company:
 If "Yes," specify corrections:

Yes No

9A. Corrective treatment recommended for active infestation or evidence of previous infestation with no prior treatment as identified in Section B. (Refer to Part G, H, and I, Scope of Inspection):
 9B. A preventive treatment and/or correction of conducive conditions as identified in 7A & 7B is recommended as follows:

Yes No
 Yes No

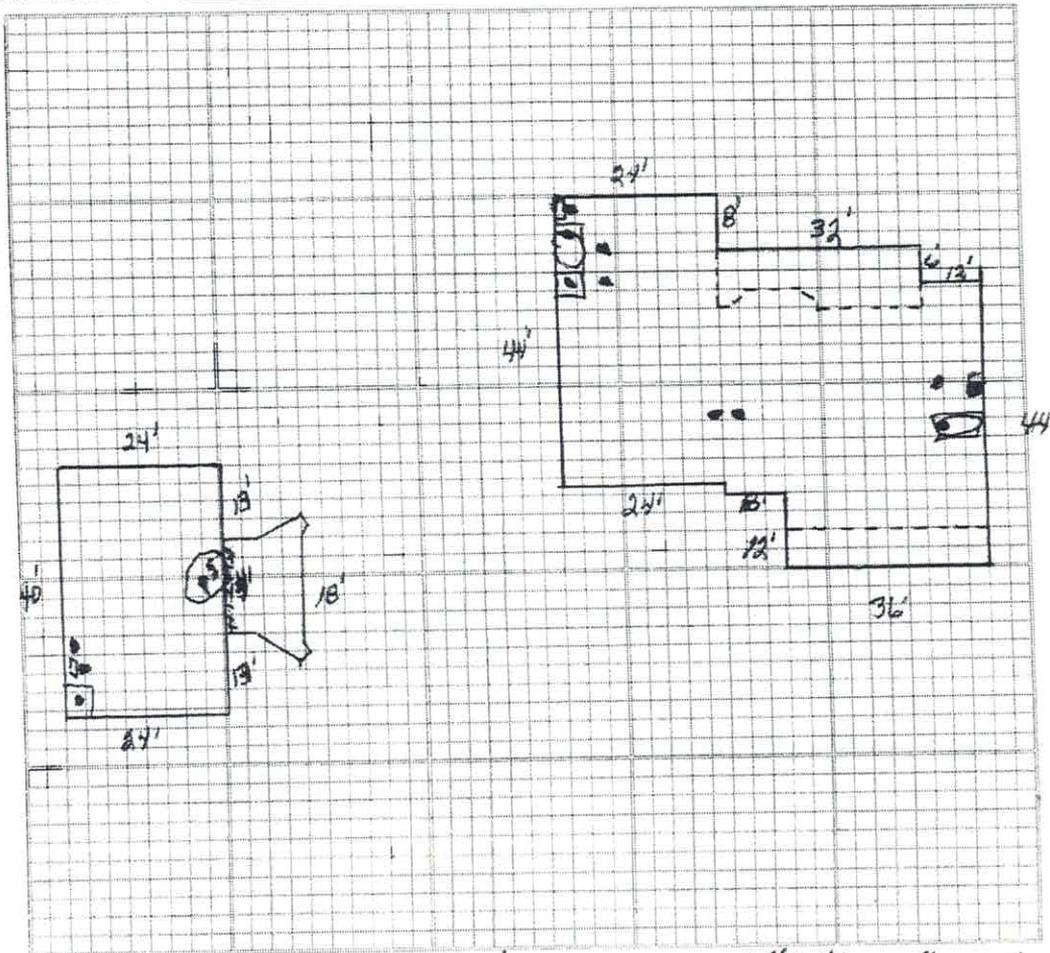
Specify reason:
 Refer to Scope of Inspection Part J

10A. This company has treated or is treating the structure for the following wood destroying insects:
 If treating for subterranean termites, the treatment was: Partial Spot Bait Other
 If treating for drywood termites or related insects, the treatment was: Full Limited

10B. Date of Treatment by Inspecting Company _____ Common Name of Insect _____ Name of Pesticide, Bait or Other Method _____
 This company has a contract or warranty in effect for control of the following wood destroying insects:
 Yes No List Insects: _____
 If "Yes", copy(ies) of warranty and treatment diagram must be attached.

Diagram of Structure(s) Inspected

The Inspector must draw a diagram including approximate perimeter measurements and indicate active or previous infestation and type of insect by using the following codes:
 E-Evidence of Infestation, A-Active, P-Previous, D-Drywood Termites, S-Subterranean Termites, F-Formosan Termites, C-Conducive Conditions, B-Wood Boring Beetles;
 H-Carpenter Ants; Other(s) - Specify _____



Additional Comments: *No visible signs of active sub. term. were seen at this time. Signs of previous active were seen and noted (P.S) on the out bldg.*

Neither I nor the company for which I am acting have had, presently have, or contemplate having any interest in the property. I do further state that neither I nor the company for which I am acting is associated in any way with any party to this transaction.

Signatures: *Nellis Baldwin*
 11A. Inspector

12A. Notice of Inspection Was Posted At or Near:
 Electric Breaker Box
 Water Heater Closet
 Bath Trap Access
 Beneath the Kitchen Sink

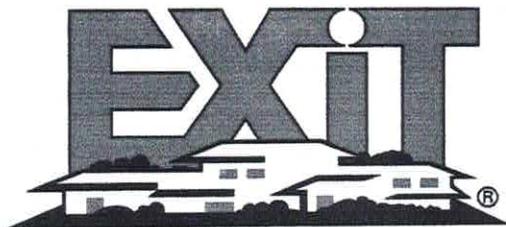
Approved: *Nellis Baldwin*
 11B. Certified Applicator and Certified Applicator License Number

12B. Date Posted *01-27-17*
 Date

I have received the original or a legible copy of this form. I have read and understand any recommendations made. I have also read and understand the "Scope of Inspection." I understand that my inspector may provide additional information as an addendum to this report.

If additional information is attached, list number of pages:
 Signature of Purchaser of Property or their Designee: *Jim Carey*

Date: *01-27-17*



EXIT Realty Pro
1445 S. Buffalo
Canton, Texas 75103
903-567-7777 office
903-567-7774 fax

SQUARE FOOTAGE ACKNOWLEDGMENT

Property: 1031 VZ County Road 4106, Canton, TX 75103
(Street Address and City)

Estimated Square Footage: 2408 Square Feet

Source of Estimated Square footage:

Van Zandt Appraisal district

Other source(specify): _____

This acknowledgment is being signed in conjunction with the negotiation and execution of a contract for sale and purchase, and will become an exhibit to any contract executed by the parties.

The undersigned acknowledge that neither the listing real estate broker, the agent nor the broker/agent representing the prospective buyer(s) have represented that the square footage is other than described above, and that the source of the Estimated Square Footage has been fully disclosed.

The undersigned are hereby notified that a third party may be employed to verify the square footage of the real property, and encourage to do so if the Estimated Square Footage is in doubt.

Buyer Date

Fancy R. Halligan dotloop verified
05/23/18 8:07PM CDT
DGNV-X450-WNOL-00FI
Seller Date

Buyer Date

Debbie Halligan dotloop verified
05/23/18 7:35PM CDT
7WUJ-RGKU-NFYQ-A4OK
Seller Date

Buyer's Agent Date

Debbie Murdock dotloop verified
05/23/18 11:44AM CDT
A5FB-60XQ-N9FF-8PK3
Seller's Agent Date