



SELLER'S DISCLOSURE NOTICE

TO BE COMPLETED BY SELLER(S)

CONCERNING THE PROPERTY AT _____

(STREET ADDRESS AND CITY)

(COUNTY)

NOTE: Effective January 1, 1994, Section 5.008 of the Texas Property Code (the "Code") requires a seller of residential real property of not more than one dwelling unit to deliver a copy of the Seller's Disclosure Notice, completed to the best of the seller's belief and knowledge, to a purchaser on or before the effective date of a contract for the sale of the Property. If a contract is entered into without the seller providing the notice, the buyer may terminate the contract for any reason within seven (7) days after receiving the notice. If information required by the notice is unknown to the seller, the seller may indicate that fact on the notice and thereby comply with the requirements of Section 5.008 of the Code. **This form complies with and contains additional disclosures which exceed the minimum disclosures required by the Code.**

THIS STATEMENT IS A DISCLOSURE OF SELLER'S KNOWLEDGE OF THE CONDITION OF The Property AS OF THE DATE OF THE SELLER'S SIGNATURE INDICATED BELOW. THIS STATEMENT IS NOT A WARRANTY OF ANY KIND BY THE SELLER OR LISTING BROKER AND IS NOT A SUBSTITUTE FOR ANY INSPECTIONS OR WARRANTIES THE BUYER(S) MAY WISH TO OBTAIN. A BUYER IS URGED TO OBTAIN AN INSPECTION OF The Property BY A QUALIFIED, LICENSED INSPECTOR. THE FOLLOWING STATEMENTS ARE REPRESENTATIONS MADE BY THE SELLER(S) BASED UPON SELLER'S KNOWLEDGE AND ARE NOT REPRESENTATIONS OF THE LISTING BROKER OR ANY OTHER BROKER PARTICIPATING IN A SALE TRANSACTION. THE GREATER DALLAS ASSOCIATION OF REALTORS®, INC., THE GREATER METRO MULTIPLE LISTING SERVICE OR ANY MULTIPLE LISTING SERVICE, AND THE LISTING BROKER HAVE RELIED UPON THE FOLLOWING INFORMATION IN DISSEMINATING INFORMATION ABOUT THE CONDITION OF The Property.

GENERAL INFORMATION

- | | |
|---|---|
| <p>1. The Property is currently:
 <input type="checkbox"/> Owner occupied <input type="checkbox"/> Estate
 <input type="checkbox"/> Leased <input type="checkbox"/> Foreclosure</p> <p>- If owner occupied, for _____ years.
 - If not owner occupied, for _____ years.
 - If leased: Origination Date _____
 Expiration Date _____</p> <p>2. Seller is the current owner of the Property and can sell the Property without being joined by any other person: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>- If "No", explain: _____
 _____</p> <p>3. Year the Property was constructed: 19____ / 20____
 <input type="checkbox"/> Per Owner <input type="checkbox"/> Per Tax Rolls</p> <p>4. Is Seller a United States citizen:
 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>- If "No", the seller is a "foreign person" as defined in the Internal Revenue Code: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Check any of the following tax exemptions which Seller claims for the Property:
 <input type="checkbox"/> Homestead <input type="checkbox"/> Senior Citizen
 <input type="checkbox"/> Disabled <input type="checkbox"/> Disabled Veteran
 <input type="checkbox"/> Agricultural <input type="checkbox"/> Other _____</p> <p>6. Is there currently in force for the Property a written Builder's Warranty?
 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>- If "Yes", identify the warranty by stating:
 Name of Company issuing warranty: _____

 Warranty Number: _____</p> | <p>7. Except for manufacturer warranties, if any, on appliances, does there exist any other warranties for the Property?
 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>- If "Yes", identify the warranties: _____
 _____</p> <p>8. Are there any pending or threatened condemnation proceedings which affect the Property?
 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>- If "Yes", explain: _____
 _____</p> <p>9. Has the Property (or the homeowners' association of which the Property is a part) been the subject of any pending or concluded litigation?
 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>- If "Yes", explain: _____
 _____</p> <p>10. Has the Seller asserted any claim under any insurance policy or against any person for any physical condition of the Property?
 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>- If "Yes", explain: _____
 _____</p> <p>11. Seller has not received any notices, either oral or written, regarding the need for repair or replacement of any portion of the Property from any governmental agency, appraiser, inspector, mortgage lender, repair service, or other except: _____

