



APPROVED BY THE TEXAS REAL ESTATE COMMISSION
**ADDENDUM FOR SELLER'S DISCLOSURE OF INFORMATION
ON LEAD-BASED PAINT AND LEAD-BASED PAINT HAZARDS
AS REQUIRED BY FEDERAL LAW**

10-10-11

CONCERNING THE PROPERTY AT

300 South Hackberry St.

Moulton

(Street Address and City)

- A. LEAD WARNING STATEMENT:** "Every purchaser of any interest in residential real property on which a residential dwelling was built prior to 1978 is notified that such property may present exposure to lead from lead-based paint that may place young children at risk of developing lead poisoning. Lead poisoning in young children may produce permanent neurological damage, including learning disabilities, reduced intelligence quotient, behavioral problems, and impaired memory. Lead poisoning also poses a particular risk to pregnant women. The seller of any interest in residential real property is required to provide the buyer with any information on lead-based paint hazards from risk assessments or inspections in the seller's possession and notify the buyer of any known lead-based paint hazards. A risk assessment or inspection for possible lead-paint hazards is recommended prior to purchase."

NOTICE: Inspector must be properly certified as required by federal law.

B. SELLER'S DISCLOSURE:

1. PRESENCE OF LEAD-BASED PAINT AND/OR LEAD-BASED PAINT HAZARDS (check one box only):
☐ (a) Known lead-based paint and/or lead-based paint hazards are present in the Property (explain): _____
☒ (b) Seller has no actual knowledge of lead-based paint and/or lead-based paint hazards in the Property.
2. RECORDS AND REPORTS AVAILABLE TO SELLER (check one box only):
☐ (a) Seller has provided the purchaser with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the Property (list documents): _____
☒ (b) Seller has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the Property.

C. BUYER'S RIGHTS (check one box only):

- ☐ 1. Buyer waives the opportunity to conduct a risk assessment or inspection of the Property for the presence of lead-based paint or lead-based paint hazards.
- ☐ 2. Within ten days after the effective date of this contract, Buyer may have the Property inspected by inspectors selected by Buyer. If lead-based paint or lead-based paint hazards are present, Buyer may terminate this contract by giving Seller written notice within 14 days after the effective date of this contract, and the earnest money will be refunded to Buyer.

D. BUYER'S ACKNOWLEDGMENT (check applicable boxes):

- ☐ 1. Buyer has received copies of all information listed above.
- ☐ 2. Buyer has received the pamphlet *Protect Your Family from Lead in Your Home*.

E. BROKERS' ACKNOWLEDGMENT: Brokers have informed Seller of Seller's obligations under 42 U.S.C. 4852d to:

(a) provide Buyer with the federally approved pamphlet on lead poisoning prevention; (b) complete this addendum; (c) disclose any known lead-based paint and/or lead-based paint hazards in the Property; (d) deliver all records and reports to Buyer pertaining to lead-based paint and/or lead-based paint hazards in the Property; (e) provide Buyer a period of up to 10 days to have the Property inspected; and (f) retain a completed copy of this addendum for at least 3 years following the sale. Brokers are aware of their responsibility to ensure compliance.

F. CERTIFICATION OF ACCURACY: The following persons have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

Buyer _____ Date _____

Seller Uriel Tuck 7-28-19 Date

Uriel Tuck

Buyer _____ Date _____

Seller Teresa E. Tuck 7/28/19 Date

Teresa E. Tuck

Other Broker _____ Date _____

Listing Broker Jackie Loreda 7-29-99 Date

Jackie Loreda

The form of this addendum has been approved by the Texas Real Estate Commission for use only with similarly approved or promulgated forms of contracts. Such approval relates to this contract form only. TREC forms are intended for use only by trained real estate licensees. No representation is made as to the legal validity or adequacy of any provision in any specific transactions. It is not suitable for complex transactions. Texas Real Estate Commission, P.O. Box 12188, Austin, TX 78711-2188, 512-936-3000 (<http://www.trec.texas.gov>)

(TXR 1906) 10-10-11

TREC No. OP-L



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

300 South Hackberry St.
Moulton, TX 77975

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?
July 8, 2019 (approximate date) 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"/>	
Natural Gas Lines		<input checked="" type="checkbox"/>	

Item	Y	N	U
Liquid Propane Gas:		<input checked="" type="checkbox"/>	
-LP Community (Captive)		<input checked="" type="checkbox"/>	
-LP on Property		<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"/>	

