



## 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 13010 Onion Creek Drive, Manchaca, TX 78652

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? ☐ \_\_\_\_\_ (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	Item	Y	N	U	Item	Y	N	U
Cable TV Wiring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Liquid Propane Gas:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pump: <input type="checkbox"/> sump <input checked="" type="checkbox"/> grinder	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide Det.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-LP Community (Captive)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rain Gutters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling Fans	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-LP on Property	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Range/Stove	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooktop	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot Tub	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roof/Attic Vents	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dishwasher	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intercom System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sauna	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disposal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Microwave	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smoke Detector	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Escape Ladder(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Outdoor Grill	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Smoke Detector – Hearing Impaired	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Exhaust Fans	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Patio/Decking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spa	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fences	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trash Compactor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fire Detection Equip.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pool	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TV Antenna	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
French Drain	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pool Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Washer/Dryer Hookup	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas Fixtures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pool Maint. Accessories	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Screens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Natural Gas Lines	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pool Heater	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Public Sewer System	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Item	Y	N	U	Additional Information
Central A/C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> electric <input type="checkbox"/> gas number of units:
Evaporative Coolers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	number of units:
Wall/Window AC Units	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	number of units:
Attic Fan(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	if yes, describe:
Central Heat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> electric <input type="checkbox"/> gas number of units:
Other Heat	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	if yes describe:
Oven	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	number of ovens: <input type="checkbox"/> electric <input type="checkbox"/> gas <input type="checkbox"/> other:
Fireplace & Chimney	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> wood <input type="checkbox"/> gas logs <input type="checkbox"/> mock <input type="checkbox"/> other:
Carport	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> attached <input type="checkbox"/> not attached
Garage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> attached <input type="checkbox"/> not attached
Garage Door Openers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	number of units: 1 number of remotes: 2
Satellite Dish & Controls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> owned <input type="checkbox"/> leased from no controls, dish not used
Security System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> owned <input type="checkbox"/> leased from not used
Solar Panels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> owned <input type="checkbox"/> leased from
Water Heater	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> electric <input type="checkbox"/> gas <input type="checkbox"/> other: tankless number of units: 2
Water Softener	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> owned <input type="checkbox"/> leased from
Other Leased Item(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	if yes, describe:

(TXR-1406) 09-01-19

Initialed by: Buyer:

and Seller:

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Concerning the Property at 13010 Onion Creek Drive, Manchaca, TX 78652

Underground Lawn Sprinkler	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> automatic	<input checked="" type="checkbox"/> manual	areas covered: front yard
Septic / On-Site Sewer Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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: GAF Age: 10 (approximate)

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

Are you (Seller) aware of any of the items listed in this Section 1 that are not in working condition, that have defects, or are need of repair? ☒ yes ☐ no If yes, describe (attach additional sheets if necessary): Blinds in living room and second primary bedroom do not work, hairline crack in kitchen quartz countertop, broken mirror on sliding closet door in secondary master.




**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 type="checkbox"/>	<input checked="" type="checkbox"/>	Floors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sidewalks	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ceilings	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Foundation / Slab(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Walls / Fences	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Doors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Interior Walls	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Windows	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Driveways	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Lighting Fixtures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other Structural Components	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Electrical Systems	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plumbing Systems	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Exterior Walls	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	Radon Gas	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Asbestos Components	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Settling	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diseased Trees: <input type="checkbox"/> oak wilt <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Soil Movement	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Endangered Species/Habitat on Property	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Subsurface Structure or Pits	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Fault Lines	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Underground Storage Tanks	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hazardous or Toxic Waste	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Unplatted Easements	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Improper Drainage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Unrecorded Easements	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Intermittent or Weather Springs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Urea-formaldehyde Insulation	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Landfill	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Water Damage Not Due to a Flood Event	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lead-Based Paint or Lead-Based Pt. Hazards	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wetlands on Property	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Encroachments onto the Property	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wood Rot	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Improvements encroaching on others' property	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Active infestation of termites or other wood destroying insects (WDI)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Located in Historic District	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Previous treatment for termites or WDI	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Historic Property Designation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Previous termite or WDI damage repaired	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Previous Foundation Repairs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Previous Fires	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Previous Roof Repairs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Termite or WDI damage needing repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Previous Other Structural Repairs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Single Blockable Main Drain in Pool/Hot Tub/Spa*	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Previous Use of Premises for Manufacture of Methamphetamine	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

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

\*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 conditions?\*** (Mark Yes (Y) if you are aware and check wholly or partly as applicable. Mark No (N) if you are not aware.)

Y N

- ☒ ☐ Present flood insurance coverage (if yes, attach TXR 1414).
- ☒ ☐ Previous flooding due to a failure or breach of a reservoir or a controlled or emergency release of water from a reservoir.
- ☒ ☐ Previous flooding due to a natural flood event (if yes, attach TXR 1414).
- ☒ ☐ Previous water penetration into a structure on the Property due to a natural flood event (if yes, attach TXR 1414).
- ☒ ☐ Located ☐ wholly ☒ partly in a 100-year floodplain (Special Flood Hazard Area-Zone A, V, A99, AE, AO, AH, VE, or AR) (if yes, attach TXR 1414).
- ☐ ☒ Located ☐ wholly ☐ partly in a 500-year floodplain (Moderate Flood Hazard Area-Zone X (shaded)).
- ☒ ☐ Located ☐ wholly ☒ partly in a floodway (if yes, attach TXR 1414).
- ☐ ☒ Located ☐ wholly ☐ partly in a flood pool.
- ☐ ☒ Located ☐ wholly ☐ partly in a reservoir.

If the answer to any of the above is yes, explain (attach additional sheets as necessary): \_\_\_\_\_

\*For purposes of this notice:

"100-year floodplain" means any area of land that: (A) is identified on the flood insurance rate map as a special flood hazard area, which is designated as Zone A, V, A99, AE, AO, AH, VE, or AR on the map; (B) has a one percent annual chance of flooding, which is considered to be a high risk of flooding; and (C) may include a regulatory floodway, flood pool, or reservoir.

"500-year floodplain" means any area of land that: (A) is identified on the flood insurance rate map as a moderate flood hazard area, which is designated on the map as Zone X (shaded); and (B) has a two-tenths of one percent annual chance of flooding, which is considered to be a moderate risk of flooding.

"Flood pool" means the area adjacent to a reservoir that lies above the normal maximum operating level of the reservoir and that is subject to controlled inundation under the management of the United States Army Corps of Engineers.

"Flood insurance rate map" means the most recent flood hazard map published by the Federal Emergency Management Agency under the National Flood Insurance Act of 1968 (42 U.S.C. Section 4001 et seq.).