 _____</p> |
|---|---|

INFORMATION ABOUT EQUIPMENT AND SYSTEMS

12. For items listed below in Section 12, check appropriate box if items are included in the sale of the Property and are presently in "Working Condition" and there are no known defects. Please check if item has been repaired (note date of repair) or if item is in need of repair. Check "N/A" for items that do not apply to the Property or are not included in the sale. NOTE: THIS NOTICE DOES NOT ESTABLISH WHICH ITEMS ARE TO BE CONVEYED IN A SALE OF THE PROPERTY. THE TERMS OF A CONTRACT OF SALE WILL DETERMINE WHICH ITEMS ARE TO BE CONVEYED.

<u>EQUIPMENT & SYSTEM</u>	<u>N/A</u>	<u>WORKING CONDITION</u>	<u>HAS BEEN REPAIRED</u>	<u>DATE OF REPAIR MONTH/YEAR</u>	<u>IN NEED OF REPAIR</u>	<u>DESCRIPTION OF COMPLETED/ NEEDED REPAIRS</u>
Attic Fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Automatic Lawn Sprinkler System (Front __, Back __, Left Side __, Right Side __, Fully __)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Cable TV Wiring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Ceiling Fan(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Cooling (Central Gas __ / Electric __, # Units __)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Cooling (Window __ / Wall __)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Electrical System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Exhaust Fan(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Fire Detection Equipment (Electric __ / Battery Operated __)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Garage Door Opener(s) & Controls (Automatic __ / Manual __ / Controls __1, __2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Gas Fixtures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Gas Lines (Natural __ / Liquid Propane __)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Heating (Central Gas __ / Electric __, # Units __)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Heating (Window __ / Wall __)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Hot Tub	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Ice Maker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Intercom System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Lighting Fixtures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Microwave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Outdoor Cooking Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Oven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Plumbing System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Public Sewer & Water System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Range	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Refrigerator (Built-In)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Satellite Dish and Receiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Sauna	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Security System(s) (In Use / Abandoned)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Septic or other On-Site Sewer System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Shower Enclosure & Pan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Spa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Stove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Swimming Pool & Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Swimming Pool Built-In Cleaning Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Swimming Pool Heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Trash Compactor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
TV Antenna	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Water Heater (Gas __ / Electric __)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Water Softener	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Wells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

INFORMATION ABOUT STRUCTURE/OTHER

<u>EQUIPMENT & SYSTEM</u>	<u>N/A</u>	<u>WORKING CONDITION</u>	<u>HAS BEEN REPAIRED</u>	<u>DATE OF REPAIR MONTH/YEAR</u>	<u>IN NEED OF REPAIR</u>	<u>DESCRIPTION OF COMPLETED/ NEEDED REPAIRS</u>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Carport(Attached ___ / Not Attached ___)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Ceilings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Drains (French ___ / Other ___)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Driveway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Electrical Wiring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Fences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Fireplace(s)/Chimney (mock)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Fireplace(s)/Chimney (wood burning)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Fireplace(s)/with gas logs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Garage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Lighting (Outdoor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Patio/Decking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Retaining Wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Rain Gutters and Down Spouts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Sidewalks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Skylight(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Sump Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Walls (Exterior/Interior)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Washer/Dryer Hookups (Gas ___ / Electric ___)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Window Screens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