Item	Y	N	U
Pump: sump 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"/>		
Public Sewer System	<input checked="" type="checkbox"/>		

Item	Y	N	U	Additional Information
Central A/C	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> electric gas number of units: <u>one</u>
Evaporative Coolers		<input checked="" type="checkbox"/>		number of units:
Wall/Window AC Units	<input checked="" type="checkbox"/>			number of units: <u>Two</u>
Attic Fan(s)		<input checked="" type="checkbox"/>		if yes, describe:
Central Heat	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> electric gas number of units: <u>one</u>
Other Heat		<input checked="" type="checkbox"/>		if yes, describe:
Oven	<input checked="" type="checkbox"/>			number of ovens: <u>one</u> electric <input checked="" type="checkbox"/> gas other:
Fireplace & Chimney		<input checked="" type="checkbox"/>		wood gas logs mock other:
Carport	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> attached not attached
Garage	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> attached not attached
Garage Door Openers	<input checked="" type="checkbox"/>			number of units: <u>one</u> number of remotes: <u>Two</u>
Satellite Dish & Controls		<input checked="" type="checkbox"/>		owned leased from:
Security System		<input checked="" type="checkbox"/>		owned leased from:
Solar Panels		<input checked="" type="checkbox"/>		owned leased from:
Water Heater	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> electric gas other: number of units: <u>one</u>
Water Softener		<input checked="" type="checkbox"/>		owned leased from:
Other Leased Items(s)		<input checked="" type="checkbox"/>		if yes, describe:

(TXR-1406) 02-01-18

J. A. Loredo, Properties, 101 East 4th St, Hallettsville TX 77964
Jorge Loredo

Initialed by: Buyer: _____ and Seller: WT (TW)

Phone: 361-798-9486 Fax: 361-798-9489
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Inch: 306 S

Concerning the Property at

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Underground Lawn Sprinkler	<input checked="" type="checkbox"/>	automatic	manual	areas covered:
Septic / On-Site Sewer Facility	<input checked="" type="checkbox"/>	if yes, attach Information About On-Site Sewer Facility (TXR-1407)		

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 TXR-1906 concerning lead-based paint hazards).

Roof Type: shingle Age: Oct. 2016 (approximate)Is there an overlay roof covering on the Property (shingles or roof covering placed over existing shingles or roof covering)? ☐ yes ☒ no ☐ unknownAre 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"/>	Floors		<input checked="" type="checkbox"/>	Sidewalks		<input checked="" type="checkbox"/>
Ceilings		<input checked="" type="checkbox"/>	Foundation / Slab(s)		<input checked="" type="checkbox"/>	Walls / Fences		<input checked="" type="checkbox"/>
Doors		<input checked="" type="checkbox"/>	Interior Walls		<input checked="" type="checkbox"/>	Windows		<input checked="" type="checkbox"/>
Driveways		<input checked="" type="checkbox"/>	Lighting Fixtures		<input checked="" type="checkbox"/>	Other Structural Components		<input checked="" type="checkbox"/>
Electrical Systems		<input checked="" type="checkbox"/>	Plumbing Systems		<input checked="" type="checkbox"/>			
Exterior Walls		<input checked="" type="checkbox"/>	Roof		<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"/>	Previous Foundation Repairs		<input checked="" type="checkbox"/>
Asbestos Components		<input checked="" type="checkbox"/>	Previous Roof Repairs	<input checked="" type="checkbox"/>	
Diseased Trees: oak wilt		<input checked="" type="checkbox"/>	Previous Other Structural Repairs		<input checked="" type="checkbox"/>
Endangered Species/Habitat on Property		<input checked="" type="checkbox"/>	Radon Gas		<input checked="" type="checkbox"/>
Fault Lines		<input checked="" type="checkbox"/>	Settling		<input checked="" type="checkbox"/>
Hazardous or Toxic Waste		<input checked="" type="checkbox"/>	Soil Movement		<input checked="" type="checkbox"/>
Improper Drainage		<input checked="" type="checkbox"/>	Subsurface Structure or Pits		<input checked="" type="checkbox"/>
Intermittent or Weather Springs		<input checked="" type="checkbox"/>	Underground Storage Tanks		<input checked="" type="checkbox"/>
Landfill		<input checked="" type="checkbox"/>	Unplatted Easements		<input checked="" type="checkbox"/>
Lead-Based Paint or Lead-Based Pt. Hazards		<input checked="" type="checkbox"/>	Unrecorded Easements		<input checked="" type="checkbox"/>
Encroachments onto the Property		<input checked="" type="checkbox"/>	Urea-formaldehyde Insulation		<input checked="" type="checkbox"/>
Improvements encroaching on others' property		<input checked="" type="checkbox"/>	Water Penetration		<input checked="" type="checkbox"/>
Located in 100-year Floodplain (If yes, attach TXR-1414)		<input checked="" type="checkbox"/>	Wetlands on Property		<input checked="" type="checkbox"/>
Located in Floodway (If yes, attach TXR-1414)		<input checked="" type="checkbox"/>	Wood Rot		<input checked="" type="checkbox"/>
Present Flood Ins. Coverage (If yes, attach TXR-1414)		<input checked="" type="checkbox"/>	Active infestation of termites or other wood destroying insects (WDI)		<input checked="" type="checkbox"/>
Previous Flooding into the Structures		<input checked="" type="checkbox"/>	Previous treatment for termites or WDI		<input checked="" type="checkbox"/>
Previous Flooding onto the Property		<input checked="" type="checkbox"/>	Previous termite or WDI damage repaired		<input checked="" type="checkbox"/>
Located in Historic District		<input checked="" type="checkbox"/>	Previous Fires		<input checked="" type="checkbox"/>