"Floodway" means an area that is identified on the flood insurance rate map as a regulatory floodway, which includes the channel of a river or other watercourse and the adjacent land areas that must be reserved for the discharge of a base flood, also referred to as a 100-year flood, without cumulatively increasing the water surface elevation more than a designated height.

"Reservoir" means a water impoundment project operated by the United States Army Corps of Engineers that is intended to retain water or delay the runoff of water in a designated surface area of land.

(TXR-1406) 09-01-19

Initialed by: Buyer:

and Seller:

  
04/09/22  
4:33 PM CDT  
dotloop verified
  
04/04/22  
6:10 AM CDT  
dotloop verified

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**Section 6. Have you (Seller) ever filed a claim for flood damage to the Property with any insurance provider, including the National Flood Insurance Program (NFIP)?\*** ☒ yes ☐ no If yes, explain (attach additional sheets as necessary): \_\_\_\_\_

\*Homes in high risk flood zones with mortgages from federally regulated or insured lenders are required to have flood insurance. Even when not required, the Federal Emergency Management Agency (FEMA) encourages homeowners in high risk, moderate risk, and low risk flood zones to purchase flood insurance that covers the structure(s) and the personal property within the structure(s).

**Section 7. Have you (Seller) ever received assistance from FEMA or the U.S. Small Business Administration (SBA) for flood damage to the Property?** ☐ yes ☒ no If yes, explain (attach additional sheets as necessary): \_\_\_\_\_

**Section 8. 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.  
 If the answer to any of the items in Section 8 is yes, explain (attach additional sheets if necessary): \_\_\_\_\_

Concerning the Property at 13010 Onion Creek Drive, Manchaca, TX 78652

**Section 9. Seller ☒ has ☐ has not attached a survey of the Property.**

**Section 10. Within the last 4 years, have you (Seller) received any written inspection reports from persons who regularly provide inspections and who are either licensed as inspectors or otherwise permitted by law to perform inspections? ☐ yes ☒ no** If yes, attach copies and complete the following:

Inspection Date	Type	Name of Inspector	No. of Pages

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

**Section 11. 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 12. Have you (Seller) ever filed a claim for damage, other than flood damage, to the Property with any insurance provider? ☐ yes ☒ no**


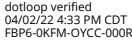
**Section 13. Have you (Seller) ever received proceeds for a claim for damage to the Property (for example, an insurance claim or a settlement or award in a legal proceeding) and not used the proceeds to make the repairs for which the claim was made? ☐ yes ☒ no** If yes, explain: \_\_\_\_\_

**Section 14. Does the Property have working smoke detectors installed in accordance with the smoke detector requirements of Chapter 766 of the Health and Safety Code?\* ☐ unknown ☐ no ☒ yes.** If no or unknown, explain. (Attach additional sheets if necessary): \_\_\_\_\_


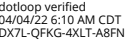
*\*Chapter 766 of the Health and Safety Code requires one-family or two-family dwellings to have working smoke detectors installed in accordance with the requirements of the building code in effect in the area in which the dwelling is located, including performance, location, and power source requirements.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

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

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


  
 Signature of Seller \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: Wes McNew


  
 Signature of Seller \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: Linsay McNew

**ADDITIONAL NOTICES TO BUYER:**

(TXR-1406) 09-01-19

Initialed by: Buyer:

and Seller:  

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- (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 <https://publicsite.dps.texas.gov/SexOffenderRegistry>. 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>PEC</u>	phone #: <u>888-554-4732</u>
Sewer: _____	phone #: _____
Water: <u>Arroyo Doble Water System</u>	phone #: <u>5123121501</u>
Cable: _____	phone #: _____
Trash: <u>Texas Disposal Systems</u>	phone #: <u>5124211300</u>
Natural Gas: _____	phone #: _____
Phone Company: _____	phone #: _____
Propane: _____	phone #: _____
Internet: <u>Spectrum or AT&amp;T</u>	phone #: <u>look online</u>

- (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

Printed Name: \_\_\_\_\_

\_\_\_\_\_  
Signature of Buyer Date

Printed Name: \_\_\_\_\_





INSURED : LINSEY A KRAUSS MCNEW  
LOCATION : 13010 ONION CREEK DR  
: MANCHACA, TX 78652-5620  
COMPANY : NFIP Direct Servicing Agen  
: 6240 Sprint Parkway  
: Overland Park, KS 66211

DATE OF REPORT : 6/10/2019  
DATE OF LOSS : 5/4/2019  
POLICY NUMBER : RL00062139  
CLAIM NUMBER : 229074  
OUR FILE NUMBER : BAC-027243  
ADJUSTER NAME : Justin Shuy

## Flood Claim Settlement

Dear LINSEY A KRAUSS MCNEW and ;

We have completed our investigation of your 5/4/2019 flood insurance claim and have completed our estimate of covered flood damages to your property. Enclosed is **YOUR COPY** of our Building Repair Estimate and (if applicable) your damaged Contents Inventory Evaluation. Please review and retain these copies for your records.

Our estimate is based on our inspection of the physical flood damages and any estimates or information you may have provided us during the course of this adjustment as well as National Flood Insurance Program's coverage guidelines.

Note that you have one year from the Date of Loss to file for any supplemental payment so please retain all receipts and documentation of repairs in case you need to document that your final costs were higher than our estimated amount of repairs. If you find that you need to file for a supplemental payment, or are not in agreement with your adjuster's estimated amount of damages then you must file a Signed and Sworn Proof of Loss based on the requirements of Section VII(J) of the Standard Flood Insurance Policy. A copy of this form can be downloaded at <http://www.fema.gov/library/viewRecord.do?id=2545>

There may be some flood damages to your property that were not included in our estimate due to NFIP Policy Exclusions or Limitations. Your adjuster should have reviewed these items with you in the process of their adjustment. Please note that the adjuster does not have the authority to approve or deny any portion of your claim and all items are subject to final review by your flood insurance carrier. If any part of your claim is denied, you will receive a letter from the Carrier detailing this denial and providing you with instructions how to appeal the decision with the NFIP if you are not in agreement.

Any additional documentation that you believe relevant to your claim or any Proof of Loss forms you may choose to file can be sent to your insurance carrier or your adjuster using the contact information they have provided.