<p>13. The shingles or roof covering is constructed of: <input type="checkbox"/> Wood <input type="checkbox"/> Composition <input type="checkbox"/> Tile <input type="checkbox"/> Other _____</p> <p>Is there is an overlay covering? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>14. The age of the shingles or roof covering: _____ years</p> <p>15. The electrical wiring of the Property is: <input type="checkbox"/> Copper <input type="checkbox"/> Aluminum <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Unknown</p>	<p>16. Is there a security system? <input type="checkbox"/> Yes <input type="checkbox"/> No - If "Yes", system is: <input type="checkbox"/> Owned by Seller <input type="checkbox"/> Leased by Seller - If leased, is lease transferable? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Monitor Charge: <input type="checkbox"/> Mth. <input type="checkbox"/> Qtr. <input type="checkbox"/> Yr. \$ _____ Lease Charge: <input type="checkbox"/> Mth. <input type="checkbox"/> Qtr. <input type="checkbox"/> Yr. \$ _____</p> <p>17. Please identify other systems, if any, of the Property which are leased and not owned by Seller: _____ _____</p>
---	---

MISCELLANEOUS INFORMATION ABOUT PROPERTY

18. Is the Seller aware of any of the following conditions?

	<u>YES</u>	<u>NO</u>	<u>UNKNOWN</u>	<u>IF "YES", EXPLAIN</u>
ASBESTOS Components	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Any personal or business BANKRUPTCY pending which would affect the sale of the Property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
CARPET Stains (not visible)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Located on or near CORP OF ENGINEERS Property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Any DEATH occurring on Property (other than self-inflicted or by natural causes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Unplatted EASEMENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
FAULT Lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Previous FIRES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Located in 100-Year FLOOD PLAIN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

MISCELLANEOUS INFORMATION ABOUT PROPERTY CONTINUED

	YES	NO	UNKNOWN	IF "YES", EXPLAIN
Any FORECLOSURES pending or threatened with respect to the Property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ureaformaldehyde INSULATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
LANDFILL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Any NOTICES of violation of deed restrictions or governmental ordinances affecting the condition or use of the Property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lead-based PAINT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Room additions, structural modification, or other alterations or repairs made without necessary PERMITS or not in compliance with building codes in effect at that time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Above-ground impediment to swimming POOL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Underground impediment to swimming POOL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Any PROPERTY CONDITION which materially affects the physical health or safety of an individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
RADON gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
House SETTLING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
SOIL Movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Subsurface STRUCTURES or Pits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hazardous or TOXIC WASTE affecting the Property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Holes in WALLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Previous WATER PENETRATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
WOOD ROT Damage Needing Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

19. Is the Seller aware of any condition which has not been previously addressed in this disclosure statement which, in your opinion, is defective?
 Yes No
 - If "Yes", explain: _____

20. If the Property is part of a regime creating a homeowner's association, state the following information:
 - Amount of Monthly dues or assessments: \$ _____
 - Payment of dues/assessments is: Mandatory Voluntary
 - Seller's Percentage Ownership in Common Areas: _____ %
 - Amount of Unpaid Dues or Assessments, if any: \$ _____
 - Optional Membership: \$ _____

21. Is the Property in a historic or conservation district that may have special restrictions? Yes No Unknown
 - If "Yes", explain: _____

22. The Property is currently serviced by the following utilities or systems (check as applicable):
 Water Sewer Septic
 Electricity Gas Cable
 Unknown Other _____

23. The water service to the Property is provided by (check as applicable):
 City Well MUD Coop

24. Has the Seller ever collected any insurance payments pursuant to a claim you have made for damage to the Property and then not used the proceeds to make the repairs for which the claim was submitted: Yes No
 - If "Yes", explain: _____

25. Are there any outstanding mechanics and materialmen's liens or lis pendens against the Property? Yes No Unknown

INFORMATION ABOUT FOUNDATION

26. Has the Seller ever obtained a written report about the condition of the foundation from any engineer, contractor, inspector, or expert?
 Yes No
 - If "Yes", identify the report by stating the date of the report, the person or company who made the report, and its content: _____

- If "Yes", have you given a copy of each report to the Listing Broker?
 Yes No

27. Have repairs been made to the foundation of the Property since its original construction?
 Yes No Unknown
 - If "Yes", explain what repairs you know or believe to have been made:

INFORMATION ABOUT DRAINAGE

28. Has the Seller ever obtained a written report about any improper drainage condition from any engineer, contractor, inspector, or expert?
 Yes No
 - If "Yes", identify the report by stating the date of the report, the person or company who made the report, and its content: _____

