

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

Date of Inspection	Type of Inspection	Name of Inspector/Company	# Pages	Attached (Y/N)

Explanatory comments by Seller, if any: _____

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

INFORMATION ABOUT EQUIPMENT AND SYSTEMS

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

EQUIPMENT & SYSTEMS	N/A	WORKING CONDITION	HAS BEEN REPLACED	DATE REPLACED Month/Year	IN NEED OF REPAIR	DATE / DESCRIPTION OF COMPLETED OR NEEDED REPAIRS
Attic Fan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Automatic Lawn Sprinkler System (Front <input type="checkbox"/> / Back <input type="checkbox"/> / Left Side <input type="checkbox"/> / Right Side <input type="checkbox"/> / Fully <input type="checkbox"/>)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Carbon Monoxide Alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Cable TV Wiring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Ceiling Fan(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Cooktop (Gas <input checked="" type="checkbox"/> / Electric <input checked="" type="checkbox"/>)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Cooling (Central Gas <input checked="" type="checkbox"/> / Electric <input checked="" type="checkbox"/>) # Units _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Cooling (Window <input type="checkbox"/> / Wall <input type="checkbox"/> / Evaporative Coolers <input type="checkbox"/>)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Dishwasher	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Disposal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Electrical System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Emergency Escape Ladder(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Exhaust Fan(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Fire Detection Equipment (Electric <input type="checkbox"/> / Battery Operated <input type="checkbox"/>)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Garage Door Opener(s) & Controls (Automatic <input type="checkbox"/> / Manual <input type="checkbox"/>) # Controls _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Gas Fixtures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Gas Lines (Natural <input type="checkbox"/> / Liquid Propane <input type="checkbox"/>)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Heating (Central Gas <input type="checkbox"/> / Electric <input type="checkbox"/>) # Units _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Heating (Window <input type="checkbox"/> / Wall <input type="checkbox"/>)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Hot Tub	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Ice Maker	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Intercom System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Lighting Fixtures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Media Wiring & Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Microwave	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Outdoor Cooking Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Oven (Gas <input checked="" type="checkbox"/> / Electric <input type="checkbox"/>)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Oven - Convection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Plumbing System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Public Sewer & Water System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

PROPERTY ADDRESS: 2750 cr 2400 Emory tx

MetroTex Association of REALTORS® 7167 Jan 2021

Buyer's Initials _____ Buyer's Initials _____

SELLER'S DISCLOSURE NOTICE - PAGE 2 OF 9

Seller's Initials B M Seller's Initials _____

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

Date of Inspection	Type of Inspection	Name of Inspector/Company	# Pages	Attached (Y/N)

Explanatory comments by Seller, if any: _____

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

INFORMATION ABOUT EQUIPMENT AND SYSTEMS

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

EQUIPMENT & SYSTEMS	N/A	WORKING CONDITION	HAS BEEN REPLACED	DATE REPLACED Month/Year	IN NEED OF REPAIR	DATE / DESCRIPTION OF COMPLETED OR NEEDED REPAIRS
Attic Fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Automatic Lawn Sprinkler System (Front <input type="checkbox"/> / Back <input type="checkbox"/> / Left Side <input type="checkbox"/> / Right Side <input type="checkbox"/> / Fully <input type="checkbox"/>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Carbon Monoxide Alarm	<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"/>	
Cooktop (Gas <input type="checkbox"/> / Electric <input type="checkbox"/>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Cooling (Central Gas <input type="checkbox"/> / Electric <input type="checkbox"/>) # Units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Cooling (Window <input type="checkbox"/> / Wall <input type="checkbox"/> / Evaporative Coolers <input type="checkbox"/>)	<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"/>	
Emergency Escape Ladder(s)	<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 <input type="checkbox"/> / Battery Operated <input type="checkbox"/>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Garage Door Opener(s) & Controls (Automatic <input type="checkbox"/> / Manual <input type="checkbox"/>) # Controls _____	<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 <input type="checkbox"/> / Liquid Propane <input type="checkbox"/>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Heating (Central Gas <input type="checkbox"/> / Electric <input type="checkbox"/>) # Units _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Fuel Gas Piping: (<input type="checkbox"/> Black Iron Piping <input type="checkbox"/> Copper <input type="checkbox"/> Corrugated Stainless Steel Tubing)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Heating (Window <input type="checkbox"/> / Wall <input type="checkbox"/>)	<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"/>	
Media Wiring & Equipment	<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 (Gas <input type="checkbox"/> / Electric <input type="checkbox"/>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Oven - Convection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