Justin Shuy

justinshuy@gmail.com

301-787-5135

If you have any questions, please feel free to contact my office at (301)787-5135

Sincerely,

Justin Shuy, Claims Adjuster

**ALL CLAIM PAYMENTS ARE SUBJECT TO THE FINAL APPROVAL OF YOUR FLOOD INSURANCE CARRIER.**

POLICY NUMBER RL00062139

DEPARTMENT OF HOMELAND SECURITY  
FEDERAL EMERGENCY MANAGEMENT AGENCY  
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 1660-0005  
Expires April 30, 2017

10/29/2018 TO 10/29/2019

POLICY TERM

\$250,000.00

AMT OF BLDG COV AT TIME OF LOSS

\$100,000.00

AMT OF CNTS COV AT TIME OF LOSS

## PROOF OF LOSS

(See Attached Privacy Act Statement  
and Paperwork Burden Disclosure Notice)

Gulf Coast Insurance Company

AGENCY

1 Chisom Trl Ste 450

AGENCY AT

Round Rock, TX 70861

TO THE **NFIP Direct Servicing Agent** OF **6240 Sprint Parkway, Suite 200, Overland Park, KS 66211** :

At the time of loss, by the above indicated policy of insurance, you insured the interest of

LINSEY A KRAUSS MCNEW

13010 ONION CREEK DR, MANCHACA, TX 78652-5620

against loss by Flood to the property described according to the terms and conditions of said policy and of all forms, endorsements, transfers and assignments attached thereto .

### TIME AND ORIGIN

A Flood loss occurred about \_\_\_\_\_  
on the 4 day of May, 2019, the cause of the said loss was :  
Flood

### OCCUPANCY

The premises described, or containing the property described, was occupied at the time of the loss as follows,  
and for no other purpose whatever : \_\_\_\_\_  
Residential

### INTEREST

No other person or persons had any interest therein or encumbrance thereon, except : \_\_\_\_\_  
LAKEVIEW LOAN SERVICING LLC ISAOA ATIMA

1. FULL AMOUNT OF INSURANCE applicable to the property for which claim is presented is .....	<u>\$350,000.00</u>
2. ACTUAL CASH VALUE of building structure .....	<u>\$405,200.46</u>
3. ADD ACTUAL CASH VALUE OF CONTENTS or personal property insured .....	<u>\$80,000.00</u>
4. ACTUAL CASH VALUE OF ALL PROPERTY .....	<u>\$485,200.46</u>
5. FULL COST OF REPAIR OR REPLACEMENT .....	<u>\$17,682.20</u>
6. LESS APPLICABLE DEPRECIATION .....	<u>\$2,313.14</u>
7. ACTUAL CASH VALUE LOSS is .....	<u>\$15,369.06</u>
8. LESS DEDUCTIBLES .....	<u>\$2,500.00</u>
9. NET AMOUNT CLAIMED under above numbered policy is .....	<u>\$12,869.06</u>

The said loss did not originate by any act, design or procurement on the part of your insured, nothing has been done by or with the privity or consent of your insured to violate the conditions of the policy, or render it void; no articles are mentioned herein or in annexed schedules but such as were destroyed or damaged at the time of said loss, no property saved has in any manner been concealed, and no attempt to deceive the said insurer as to the extent of said loss, has in any manner been made. Any other information that may be required will be furnished and considered a part of this proof.

**I understand that this Insurance (policy) is issued Pursuant to the National Flood Insurance Act of 1968, or Any Act Amendatory thereof, and Applicable Federal Regulations in Title 44 of the Code of Federal Regulations, Subchapter B, and that knowingly and willfully making any false answers or misrepresentations of fact may be punishable by fine or imprisonment under applicable Unites States Codes.**

Subrogation - To the extent of the payment made or advanced under this policy; the insured hereby assigns, transfers and sets over to the insurer all rights, claims or interest that he has against any person, firm or corporation liable for the loss or damage to the property for which payment is made or advanced. He also hereby authorizes the insurer to sue any such third party in his name.

The insured hereby warrants that no release has been given or will be given or settlement or compromise made or agreed upon with any third party who may be liable in damages to the insured with respect to the claim being made herein.

The furnishing of this blank or the preparation of proofs by a representative of the above insurer is not a waiver of any of its rights.

I declare under penalty of perjury that the information contained in the foregoing is true and correct to the best of my knowledge and belief.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Name \_\_\_\_\_



## BUILDING REPLACEMENT COST PROOF OF LOSS

**Statement as to the full cost of repair or replacement  
under the replacement cost coverage , subject  
to the terms and conditions of this policy\***

*(See Attached Privacy Act Statement and Paperwork Burden Disclosure Notice)*

Agency at: 1 Chisom Trl Ste 450

Policy No : RL00062139

Round Rock, TX 70861

Agent : Gulf Coast Insurance Company

Insured: LINSEY A KRAUSS MCNEW

Location: 13010 ONION CREEK DR  
MANCHACA, TX 78652-5620

Type of Property Involved in Claim: Residential

Date of Loss: 5/4/2019

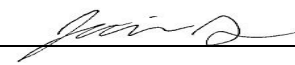
- 1 . **Full Amount of Insurance** applicable to the property  
for which claim is presented was ..... \$250,000.00
- 2 . **Full Replacement Cost** of the said property at the time of the loss was ..... \$488,193.33
- 3 . **The Full Cost of Repair or Replacement** is ..... \$9,755.03
- 4 . Applicable Depreciation is ..... \$377.46
- 5 . Actual Cash Value loss is ..... \$9,377.57  
( Line 3 minus Line 4 )
- 6 . Less deductibles and / or participation by the insured ..... \$1,250.00
- 7 . **Actual Cash Value Claim** is ..... \$8,127.57  
( Line 5 minus Line 6 )
- 8 . **Supplemental Claim,** to be filed in accordance with the terms and conditions of  
the Replacement Cost Coverage within days from the date of loss shown above,  
will not exceed ..... \$308.88  
( This figure will be that portion of the amounts shown on Lines 4 and 6 which is  
recoverable )

\* The Standard Flood Insurance Policy is subject to the National Flood Insurance Act of 1968 and any Acts Amendatory thereof,  
and Regulations issued by the Federal Insurance Administration pursuant to such statute(s).

ADJ. FILE NO: BAC-027243

0070002140

Adjuster's FCN License No.

  
Justin Shuy

**Insured**

**Adjuster**

DEPARTMENT OF HOMELAND SECURITY  
Federal Emergency Management Agency

**ADJUSTER'S FINAL REPORT**

OMB Control Number: 1660-0005  
Expires: 7-31-2020

NOTE: The NFIP requires that a preliminary report be received within **15** days of assignment, and an interm or final report not later than every **30** days thereafter.

NAME(S) OF INSURED: LINSEY A KRAUSS MCNEW POLICY NUMBER: RL00062139  
Property Address: 13010 ONION CREEK DR Date of Loss: 5/4/2019  
City: MANCHACA State: TX ZIP: 78652-5620 Adjuster's File Number: BAC-027243  
Adjusting Company: BAC Adjusting, Inc.