 - If "Yes", have you given a copy of each report to the Listing Broker?
 Yes No
29. Have repairs been made to the drainage of the Property since its original construction?
 Yes No Unknown
 - If "Yes", explain what repairs you know or believe to have been made:

30. Does the Seller know of any currently defective condition to the drainage of the Property? Yes No
 - If "Yes", explain: _____

31. Have there been any previous incidents of flooding or other surface water penetration into the house, garage, or accessory buildings of the Property?
 Yes No Unknown
 - If "Yes", when did the incident(s) occur and describe the extent of flooding or water penetration: _____

32. Is the Property covered by flood insurance? Yes No
 (If yes, attach "Information About Special Flood Hazard Areas", TAR No. 1414)

INFORMATION ABOUT TERMITES/WOOD DESTROYING INSECTS

33. Has the Seller ever obtained a written report about active termites or other wood destroying insects? Yes No
 - If "Yes", identify the report by stating the date of the report, the person or company who made the report, and its content: _____

 - If "Yes", have you given a copy of each report to the Listing Broker?
 Yes No
34. Has the Property been treated for termites or other wood destroying insects?
 Yes No Unknown
 - If "Yes", please state date of treatment: _____
35. Have there been any repairs made to damage caused by termites or other wood destroying insects?
 Yes No Unknown
 - If "Yes", explain what repairs you know or believe to have been made:

36. Do active termites or other wood destroying insects currently infest the Property?
 Yes No Unknown
 - If "Yes", explain: _____

37. Is there any existing termite damage in need of repair?
 Yes No Unknown
 - If "Yes", explain: _____

38. Is the Property currently covered by a termite policy?
 Yes No
 - If "Yes", identify the policy by stating:
 Name of Company issuing policy: _____
 Policy Number: _____
 Date of policy renewal: _____

INFORMATION ABOUT ENVIRONMENTAL CONDITIONS

39. Is the Seller aware of any repairs or treatment, other than routine maintenance, for the following environmental hazards:
- | | | |
|-------------------------------------|------------------------------|-----------------------------|
| The presence or removal of asbestos | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| The presence of radon gas | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| The presence or treatment of mold | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| The presence of lead based paint | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- If "Yes", explain: _____

40. If the answer to any part of question #39 is "Yes", has the Seller ever obtained a written report for addressing environmental hazards referred to in question #39 above? Yes No
 - If "Yes", explain: _____

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

ACKNOWLEDGMENT BY SELLER

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

 Seller(s) Initials
42. I, the Seller, understand the information in this statement will be disseminated by Listing Broker to prospective buyers and other brokers.

 Seller(s) Initials
43. The listing agent has not instructed Seller how to answer any question in this disclosure or suggested any answer to Seller or in any way sought to influence Seller to provide any information or answers which are not absolutely true so far as the Seller knows.

 Seller(s) Initials

INDEMNIFICATION

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

SELLER (SIGN AS NAME APPEARS ON TITLE) DATE SELLER (SIGN AS NAME APPEARS ON TITLE) DATE

NOTICE: Such written information in this Seller's Disclosure Notice for the Property does not constitute the representations of the Listing Broker and other Broker participating in a sale transaction or their sales associates, employees, or agents. The Listing Broker and any other Broker and their sales associates, employees, and agents are relying upon the written information provided by the Seller in this Disclosure Notice. THIS IS NOT A WARRANTY. YOU ARE ENCOURAGED TO HAVE AN INSPECTOR OF YOUR CHOICE INSPECT THE PROPERTY PRIOR TO CLOSING. Buyer is not relying upon any statement or representation by the Listing Broker or any other Broker or the sales associates, employees, and agents of the Brokers concerning the condition of the Property.

NOTICE TO PURCHASER: The Texas Department of Public Safety maintains a database that consumers may search, at no cost, to determine if registered sex offenders are located in certain zip code areas. To search the database, visit www.txdps.state.tx.us. For information concerning past criminal activity in certain areas or neighborhoods, contact the local police department.

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

BUYER DATE BUYER DATE