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 MetroTex Association of REALTORS® 7167 August 2023 Buyer's Initials _____ Buyer's Initials _____ Seller's Initials LSM Seller's Initials _____

EQUIPMENT & SYSTEMS	N/A	WORKING CONDITION	HAS BEEN REPLACED	DATE REPLACED	OF REPAIR	DATE / DESCRIPTION OF COMPLETED OR NEEDED REPAIRS
Range (Gas <input checked="" type="checkbox"/> / Electric <input type="checkbox"/>)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Refrigerator (Built-In)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Satellite Dish and Receiver	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Sauna	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Security System(s) (In Use <input type="checkbox"/> / Abandoned <input type="checkbox"/>)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Septic or other On-Site Sewer System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Shower Enclosure & Pan	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Smoke Detector-Hearing Impaired <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Stove (Free Standing) For Heating (Free Standing)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Trash Compactor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
TV Antenna	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Water Heater (Gas <input type="checkbox"/> / Electric <input checked="" type="checkbox"/>)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Water Softener	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Wells	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

INFORMATION ABOUT STRUCTURE / OTHER

STRUCTURE / OTHER	N/A	WORKING CONDITION	HAS BEEN REPLACED	DATE REPLACED	IN NEED OF REPAIR	DATE / DESCRIPTION OF COMPLETED OR NEEDED REPAIRS
Basement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Carport (Attached <input type="checkbox"/> / Not Attached <input type="checkbox"/>)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Ceilings	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Doors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Drains (French <input type="checkbox"/> / Other <input type="checkbox"/>)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Driveway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Electrical Wiring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Fences	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Fireplace(s)/Chimney (Mock)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Fireplace(s)/Chimney (Wood burning)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Fireplace(s)/with gas logs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Foundation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Garage (Attached <input type="checkbox"/> / Not Attached <input type="checkbox"/>)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Lighting (Outdoor)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Patio / Decking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Retaining Wall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Rain Gutters and Down Spouts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Sidewalk	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Skylight(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Sump or Grinder Pump	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Walls (Exterior / Interior)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Washer / Dryer Hookups (Gas <input type="checkbox"/> / Electric <input type="checkbox"/>)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Windows	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Window Screens	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

PROPERTY ADDRESS: 2750 cr 2400 Emory tx

MetroTex Association of REALTORS® 7167 Jan 2021

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Buyer's Initials _____ Buyer's Initials _____ Seller's Initials BSM Seller's Initials _____

13. If stucco, what is the type of stucco? _____

14. The Shingles or roof covering is constructed of:
 Wood Composition Tile Other Meta1
 Is there an overlay covering?
 Yes No Unknown
15. The age of the shingles or roof covering:
 5 _____ Years Unknown
 Is the roof paid for by the Property Owners Association?
 Yes No Unknown
16. The electrical wiring of the Property is:
 Copper Aluminum Unknown
 Other (specify) _____

17. Is there an alarm system? Yes No
 - If "Yes", system is:
 Owned by Seller Leased by Seller
 - If leased, is lease transferable? Yes No
 Monitor Charge Mth Qtr Yr. \$ _____
 Lease Charge Mth Qtr Yr. \$ _____
18. Is the heating and cooling controlled by the Property Owners Association? Yes No Unknown _____
19. Please identify other systems, if any, of the Property which are leased and not owned by the Seller: _____

20. Year the Property was constructed: Brady melton
 Per Owner Tax Rolls
 (If before 1978 – complete, sign and attach TAR 1906 concerning lead-based paint hazards.)

MISCELLANEOUS INFORMATION ABOUT PROPERTY

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

	YES	NO	UNKNOWN	IF "YES", EXPLAIN
ASBESTOS Components?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Any personal or business BANKRUPTCY pending which would affect the sale of the Property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Carpet Stains / Damage?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Located on or near CORP OF ENGINEERS Property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Any DEATH on the property (except for those deaths caused by natural causes, suicide, or accident unrelated to the condition of the Property)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Unplatted EASEMENTS ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
FAULT Lines?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Previous FIRES ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Any FORECLOSURES pending or threatened with respect to the Property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Urea formaldehyde INSULATION ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
LANDFILL ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Any NOTICES of violation of deed restrictions or governmental ordinances affecting the condition or use of the Property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Lead-based PAINT ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Room additions, structural modification, or other alterations or repairs made without necessary PERMITS or not in compliance with building codes in effect at that time?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Any PROPERTY CONDITION which materially affects the physical health or safety of an individual?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
RADON gas?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
House SETTLING ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
SOIL Movement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Subsurface STRUCTURES , Tanks, or Pits?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Hazardous or TOXIC WASTE affecting the Property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Holes in WALLS ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WOOD ROT Damage Needing Repair?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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Buyer's Initials _____ Buyer's Initials _____