PREMISES HISTORY	Date of original construction: 01/01/1985			Insured at premises since: 06/01/2016		
	Date of Alteration	Brief Description of Alteration	Market Value	Cost of Alteration	Type of Alteration	Substantial Improvement*
		No Alterations Found or Reported	\$0.00	\$0.00	<input type="checkbox"/> Repair <input type="checkbox"/> Reconstruction <input type="checkbox"/> Improvement	<input type="checkbox"/> Yes <input type="checkbox"/> No
		No Alterations Found or Reported	\$0.00	\$0.00	<input type="checkbox"/> Repair <input type="checkbox"/> Reconstruction <input type="checkbox"/> Improvement	<input type="checkbox"/> Yes <input type="checkbox"/> No
		No Alterations Found or Reported	\$0.00	\$0.00	<input type="checkbox"/> Repair <input type="checkbox"/> Reconstruction <input type="checkbox"/> Improvement	<input type="checkbox"/> Yes <input type="checkbox"/> No

\*Defined as any repair, reconstruction, or improvement; the cost of which equals or exceeds 50% of the market value of the structure before the damage occurred or the reconstruction or improvement was begun.

Prior losses (approximate dates and amounts of loss):

Date of Loss	Amount of Loss	Repairs completed	Insured ?	Insured but no claim made ?
<u>                    </u>	<u>\$0.00</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>                    </u>	<u>\$0.00</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>                    </u>	<u>\$0.00</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>                    </u>	<u>                    </u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Continue on Attachment if additional space is needed for alterations or prior losses.)

**INTEREST**  
Mortgagee(s): LAKEVIEW LOAN SERVICING LLC ISAOA ATIMA  
Loss Payee(s): LINSEY A KRAUSS MCNEW  
Other Insurance: Company: Liberty Mutual Type: HO  
Policy Number: 3729859376340 Building / Contents: \$0.00 / \$0.00  
Covers: ☐ Building ☐ Contents Covers flood? ☐ Yes ☒ No

See Privacy Act Statement and Paperwork Burden Disclosure Notice

Property Address: <u>13010 ONION CREEK DR</u>			Policy Number: <u>RL00062139</u>	
City: <u>MANCHACA</u>		State: <u>TX</u>	Zip: <u>78652-5620</u>	Date of Loss: <u>5/4/2019</u>

CLAIM SUMMARY	Duration building will not be habitable: <input checked="" type="checkbox"/> 0-2 days <input type="checkbox"/> 2-3 days <input type="checkbox"/> 3-7 days <input type="checkbox"/> 2-4 weeks <input type="checkbox"/> 1-2 months <input type="checkbox"/> more than 2 months			
	<b>CLAIM RECAPITULATION (See worksheet for details)</b>	<b>Building</b>		<b>Contents</b>
		Main*	Detached Garage	Main*
	Property Value (RCV)	\$488,193.33	\$0.00	\$100,000.00
	Property Value (ACV)	\$405,200.46	\$0.00	\$80,000.00
	Covered Damage (RCV)	\$9,755.03	\$0.00	\$7,927.17
	Less Depreciation	\$377.46	\$0.00	\$1,935.68
	Covered Damage (ACV)	\$9,377.57	\$0.00	\$5,991.49
	Removal / Protection	\$0.00	\$0.00	\$0.00
	Net Covered Damage	\$9,377.57	\$0.00	\$5,991.49
	Less Salvage	\$0.00	\$0.00	\$0.00
	Less Deductible	\$1,250.00	\$0.00	\$1,250.00
	Less Excess Over Stated Limit(s)	\$0.00	\$0.00	\$0.00
	Claim Payable (ACV)	\$8,127.57	\$0.00	\$4,741.49
	Damage from Other	\$0.00	\$0.00	\$0.00
Identify all causes of loss:				
Main Building RCV: <u>\$488,193.33</u>		Does Replacement Cost Coverage (RCC) apply? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
*Includes manufactured (mobile) home		If yes, R/C claim: <u>\$308.88</u> Total building claim: <u>\$8,436.45</u>		

EXCLUDED DAMAGES	Approximate <b>Value</b> of Property Excluded		Approximate <b>Damage</b> of Property Excluded	
	Excluded <b>Building</b> Damages:	<input checked="" type="checkbox"/> Less Than \$1,000 <input type="checkbox"/> \$ 5,000 - 9,999	<input checked="" type="checkbox"/> Less Than \$1,000 <input type="checkbox"/> \$ 5,000 - 9,999	
		<input type="checkbox"/> \$ 1,000 - 1,999 <input type="checkbox"/> \$10,000 - 19,999	<input type="checkbox"/> \$ 1,000 - 1,999 <input type="checkbox"/> \$10,000 - 19,999	
		<input type="checkbox"/> \$ 2,000 - 4,999 <input type="checkbox"/> More than \$20,000	<input type="checkbox"/> \$ 2,000 - 4,999 <input type="checkbox"/> More than \$20,000	
Excluded <b>Contents</b> Damages:	<input checked="" type="checkbox"/> Less Than \$1,000 <input type="checkbox"/> \$ 5,000 - 9,999	<input checked="" type="checkbox"/> Less Than \$1,000 <input type="checkbox"/> \$ 5,000 - 9,999		
	<input type="checkbox"/> \$ 1,000 - 1,999 <input type="checkbox"/> \$10,000 - 19,999	<input type="checkbox"/> \$ 1,000 - 1,999 <input type="checkbox"/> \$10,000 - 19,999		
	<input type="checkbox"/> \$ 2,000 - 4,999 <input type="checkbox"/> More than \$20,000	<input type="checkbox"/> \$ 2,000 - 4,999 <input type="checkbox"/> More than \$20,000		

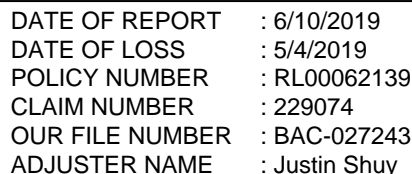
ATTS.	Attachments (enter number of each inside parentheses)			
	<input checked="" type="checkbox"/> Building Worksheets ( )	<input checked="" type="checkbox"/> Photographs (81)	<input checked="" type="checkbox"/> Proof of Loss	<input type="checkbox"/> Other _____
	<input checked="" type="checkbox"/> Contents Worksheets ( )	<input checked="" type="checkbox"/> Narrative ( pages)	<input checked="" type="checkbox"/> R/C Proof	<input type="checkbox"/> Other _____

INSURANCE	The above statements are true and correct to the best of my knowledge. I understand that any false statements may be punishable by fine or imprisonment under 18 U.S. Code Sec. 1001.	
	State of: <u>Texas</u>	Insured: _____
	County of: _____	Insured: _____
	Sworn before me this _____ day of _____, _____      Witness: _____	