(TXR-1406) 02-01-18

Initialed by: Buyer: _____ and Seller: UT 

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Concerning the Property at _____

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Historic Property Designation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Termite or WDI damage needing repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Previous Use of Premises for Manufacture of Methamphetamine	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Single Blockable Main Drain in Pool/Hot Tub/Spa*	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Roof replaced in October 2016.

*A single blockable main drain may cause a suction entrapment hazard for an individual.

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.)

Y N

☒ ☐

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

☒ ☐

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

Name of association: _____

Manager's name: _____

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.

☒ ☐

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: _____

☒ ☐

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

☒ ☐

Any lawsuits or other legal proceedings directly or indirectly affecting the Property. (Includes, but is not limited to: divorce, foreclosure, heirship, bankruptcy, and taxes.)

☒ ☐

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

☒ ☐

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).

☒ ☐

Any rainwater harvesting system located on the Property that is larger than 500 gallons and that uses a public water supply as an auxiliary water source.

☒ ☐

The Property is located in a propane gas system service area owned by a propane distribution system retailer.

☒ ☐

Any portion of the Property that is located in a groundwater conservation district or a subsidence district.

Concerning the Property at _____

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

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
8-24-16	WDI	Walton Prosen	2
8-24-16	Property Insp.	Walton Prosen	6

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 filed a claim for damage to the Property with any insurance provider? _____ yes ☒ no

Section 10. 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 11. 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): Not sure if it meets code

*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: Uriel Tuck Date: 7-28-19 Signature of Seller: Teresa Tuck Date: 7/28/19
Printed Name: Uriel Tuck Printed Name: Teresa Tuck
(TXR-1406) 02-01-18 Initialed by: Buyer: _____ and Seller: UT (T)

Concerning the Property at _____

300 South Hackberry St.
Moulton, TX 77975

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 the Property is located in a seacoast territory of this state designated as a catastrophe area by the Commissioner of the Texas Department of Insurance, the Property may be subject to additional requirements to obtain or continue windstorm and hail insurance. A certificate of compliance may be required for repairs or improvements to the Property. For more information, please review *Information Regarding Windstorm and Hail Insurance for Certain Properties* (TXR 2518) and contact the Texas Department of Insurance or the Texas Windstorm Insurance Association.
- (4) 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.
- (5) If you are basing your offers on square footage, measurements, or boundaries, you should have those items independently measured to verify any reported information.
- (6) The following providers currently provide service to the Property:

Electric: <u>City</u>	phone #: _____
Sewer: <u>City</u>	phone #: _____
Water: <u>City</u>	phone #: _____
Cable: <u>AT+T</u>	phone #: _____
Trash: <u>City</u>	phone #: _____
Natural Gas: <u>N/A</u>	phone #: _____
Phone Company: <u>AT+T</u>	phone #: _____
Propane: <u>N/A</u>	phone #: _____
Internet: <u>AT+T</u>	phone #: _____

- (7) 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.