Date: <u>6/10/2019</u>	Adjuster's Signature: <u></u>
Flood Control Number: <u>0070002140</u>	





INSURED : LINSEY A KRAUSS MCNEW  
 LOCATION : 13010 ONION CREEK DR  
 : MANCHACA, TX 78652-5620  
 COMPANY : NFIP Direct Servicing Agent  
 : 6240 Sprint Parkway  
 : Overland Park, KS 66211

DATE OF REPORT : 6/10/2019  
 DATE OF LOSS : 5/4/2019  
 POLICY NUMBER : RL00062139  
 CLAIM NUMBER : 229074  
 OUR FILE NUMBER : BAC-027243  
 ADJUSTER NAME : Justin Shuy

**Estimate Section: Risk**

Risk ..... 30' x 83' x 8'  
 Offset ..... 4' x 67' x 8'  
 Offset ..... 7' x 24' x 8'  
 Offset ..... 4' x 15' x 8'  
 Offset ..... 7' 6.0" x 21' x 8'  
 Offset ..... 10' x 15' x 8'  
 Opening ..... 16' x 7'  
 Door ..... 3' x 6' 8.0"  
 Window ..... 1' x 4' (Sill @ 3')  
 Window ..... 2 @ 2' x 4' (Sill @ 3')  
 Window ..... 4 @ 2' x 2' (Sill @ 4')  
 Window ..... 4' x 2' (Sill @ 4')  
 Door ..... 2' 6.0" x 5'  
 Door ..... 7' x 3'  
 Window ..... 3' x 5' (Sill @ 5')

Lower Perimeter: 262.50 LF      Floor SF: 3293.50 SF      Wall SF: 2103.50 SF  
 Upper Perimeter: 291.00 LF      Floor SY: 365.94 SY      Ceiling SF: 3293.50 SF

Quantity	Description	Unit Cost	RCV	DEP	ACV
1.0 EA	A/C and Heating Service Call Goodman M:GSZ140601KA S:1511182478  M:GSZ140361KB S:1511192500	\$198.77	\$198.77		\$198.77
1051.8 SF	Pressure/Power Wash Exterior (100.0% / 4.0')	\$0.36	\$378.65		\$378.65
2.0 EA	Clean Stairs for next elevation at side of risk	\$3.96	\$7.92		\$7.92
2.0 EA	Remove Flood Vent	\$18.59	\$37.18		\$37.18
2.0 EA	Replace Foundation Vent 1 mainly washed away in flood even. Other no longer properly working	\$207.60	\$415.20	\$41.52	\$373.68
1.0 EA	Per Pick-up Truck Load Hauling Per attached Rainbow International estimate. This is only to address the items in their estimate. Additional debris removal is included at the end of this estimate to cover construction debris and other related items	\$113.88	\$113.88		\$113.88
<b>Totals For Risk</b>			<b>\$1,151.60</b>	<b>\$41.52</b>	<b>\$1,110.08</b>

\*\*\* This is an estimate of recorded damages and is subject to review and final approval by the insurance carrier. \*\*\*



INSURED : LINSEY A KRAUSS MCNEW  
LOCATION : 13010 ONION CREEK DR  
: MANCHACA, TX 78652-5620  
COMPANY : NFIP Direct Servicing Agent  
: 6240 Sprint Parkway  
: Overland Park, KS 66211

DATE OF REPORT : 6/10/2019  
DATE OF LOSS : 5/4/2019  
POLICY NUMBER : RL00062139  
CLAIM NUMBER : 229074  
OUR FILE NUMBER : BAC-027243  
ADJUSTER NAME : Justin Shuy

**Estimate Section: Covered Porch**

Covered Porch ..... 8' 4.0" x 36' 6.0" x 8'  
Opening ..... 8' 4.0" x 8'  
Opening ..... 8' 4.0" x 8'  
Window Opening ..... 36' 6.0" x 5' (Sill @ 3')  
Door ..... 2' 6.0" x 5'  
Door ..... 7' x 3'

Lower Perimeter: 63.50 LF      Floor SF: 304.20 SF      Wall SF: 368.00 SF  
Upper Perimeter: 89.70 LF      Floor SY: 33.80 SY      Ceiling SF: 304.20 SF

Quantity	Description	Unit Cost	RCV	DEP	ACV
304.2 SF	Flood Loss Clean-up (100.0%) includes mud removal. Pricing is per attached Rainbow International estimate, however they did not address the flooded covered porch area	\$1.65	\$501.93		\$501.93
304.2 SF	Mildewcide Floor Treatment (100.0%) Pricing is per attached Rainbow International estimate, however they did not address the flooded covered porch area	\$0.20	\$60.84		\$60.84
184.0 SF	Mildewcide Wall Treatment (100.0% / 4.0') Pricing is per attached Rainbow International estimate, however they did not address the flooded covered porch area	\$0.20	\$36.80		\$36.80
304.2 SF	Pressure/Power Wash Floor (100.0%) Pricing is per attached Rainbow International estimate, however they did not address the flooded covered porch area. Floor only as exterior masonry wall is included in exterior dimensons and cleaning. Remaining wall in room is cleaned in room	\$0.28	\$85.18		\$85.18
92.0 SF	Clean Walls (50.0% / 4.0') For walls not addressed on exterior of risk	\$0.32	\$29.44		\$29.44
5.0 EA	Clean & Readjust Stairs More severely flooded stairs to level above. Recommended to be cleaned and adjusted	\$23.96	\$119.80		\$119.80
<b>Totals For Covered Porch</b>			<b>\$833.99</b>	<b>\$0.00</b>	<b>\$833.99</b>

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INSURED : LINSEY A KRAUSS MCNEW  
 LOCATION : 13010 ONION CREEK DR  
 : MANCHACA, TX 78652-5620  
 COMPANY : NFIP Direct Servicing Agent  
 : 6240 Sprint Parkway  
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DATE OF REPORT : 6/10/2019  
 DATE OF LOSS : 5/4/2019  
 POLICY NUMBER : RL00062139  
 CLAIM NUMBER : 229074  
 OUR FILE NUMBER : BAC-027243  
 ADJUSTER NAME : Justin Shuy

**Estimate Section: Office**

Office ..... 22' x 12' 7.0" x 6' 8.0"  
 Door ..... 2' 6.0" x 5'  
 Window ..... 3 @ 2' x 2' (Sill @ 3')  
 Window ..... 4' x 2' (Sill @ 3')

Lower Perimeter: 66.70 LF      Floor SF: 276.80 SF      Wall SF: 428.60 SF  
 Upper Perimeter: 69.20 LF      Floor SY: 30.76 SY      Ceiling SF: 276.80 SF

Quantity	Description	Unit Cost	RCV	DEP	ACV
276.8 SF	Flood Loss Clean-up (100.0%) includes mud removal. Per attached Rainbow International estimate	\$1.65	\$456.72		\$456.72
16.0 DY	Air Mover 4 units for 4 days per attached Rainbow International estimate. Room was conditioned and separate from remainder of risk. High humidity as well	\$29.78	\$476.48		\$476.48
4.0 DY	Dehumidifier 1 unit for 4 days per attached Rainbow International estimate. Room was conditioned and separate from remainder of risk. High humidity as well	\$77.69	\$310.76		\$310.76
276.8 SF	Mildewcide Floor Treatment (100.0%) Per attached Rainbow International estimate	\$0.20	\$55.36		\$55.36
257.2 SF	Mildewcide Wall Treatment (100.0% / 4.0') Per attached Rainbow International estimate	\$0.20	\$51.44		\$51.44
276.8 SF	Pressure/Power Wash Floor (100.0%) Per attached Rainbow International estimate	\$0.28	\$77.50		\$77.50
51.4 SF	Paint Walls (40.0% / 2.0') w/non-slip material included. Only small portion of one wall painted	\$1.84	\$94.58	\$14.19	\$80.39
1.0 EA	Remove Pre-hung Steel-Clad Entry Door	\$39.60	\$39.60		\$39.60
1.0 EA	Replace Pre-hung Steel-Clad Entry Door Includes associated trim. Custom sized	\$397.95	\$397.95	\$39.80	\$358.15
1.0 EA	Paint / Finish Pre-hung Steel-Clad Entry Door	\$63.51	\$63.51	\$9.53	\$53.98
1.0 EA	Remove and Reinstall Door Hardware - Residential Grade	\$47.65	\$47.65		\$47.65
257.2 SF	Pressure/Power Wash Masonry Wall (100.0% / 4.0') Per attached Rainbow International estimate	\$0.28	\$72.02		\$72.02
1.0 EA	Remove Refrigerator	\$19.80	\$19.80		\$19.80
1.0 EA	Replace Refrigerator Wine Refrigerator Danby no #s	\$255.74	\$255.74	<b>\$38.36</b>	\$217.38

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INSURED : LINSEY A KRAUSS MCNEW  
 LOCATION : 13010 ONION CREEK DR  
 : MANCHACA, TX 78652-5620  
 COMPANY : NFIP Direct Servicing Agent  
 : 6240 Sprint Parkway  
 : Overland Park, KS 66211

DATE OF REPORT : 6/10/2019  
 DATE OF LOSS : 5/4/2019  
 POLICY NUMBER : RL00062139  
 CLAIM NUMBER : 229074  
 OUR FILE NUMBER : BAC-027243  
 ADJUSTER NAME : Justin Shuy

**Estimate Section: Office - Continued...**

Quantity	Description	Unit Cost	RCV	DEP	ACV
1.0 EA	Move and Reset Contents Policyholder has contents coverage and has an invoice from Rainbow International for moving contents (general demolition - a labor charge to remove contents to dumpster if damaged or non-damaged to non-flooded portions of risk) that is attached. Recommended at lower percentage as most of those items are being replaced in the contents estimate. Some of the items also include exterior items not inside the covered risk at the time of the flood event. This is to address the items (pictures on wall, items top of storage, top of desk, etc) necessary to move and reset to complete building repairs from flood damage	\$129.20	\$129.20		\$129.20
<b>Totals For Office</b>			<b>\$2,548.31</b>	<b>\$101.88</b>	<b>\$2,446.43</b>

**Estimate Section: Storage Room**

Storage Room ..... 12' 10.0" x 33' x 5'  
 Door ..... 6' x 3'

Lower Perimeter: 85.70 LF      Floor SF: 423.50 SF      Wall SF: 440.30 SF  
 Upper Perimeter: 91.70 LF      Floor SY: 47.06 SY      Ceiling SF: 423.50 SF

Quantity	Description	Unit Cost	RCV	DEP	ACV
423.5 SF	Flood Loss Clean-up (100.0%) includes mud removal. Per attached Rainbow International estimate.	\$1.65	\$698.78		\$698.78
16.0 DY	Air Mover 4 units for 4 days per attached Rainbow International estimate. Room was conditioned and separate from remainder of risk. High humidity as well	\$29.78	\$476.48		\$476.48
4.0 DY	Dehumidifier 1 unit for 4 days per attached Rainbow International estimate. Room was conditioned and separate from remainder of risk. High humidity as well	\$77.69	\$310.76		\$310.76
423.5 SF	Mildewcide Floor Treatment (100.0%) Per attached Rainbow International estimate.	\$0.20	\$84.70		\$84.70
352.2 SF	Mildewcide Wall Treatment (100.0% / 4.0') Per attached Rainbow International estimate.	\$0.20	\$70.44		\$70.44
423.5 SF	Pressure/Power Wash Floor (100.0%) Per attached Rainbow International estimate	\$0.28	\$118.58		\$118.58
220.2 SF	Paint Walls (50.0% / 5.0') half of room painted	\$1.21	\$266.44	\$39.97	\$226.47
1.0 EA	Remove Job-Built Door	\$49.60	\$49.60		\$49.60

\*\*\* This is an estimate of recorded damages and is subject to review and final approval by the insurance carrier. \*\*\*



INSURED : LINSEY A KRAUSS MCNEW  
LOCATION : 13010 ONION CREEK DR  
: MANCHACA, TX 78652-5620  
COMPANY : NFIP Direct Servicing Agent  
: 6240 Sprint Parkway  
: Overland Park, KS 66211

DATE OF REPORT : 6/10/2019  
DATE OF LOSS : 5/4/2019  
POLICY NUMBER : RL00062139  
CLAIM NUMBER : 229074  
OUR FILE NUMBER : BAC-027243  
ADJUSTER NAME : Justin Shuy

**Estimate Section: Storage Room - Continued...**

Quantity	Description	Unit Cost	RCV	DEP	ACV
1.0 EA	Replace Job-Built Door This is custom made sliding door to access storage area	\$699.52	\$699.52	\$69.95	\$629.57
1.0 EA	Paint / Finish Job-Built Door	\$90.81	\$90.81	\$13.62	\$77.19
1.0 EA	Remove Pump Electrical Switch	\$66.37	\$66.37		\$66.37
1.0 EA	Replace Pump Electrical Switch electrical in rear corner flooded	\$154.70	\$154.70	\$18.56	\$136.14
352.2 SF	Pressure/Power Wash Masonry Wall (100.0% / 4.0') Per attached Rainbow International estimate	\$0.28	\$98.62		\$98.62
<b>Totals For Storage Room</b>			<b>\$3,185.80</b>	<b>\$142.10</b>	<b>\$3,043.70</b>