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

Walton F. Prosen
109 Warwick Glen
Victoria, Texas 77904
Phone: 361-572-8700

PROPERTY INSPECTION REPORT

Prepared For:

Uriel Tuck

(Name of Client)

Concerning:

300 E. Hackberry, Moulton, Texas 77975

(Address or Other Identification of Inspected Property)

By:

Walton F. Prosen TREC # 5893

8-24-2016

(Name and License Number of Inspector)

(Date)

N/A

(Name, License Number and Signature of Sponsoring Inspector, if required)

PURPOSE, LIMITATIONS AND INSPECTOR / CLIENT RESPONSIBILITIES

This property inspection report may include an inspection agreement (contract), addenda, and other information related to property conditions. If any item or comment is unclear, you should ask the inspector to clarify the findings. It is important that you carefully read ALL of this information.

This inspection is subject to the rules ("Rules") of the Texas Real Estate Commission ("TREC"), which can be found at www.trec.texas.gov.

The TREC Standards of Practice (Sections 535.227-535.233 of the Rules) are the minimum standards for inspections by TREC-licensed inspectors. An inspection addresses only those components and conditions that are present, visible, and accessible at the time of the inspection. While there may be other parts, components or systems present, only those items specifically noted as being inspected were inspected. The inspector is NOT required to turn on decommissioned equipment, systems, utility services or apply an open flame or light a pilot to operate any appliance. The inspector is NOT required to climb over obstacles, move furnishings or stored items. The inspection report may address issues that are code-based or may refer to a particular code; however, this is NOT a code compliance inspection and does NOT verify compliance with manufacturer's installation instructions. The inspection does NOT imply insurability or warrantability of the structure or its components. Although some safety issues may be addressed in this report, this inspection is NOT a safety/code inspection, and the inspector is NOT required to identify all potential hazards.

In this report, the inspector shall indicate, by checking the appropriate boxes on the form, whether each item was inspected, not inspected, not present or deficient and explain the findings in the corresponding section in the body of the report form. The inspector must check the Deficient (D) box if a condition exists that adversely and materially affects the performance of a system or component or constitutes a hazard to life, limb or property as specified by the TREC Standards of Practice. General deficiencies include inoperability, material distress, water penetration, damage, deterioration, missing components, and unsuitable installation. Comments may be provided by the inspector whether or not an item is deemed deficient. The inspector is not required to prioritize or emphasize the importance of one deficiency over another.

Some items reported may be considered life-safety upgrades to the property. For more information, refer to Texas Real Estate Consumer Notice Concerning Recognized Hazards or Deficiencies below.

THIS PROPERTY INSPECTION IS NOT A TECHNICALLY EXHAUSTIVE INSPECTION OF THE STRUCTURE, SYSTEMS OR COMPONENTS. The inspection may not reveal all deficiencies. A real estate inspection helps to reduce some of the risk involved in purchasing a home, but it cannot eliminate these risks, nor can the inspection anticipate future events or changes in performance due to changes in use or occupancy. It is recommended that you obtain as much information as is available about this property, including any seller's disclosures, previous inspection reports, engineering reports, building/remodeling permits, and reports performed for or by relocation companies, municipal inspection departments, lenders, insurers, and appraisers. You should also attempt to determine whether repairs, renovation, remodeling, additions, or other such activities have taken place at this property. It is not the inspector's responsibility to confirm that information obtained from these sources is complete or accurate or that this inspection is consistent with the opinions expressed in previous or future reports.

ITEMS IDENTIFIED IN THE REPORT DO NOT OBLIGATE ANY PARTY TO MAKE REPAIRS OR TAKE OTHER ACTIONS, NOR IS THE PURCHASER REQUIRED TO REQUEST THAT THE SELLER TAKE ANY ACTION. When a deficiency is reported, it is the client's responsibility to obtain further evaluations and/or cost estimates from qualified service professionals. Any such follow-up should take place prior to the expiration of any time limitations such as option periods.

Promulgated by the Texas Real Estate Commission (TREC) P.O. Box 12188, Austin, TX 78711-2188 (512) 936-3000
(<http://www.trec.texas.gov>).

REI 7-4 (Revised 04/2014)

Report Identification: 12206 Home Inspection

Evaluations by qualified tradesmen may lead to the discovery of additional deficiencies which may involve additional repair costs. Failure to address deficiencies or comments noted in this report may lead to further damage of the structure or systems and add to the original repair costs. The inspector is not required to provide follow-up services to verify that proper repairs have been made.