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INSURED : LINSEY A KRAUSS MCNEW  
LOCATION : 13010 ONION CREEK DR  
: MANCHACA, TX 78652-5620  
COMPANY : NFIP Direct Servicing Agent  
: 6240 Sprint Parkway  
: Overland Park, KS 66211

DATE OF REPORT : 6/10/2019  
DATE OF LOSS : 5/4/2019  
POLICY NUMBER : RL00062139  
CLAIM NUMBER : 229074  
OUR FILE NUMBER : BAC-027243  
ADJUSTER NAME : Justin Shuy

## ESTIMATE TOTALS

ESTIMATE TOTAL PAGE ITEMS	RCV	DIFF	ACV
<b>Repair Item Totals</b>	<b>\$7,719.70</b>	<b>\$285.50</b>	<b>\$7,434.20</b>
Less Excluded O&P Trade(s)	(\$5,053.51)	(\$38.36)	(\$5,015.15)
Subtotal For O&P %	\$2,666.19	\$247.14	\$2,419.05
General Contractor Overhead (10.0%)	\$266.62	\$24.71	\$241.91
General Contractor Profit (10.0%)	\$266.62	\$24.71	\$241.91
Plus Excluded O&P Trades	\$5,053.51	\$38.36	\$5,015.15
Estimate Totals With O&P	\$8,252.94	\$334.92	\$7,918.02
Additional Items Totals (2)	\$1,373.18	\$30.22	\$1,342.96
Applicable Sales Tax	\$128.91	\$12.32	\$116.59
Rate: 8.2500% (Includes M)			
Estimate Grand Totals	\$9,755.03	\$377.46	\$9,377.57
Less Deductible	(\$1,250.00)		(\$1,250.00)
<b>BUILDING FINAL TOTALS</b>	<b>\$8,505.03</b>	<b>\$377.46</b>	<b>\$8,127.57</b>

<b>RECOVERABLE DEPRECIATION *</b>	<b>\$308.88</b>
<b>NON-RECOVERABLE DEPRECIATION</b>	<b>\$68.58</b>

\*This amount represents the total recoverable depreciation for this estimate. Any payable recoverable depreciation is subject to policy coverage limit. Please check policy coverage limit prior to issuing any recoverable depreciation reimbursements.

Sales Tax Legend: M - Materials

The adjuster has no authority to approve ordinary claims. R/R means: Remove and Replace damaged item. A copy of this estimate does not constitute a settlement of this claim. This estimate is subject to review and approval by your carrier, any additional repair to or replacement of items not included in this estimate is also subject to the insurance company's prior approval. You are required to keep all receipts, cancelled checks, inspection reports, etc. as proof of repair/replacement in the event of any future loss. This is not an authorization for repairs. The hiring of a contractor is strictly the decision of the policyholder.

Flood adjusters have no authority to deny or accept federal flood insurance claims (as per the NFIP flood policy language). This estimate does not constitute a settlement offer of this claim. This estimate is not an authorization for repairs to begin. This estimate is subject to review and final approval from your insurance carrier or their legal representative. Any additional repairs or replacements of items not included in this estimate is also subject to review and final approval from the insurance carrier or their legal representative. You are required to keep all receipts, invoices, cancelled checks, credit card statements, etc. as proof of repair and/or replacement of damaged items in the event of any future flood claims. The hiring of any type of contractor or repair/mitigation service is strictly the decision of the policyholder.

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LOCATION : 13010 ONION CREEK DR  
: MANCHACA, TX 78652-5620  
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: Overland Park, KS 66211

DATE OF REPORT : 6/10/2019  
DATE OF LOSS : 5/4/2019  
POLICY NUMBER : RL00062139  
CLAIM NUMBER : 229074  
OUR FILE NUMBER : BAC-027243  
ADJUSTER NAME : Justin Shuy

## ESTIMATE ADDITIONAL ITEMS

ADDITIONAL ITEM DESCRIPTION	RCV	DEP	ACV
1 Debris Removal To remove debris including reconstruction related debris and general construction clean up that occurs after the community ceases curbside debris removal	\$617.58	\$0.00	\$617.58
2 Stored Building Materials Multiple paints (paint, sealer, killz, etc) floor finish boxes (wood boxes) for work to be completed or repaired on risk. Light depreciation applied for items in use. Tax applied for materials	\$755.60	\$30.22	\$725.38
<b>ADDITIONAL ITEMS TOTAL</b>	<b>\$1,373.18</b>	<b>\$30.22</b>	<b>\$1,342.96</b>

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ADJUSTER NAME : Justin Shuy

## ITEMS EXCLUDED FROM CONTRACTOR OVERHEAD AND PROFIT

TRADE/SUBTRADE/ITEMS	RCV	DEP	ACV
<b>1.0 GENERAL CONDITIONS</b>	<b>\$2,645.14</b>	<b>\$0.00</b>	<b>\$2,645.14</b>
1.2 CLEANING	\$2,645.14	\$0.00	\$2,645.14
<b>11.0 EQUIPMENT</b>	<b>\$275.54</b>	<b>\$38.36</b>	<b>\$237.18</b>
11.1 KITCHEN	\$275.54	\$38.36	\$237.18
<b>15.0 MECHANICAL</b>	<b>\$198.77</b>	<b>\$0.00</b>	<b>\$198.77</b>
15.14 MECHANICAL SERVICE CALL	\$198.77	\$0.00	\$198.77
<b>17.0 CONTRACT CLEANING</b>	<b>\$1,934.06</b>	<b>\$0.00</b>	<b>\$1,934.06</b>
17.1 CLEANING	\$359.58	\$0.00	\$359.58
17.2 EQUIPMENT	\$1,574.48	\$0.00	\$1,574.48
<b>TOTAL AMOUNT EXCLUDED FROM O&amp;P</b>	<b>\$5,053.51</b>	<b>\$38.36</b>	<b>\$5,015.15</b>

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ADJUSTER NAME : Justin Shuy

## CONTENTS INVENTORY

### ESTIMATE RECAP

Estimate Grand Totals:	\$7,927.17
Total Depreciation:	(\$1,935.68)
A.C.V. Estimate Totals:	\$5,991.49
Policy Deductible:	(\$1,250.00)
Final Totals:	\$4,741.49

### ESTIMATE COMMENTS

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Sales Tax is included in individual unit costs

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POLICY NUMBER : RL00062139  
CLAIM NUMBER : 229074  
OUR FILE NUMBER : BAC-027243  
ADJUSTER NAME : Justin Shuy

Estimate Section: Office  
Sales Tax: 8.2500% Sales Tax Applied On Total Page To ()

#	T #	Description	Age	Quantity	Unit Cost	RCV	DEP	ACV
1	44	Monitor  MAKE : Dell  NOTES : (Unit Cost Includes Sales Tax - \$12.38)	5.0	1.0 EA	\$162.38	\$162.38	\$64.95	\$97.43
2	48	Convertor cords  NOTES : (Unit Cost Includes Sales Tax - \$1.24)	2.0	5.0 EA	\$16.24	\$81.20	\$11.37	\$69.83
3	49	Headphones  MAKE : Bose  NOTES : (Unit Cost Includes Sales Tax - \$16.50)	4.0	1.0 EA	\$216.50	\$216.50	\$69.28	\$147.22
4	50	Router  MAKE : Orbi MODEL # :Mesh  NOTES : (Unit Cost Includes Sales Tax - \$20.63)	2.0	1.0 EA	\$270.63	\$270.63	\$40.59	\$230.04
5	51	Macbook labtop bag  NOTES : (Unit Cost Includes Sales Tax - \$8.25)	2.0	1.0 EA	\$108.25	\$108.25	\$12.99	\$95.26
6	52	Laptop  MAKE : Apple MODEL # :Mackbook Air  NOTES : (Unit Cost Includes Sales Tax - \$131.92)	3.0	1.0 EA	\$1,730.92	\$1,730.92	\$467.35	\$1,263.57

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DATE OF REPORT : 6/10/2019  
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 POLICY NUMBER : RL00062139  
 CLAIM NUMBER : 229074  
 OUR FILE NUMBER : BAC-027243  
 ADJUSTER NAME : Justin Shuy

**Estimate Section: Office - Continued...**

#	T #	Description	Age	Quantity	Unit Cost	RCV	DEP	ACV
7	53	Typewriter  MAKE : Olymoia  NOTES : (Unit Cost Includes Sales Tax - \$28.88)	50.0	1.0 EA	\$378.88	\$378.88	\$208.38	\$170.50
8	54	Printer  MAKE : Cannon  NOTES : (Unit Cost Includes Sales Tax - \$12.38)	5.0	1.0 EA	\$162.38	\$162.38	\$64.95	\$97.43
9	55	Desk  NOTES : (Unit Cost Includes Sales Tax - \$41.25)	50.0	1.0 EA	\$541.25	\$541.25	\$178.61	\$362.64
10	56	Wardrobe  NOTES : (Unit Cost Includes Sales Tax - \$16.50)	5.0	1.0 EA	\$216.50	\$216.50	\$32.48	\$184.02
11	57	Sleeper Couch  NOTES : (Unit Cost Includes Sales Tax - \$24.75)	4.0	1.0 EA	\$324.75	\$324.75	\$64.95	\$259.80
12	58	Rug  NOTES : (Unit Cost Includes Sales Tax - \$16.50)	5.0	1.0 EA	\$216.50	\$216.50	\$77.94	\$138.56
13	59	Desk chairs  NOTES : (Unit Cost Includes Sales Tax - \$24.75)	3.0	2.0 EA	\$324.75	\$649.50	\$90.93	\$558.57
14	60	Chair  NOTES : (Unit Cost Includes Sales Tax - \$20.63)	70.0	2.0 EA	\$270.63	\$541.26	\$238.15	\$303.11

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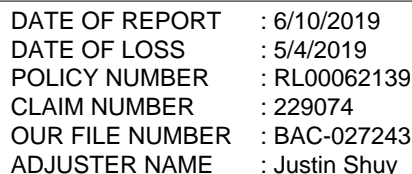
INSURED : LINSEY A KRAUSS MCNEW  
LOCATION : 13010 ONION CREEK DR  
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OUR FILE NUMBER : BAC-027243  
ADJUSTER NAME : Justin Shuy

**Estimate Section: Office - Continued...**

#	T #	Description	Age	Quantity	Unit Cost	RCV	DEP	ACV
15	61	Excercise equipment  NOTES : 3 balls, 5 varying free weights, ankle weights, strength bands(Unit Cost Includes Sales Tax - \$22.69)	3.0	1.0 EA	\$297.69	\$297.69	\$44.65	\$253.04
16	62	Stationary and Cards  NOTES : light depreciation for portion in use(Unit Cost Includes Sales Tax - \$24.75)	2.0	1.0 EA	\$324.75	\$324.75	\$9.74	\$315.01
17	63	Office Supplies  NOTES : Papers, Pens, Paper clips, Tape, Candles. Light depreciation for items in use(Unit Cost Includes Sales Tax - \$20.63)	2.0	1.0 EA	\$270.63	\$270.63	\$10.83	\$259.80
18	64	Books  NOTES : (Unit Cost Includes Sales Tax - \$2.06)	5.0	15.0 EA	\$27.06	\$405.90	\$101.48	\$304.42
19	65	Framed poster  NOTES : frame and poster damaged(Unit Cost Includes Sales Tax - \$16.50)	5.0	1.0 EA	\$216.50	\$216.50	\$10.83	\$205.67
20	66	Essential oils  NOTES : Items new so no depreciation has been applied(Unit Cost Includes Sales Tax - \$8.25)		1.0 EA	\$108.25	\$108.25		\$108.25

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<div> <div>Estimate Section:</div> <div>Storage</div> </div> <div> <div>Sales Tax:</div> <div>8.2500% Sales Tax Applied On Total Page To ()</div> </div>								
#	T #	Description	Age	Quantity	Unit Cost	RCV	DEP	ACV
22	67	Baby bassinet  NOTES : (Unit Cost Includes Sales Tax - \$16.50)	35.0	1.0 EA	\$216.50	\$216.50	\$71.45	\$145.05
23	68	Christmas tree  NOTES : (Unit Cost Includes Sales Tax - \$12.38)	4.0	1.0 EA	\$162.38	\$162.38	\$19.49	\$142.89
24	69	Outdoor Light Strands  NOTES : (Unit Cost Includes Sales Tax - \$8.17)	2.0	1.0 EA	\$107.17	\$107.17	\$9.65	\$97.52
Totals For Storage						\$486.05	\$100.59	\$385.46

Page: 4



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CLAIM NUMBER : 229074  
OUR FILE NUMBER : BAC-027243  
ADJUSTER NAME : Justin Shuy

## INVENTORY TOTALS

INVENTORY SUMMARY ITEMS	RCV	DIFF	ACV
Inventory Item Totals	\$7,927.17	\$1,935.68	\$5,991.49
Applicable Sales Tax	\$0.00	\$0.00	\$0.00
<All Sales Tax included in Unit Cost - \$604.17>			
Gross Contents Loss	\$7,927.17	\$1,935.68	\$5,991.49
Less Deductible/Participation	(\$1,250.00)		(\$1,250.00)
INVENTORY FINAL TOTALS	\$6,677.17		\$4,741.49

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