Property conditions change with time and use. For example, mechanical devices can fail at any time, plumbing gaskets and seals may crack if the appliance or plumbing fixture is not used often, roof leaks can occur at any time regardless of the apparent condition of the roof, and the performance of the structure and the systems may change due to changes in use or occupancy, effects of weather, etc. These changes or repairs made to the structure after the inspection may render information contained herein obsolete or invalid. This report is provided for the specific benefit of the client named above and is based on observations at the time of the inspection. If you did not hire the inspector yourself, reliance on this report may provide incomplete or outdated information. Repairs, professional opinions or additional inspection reports may affect the meaning of the information in this report. It is recommended that you hire a licensed inspector to perform an inspection to meet your specific needs and to provide you with current information concerning this property.

TEXAS REAL ESTATE CONSUMER NOTICE CONCERNING HAZARDS OR DEFICIENCIES

Each year, Texans sustain property damage and are injured by accidents in the home. While some accidents may not be avoidable, many other accidents, injuries, and deaths may be avoided through the identification and repair of certain hazardous conditions. Examples of such hazards include:

- malfunctioning, improperly installed, or missing ground fault circuit protection (GFCI) devices for electrical receptacles in garages, bathrooms, kitchens, and exterior areas;
- malfunctioning arc fault protection (AFCI) devices;
- ordinary glass in locations where modern construction techniques call for safety glass;
- malfunctioning or lack of fire safety features such as smoke alarms, fire-rated doors in certain locations, and functional emergency escape and rescue openings in bedrooms;
- malfunctioning carbon monoxide alarms;
- excessive spacing between balusters on stairways and porches;
- improperly installed appliances;
- improperly installed or defective safety devices;
- lack of electrical bonding and grounding; and
- lack of bonding on gas piping, including corrugated stainless steel tubing (CSST).

To ensure that consumers are informed of hazards such as these, the Texas Real Estate Commission (TREC) has adopted Standards of Practice requiring licensed inspectors to report these conditions as "Deficient" when performing an inspection for a buyer or seller, if they can be reasonably determined.

These conditions may not have violated building codes or common practices at the time of the construction of the home, or they may have been "grandfathered" because they were present prior to the adoption of codes prohibiting such conditions. While the TREC Standards of Practice do not require inspectors to perform a code compliance inspection, TREC considers the potential for injury or property loss from the hazards addressed in the Standards of Practice to be significant enough to warrant this notice.

Contract forms developed by TREC for use by its real estate licensees also inform the buyer of the right to have the home inspected and can provide an option clause permitting the buyer to terminate the contract within a specified time. Neither the Standards of Practice nor the TREC contract forms require a seller to remedy conditions revealed by an inspection. The decision to correct a hazard or any deficiency identified in an inspection report is left to the parties to the contract for the sale or purchase of the home.

INFORMATION INCLUDED UNDER "ADDITIONAL INFORMATION PROVIDED BY INSPECTOR", OR PROVIDED AS AN ATTACHMENT WITH THE STANDARD FORM, IS NOT REQUIRED BY THE COMMISSION AND MAY CONTAIN CONTRACTUAL TERMS BETWEEN THE INSPECTOR AND YOU, AS THE CLIENT. THE COMMISSION DOES NOT REGULATE CONTRACTUAL TERMS BETWEEN PARTIES. IF YOU DO NOT UNDERSTAND THE EFFECT OF ANY CONTRACTUAL TERM CONTAINED IN THIS SECTION OR ANY ATTACHMENTS, CONSULT AN ATTORNEY.

ADDITIONAL INFORMATION PROVIDED BY INSPECTOR

I= Inspected				NI= Not Inspected	NP= Not Present	D= Deficiency
I	NI	NP	D			
I. STRUCTURAL SYSTEMS						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A. Foundations	<i>Type of Foundation(s):</i> Monolithic Slab <i>Comments:</i> The foundation appeared for the most part to be functioning as intended at the time of inspection. There are, however, indications of some foundation settlement that includes floors that slope somewhat in a few areas throughout the structure. Please note this was only a visual inspection. No tools or levels were used. For a more detailed analysis please contact a structural engineer.	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Grading & Drainage – Comments:	The grading and drainage was functioning as intended at the time of inspection.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C. Roof Covering Materials	<i>Types(s) of Roof Covering</i> <i>Viewed from:</i> Roof Surface <i>Comments:</i> The composition shingle roof appeared to be an older roof and shows signs of significant aggregate wear especially on the front section of the structure. All roof surfaces are only visually inspected. For a more detailed analysis please contact a licensed roofing contractor.	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D. Roof Structures & Attics	<i>Viewed From:</i> The attic crawl space <i>Approximate Average Depth of Insulation:</i> none <i>Comments:</i> All accessible areas of the attic were inspected. The attic structure was functioning as intended at the time of inspection. No separation of timbers was observed. There is no insulation in the attic.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	E. Walls (Interior & Exterior) – Comments:	Most walls were functioning as intended at the time of inspection, however, there is moisture damage to the siding on the front and rear of the garage.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	F. Ceilings & Floors – Comments:	All visible floors and ceilings were inspected and most ceilings and floors were functioning as intended at the time of inspection, however, there are a few vinyl floor edges and seams that are feeling loose or separating and the carpet in a few door openings is loose. The floors do slope somewhat in a few areas throughout the structure.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	G. Doors (Interior & Exterior) – Comments:	All accessible doors were tested. Most doors were functioning as intended at the time of inspection, however, the front door drags on the frame and the garage door panels are damaged.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	H. Windows – Comments:	All accessible windows were tested. Most windows were functioning as intended at the time of inspection, however, a few windows are painted shut and there are cracked glass panes in the right front corner bedroom windows.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I. Stairways (Interior & Exterior) – Comments:	There is no hand rail on the attic access stairs.	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	J. Fireplaces and Chimneys – Comments:	n/a	

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I	NI	NP	D			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K.	Porches, Balconies, Decks, And Carports – Comments: The front and rear porches were functioning as intended at the time of inspection.	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	L.	Other – Comments n/a	
II. ELECTRICAL SYSTEMS						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A.	Service Entrance and Panels – Comments: The electrical service panels were functioning as intended at the time of inspection. The main exterior power shutoff panel box was padlocked shut.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	B.	Branch Circuits, Connected Devices, and Fixtures <i>Type of Wiring:</i> Copper Romex <i>Comments:</i> All accessible outlets were tested and most branch circuits were functioning as intended at the time of inspection, however, the kitchen, bathroom, garage and exterior outlets are not GFCI protected, there are improper wire splices in the attic, there are no carbon monoxide detectors installed and smoke alarms are not present in each bedroom and the adjacent halls. There is knob and tube wiring present and in use.	
III. HEATING, VENTILATION AND AIR CONDITIONING SYSTEMS						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A.	Heating Equipment <i>Type of Systems:</i> Forced Air <i>Energy Sources:</i> Electric <i>Comments:</i> The heating was functioning as intended at the time of inspection. Please note that this was only a visual inspection. No tools, carbon monoxide detectors or other equipment were used. For a more detailed analysis please contact a licensed HVAC technician.	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B.	Cooling Equipment <i>Type of Systems:</i> Electric Central <i>Comments:</i> A temperature of 59 degrees was observed at the supply vent and 74 degrees at the return air vent. This is a 15 degree differential which is adequate. Please note that this was only a temperature differential test. For a more detailed analysis please contact a licensed HVAC technician.	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C.	Duct Systems, Chases, and Vents – Comments: The ducts were functioning as intended at the time of inspection. Please note that this was only a visual inspection. There are no vent registers in the front section of the house.	
IV. PLUMBING SYSTEM						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	A.	Plumbing Supply, Distribution Systems and Fixtures <i>Location of water meter:</i> Near the street <i>Location of main water supply valve:</i> At the meter and right side yard <i>Static water pressure reading:</i> unknown <i>Comments:</i> Most plumbing supplies and fixtures were functioning as intended at the time of inspection, however, there are no anti-siphon devices installed on the exterior faucets.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	B.	Drains, Wastes, and Vents – Comments: Most drains and wastes were functioning as intended at the time of inspection, however, the rear bathroom bathtub drain stopper did not work.	

I= Inspected				NI= Not Inspected	NP= Not Present	D= Deficiency
I	NI	NP	D			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C.	Water Heating Equipment Energy Sources: electric Capacity: 19 gallon Comments: The water heater was tested and checked and was for the most part functioning as intended at the time of inspection, however, there is no drain pan installed.	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D.	Hydro-Massage Therapy Equipment – Comments: n/a	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E.	Other – Comments: The gas system was not inspected and it is unknown if the system is grounded.	
V. APPLIANCES						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	A.	Dishwasher – Comments: The dishwasher did cycle, however, the unit leaked and there is rust on the racks.	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	B.	Food Waste Disposer – Comments: n/a	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	C.	Range Hood and Exhaust Systems – Comments: n/a	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D.	Ranges, Cooktops, and Ovens – Comments: The oven and cooktop was functioning as intended at the time of inspection. All burners were functioning as intended, the oven light worked, the timer functioned and the oven temperature was in the required range of 325-375 degrees when tested at the 350 degree setting.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E.	Microwave Ovens – Comments: n/a	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.	Mechanical Exhaust Vents and Bathroom Heaters – Comments: All bathroom vents and heaters were tested and were functioning as intended at the time of inspection.	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G.	Garage Door Operators – Comments: All garage door openers were tested and were functioning as intended at the time of inspection. The safety sensors were properly installed, the unit properly auto reversed when tested and the unit is properly wired.	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	H.	Dryer Exhaust Systems – Comments: The dryer vent exhaust into the crawl space.	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I.	Other – Comments: n/a	
VI. OPTIONAL SYSTEMS						
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	A.	Landscape Irrigation (Sprinkler) Systems – Comments: Landscape irrigation system was not inspected or was not present. If present, a licensed irrigation expert is recommended for a detailed inspection.	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	B.	Swimming Pools, Spas, Hot Tubs, and Equipment Type of Construction: n/a Comments: Swimming pools, spas, hot tubs and equipment were not inspected or were not present. A licensed pool expert is suggested if pools are present for a detailed inspection.	

I= Inspected				NI= Not Inspected	NP= Not Present	D= Deficiency
I	NI	NP	D			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	C.	Outbuildings – Comments: Outbuildings were not inspected or were not present.	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D.	Private Water Wells (A coliform analysis is recommended.) <i>Type of Pump: n/a</i> <i>Type of Storage Equipment: n/a</i> <i>Comments:</i> Private water well was not inspected or was not present. If present, a water well expert is recommended for a detailed inspection.	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	E.	Private Sewage Disposal (Septic) Systems <i>Type of System: n/a</i> <i>Location of Drain Field: n/a</i> <i>Comments:</i> Private septic/sewage system not inspected or was not present. If present, a licensed septic technician is recommended for a detailed inspection.	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	F.	Other – Comments: n/a	

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TEXAS OFFICIAL WOOD DESTROYING INSECT REPORT

Page 1 of 2

300 Hackberry
Inspected Address

Moulton
City

77975
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 Board.

1A. <u>Paradise Pest Control Service</u>		1B. <u>12958</u>	
Name of Inspection Company		SPCB Business License Number	
1C. <u>109 Warwick Glen</u>	<u>Victoria</u>	<u>TX</u>	<u>77904</u>
Address of Inspection Company	City	State	Zip
			<u>361-572-8700</u>
1D. <u>Walton F. Prosen</u>		1.E <input type="checkbox"/> Certified Applicator	
Name of Inspector (Please Print)		Technician <input checked="" type="checkbox"/> (check one)	
2. <u>n/a</u>		3. <u>8-24-2016</u>	
Case Number (VA/FHA/Other)		Inspection Date	
4A. <u>Uriel Tuck</u>		Seller <input type="checkbox"/> Agent <input type="checkbox"/> Buyer <input checked="" type="checkbox"/> Management Co. <input type="checkbox"/> Other <input type="checkbox"/>	
Name of Person Purchasing Inspection			
4B. <u>n/a</u>		Owner/Seller	
4C. REPORT FORWARDED TO: Title Company or Mortgagee <input type="checkbox"/> Purchaser of Service <input type="checkbox"/> Seller <input type="checkbox"/> Agent <input type="checkbox"/> Buyer <input checked="" type="checkbox"/>			
(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 Structural Pest Control Board. This report is made subject to the conditions listed under the Scope of Inspection. A diagram must be attached including all structures inspected.

5. Main Residence Only

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 <input checked="" type="checkbox"/>	No <input type="checkbox"/>
(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 <input type="checkbox"/>	Insulated area of attic <input checked="" type="checkbox"/>	Plumbing Areas <input checked="" type="checkbox"/>	Planter box abutting structure <input type="checkbox"/>
Deck <input type="checkbox"/>	Sub Floors <input type="checkbox"/>	Slab Joints <input type="checkbox"/>	Crawl Space <input type="checkbox"/>
Soil Grade Too High <input type="checkbox"/>	Heavy Foliage <input type="checkbox"/>	Eaves <input type="checkbox"/>	Weepholes <input type="checkbox"/>
Other <input checked="" type="checkbox"/>	Specify: <u>some areas of the crawl space</u>		
7A. Conditions conducive to wood destroying insect infestation:		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
(Refer to Part J, Scope of Inspection) If "Yes" specify in 7B.			
7B. Conducive Conditions include but are not limited to:			
Wood to Ground Contact (G) <input type="checkbox"/>	Formboards left in place (I) <input type="checkbox"/>	Excessive Moisture (J) <input type="checkbox"/>	Heavy Foliage (N) <input type="checkbox"/>
Debris under or around structure (K) <input type="checkbox"/>	Footings too low or soil line too high (L) <input type="checkbox"/>	Wood Rot (M) <input checked="" type="checkbox"/>	Wooden Fence in Contact with the Structure (R) <input type="checkbox"/>
Planter box abutting structure (O) <input type="checkbox"/>	Wood Pile in Contact with Structure (Q) <input type="checkbox"/>		
Insufficient ventilation (T) <input type="checkbox"/>	Other (C) <input type="checkbox"/>	Specify:	

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)

Licensed and Regulated by the Texas Department of Agriculture

PO Box 12847

Austin, Texas 78711-2847

(866) 918-4481 Fax (888) 232-2567

SPCB/T-4
Initials _____

(Rev. 09/01/07)

Buyer's

TEXAS OFFICIAL WOOD DESTROYING INSECT REPORT

Page 2 of 2

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 type="checkbox"/>	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" 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: n/a

8F. Explanation of signs of previous treatment (including pesticides, baits, existing treatment stickers or other methods) identified: n/a

8G. Visible evidence of: n/a has been observed in the following n/a

The conditions conducive to insect infestation reported in 7A & 7B:

9. Will be or has been mechanically corrected by inspecting company:

Yes ☐ No ☒

If "Yes," specify corrections: n/a

9A. Corrective treatment recommended for active infestation or evidence of previous infestation with no prior treatment as identified in Section 8. (Refer to Part G, H, and I, Scope of Inspection)

Yes ☐ No ☒
Yes ☐ No ☒

9B. A preventive treatment and/or correction of conducive conditions as identified in 7A & 7B is recommended as follows:

Specify reason: n/a

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 ☐ n/a Bait ☐ Other ☐
If treating for drywood termites or related insects, the treatment was: Full ☐ Limited ☐10B. n/a n/a n/a
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: E. Subterranean Only

If "Yes," copy(ies) of warranty and treatment diagram must be attached.

Diagram of Structure(s) Inspected

SEE ATTACHED SKETCH

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: n/a

Additional Comments: No visible evidence of live termites was observed at the time of inspection, however, inaccessible areas could not be properly inspected and it can not be positively determined if termites are present or not. Any or all previous or future damage prior too or with any treatments can not be accurately determined.

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:

11A. Inspector

Notice of Inspection Was Posted At or Near

0561647

12A.

Electric Breaker Box ☐
Water Heater Closet ☐
Bath Trap Access ☐
Beneath the Kitchen Sink ☒

Approved:

11B. Walton F. Prosen

0561647

12B. Date

8/24/2016

Certified Applicator and Certified Applicator License Number

Date

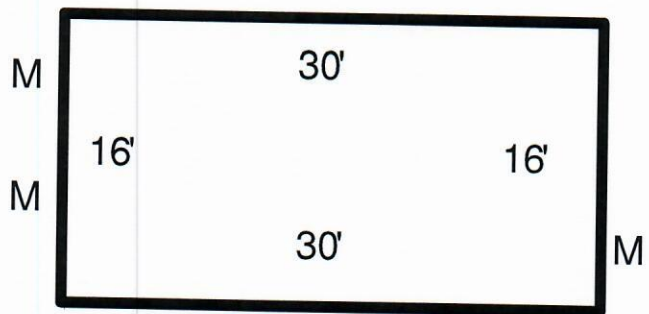
Statement of Purchaser

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: n/a

Signature of Purchaser of Property or their Designee

Date



M: Wood Rot