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Seller's Initials DM Seller's Initials _____

	YES	NO	UNKNOWN	IF "YES" , EXPLAIN
Property covered by flood insurance? (If "Yes", attach "Information About Special Flood Hazard Area". TAR 1414)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Located in 100 year FLOOD PLAIN ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Located in Floodway?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Located in a city flood plain ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Tax or judgment liens?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
In an ETJ district? (Extra Territorial Jurisdiction)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Diseased TREES?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Liquid Propane Gas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- LP Community (Captive)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- LP on Property?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Swimming Pool/Spa Information

Swimming Pool/Spa Equipment	Yes/No	N/A	WORKING CONDITION	HAS BEEN REPLACED	DATE REPLACED Month/Year	IN NEED OF REPAIR	DATE / DESCRIPTION OF COMPLETED OR NEEDED REPAIRS
Pool Type <input type="checkbox"/> Above Ground <input type="checkbox"/> In Ground <input type="checkbox"/> Fiberglass Insert <input type="checkbox"/> Gunite <input type="checkbox"/> Vinyl Liner		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Swimming Pool Built-In Cleaning Equipment? <input type="checkbox"/> Chlorine <input type="checkbox"/> Salt Water		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Swimming Pool Heater <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Solar		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Water Feature		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Spa <input type="checkbox"/> Attached to Pool <input type="checkbox"/> Separate <input type="checkbox"/> Heated <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Solar		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

Miscellaneous Swimming Pool Information	YES	NO	UNKNOWN	IF "YES" , EXPLAIN
Single Blockable Main Drain in Pool/Hot Tub/Spa*? *A Single Blockable Main Drain may cause suction entrapment hazard for an individual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Above-Ground Impediment to Swimming Pool?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Under-Ground Impediment to Swimming Pool?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
In-Ground Swimming Pool Previously on Property that is now filled in?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

PROPERTY ADDRESS: 2750 cr 2400 Emory tx

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Buyer's Initials _____ Buyer's Initials _____ Seller's Initials BM Seller's Initials _____

22. If the Property is part of a Property Owner's Association, state the following information:
 - Association Name: _____
 - Association Management Company: _____
 - Association Email: _____
 - Association Phone Number: _____
 - Amount of dues or assessments; \$ _____
 -Assessment amount is: Monthly \$ _____
 Quarterly \$ _____
 Annually \$ _____
 - Payment of dues/assessments is:
 Mandatory Voluntary
 - Amount of Unpaid Dues or Assessments, if any: \$ _____
 - Optional Membership: \$ _____
23. Has the Property (or the Property Owner's Association of which the Property is a part) been the subject of any pending or concluded litigation?
 Yes No Unknown
 - If "Yes", attach an explanation _____
24. Is the Property in an overlay, proposed overlay, historic or conservation district that may have special restrictions?
 Yes No Unknown
 If "Yes", explain: _____
25. The Property is currently serviced by the following utilities or systems (check as applicable):
 Water Sewer Septic
 Electricity Gas Cable TV
 High Speed Internet Availability: Cable DSL Unknown
 Other _____
- Are any of these paid for by the Property Owner's Association Yes No Unknown
 If yes, explain: _____
26. The water service to the Property is provided by (check as applicable): City Well MUD Coop
 Are any of these paid for by the Property Owner's Association Yes No Unknown
 If yes, explain: _____
27. Is Property Owner's Association parking:
 Assigned Unassigned ___ # Spaces
 Space Number(s) are: _____
 Carport Uncovered Garage
28. Is there any rainwater harvesting system connected to the property?
 Yes No Unknown
 -Is the system connected to the property's public water supply that is able to be used for indoor potable purposes?
 Yes No Unknown
 -Is the system larger than 500 gallons?
 Yes No Unknown
 If Yes; explain: _____

29. Any "common area" (facilities such as pools, tennis courts, walkways, or other areas) co-owned in undivided interest with others?
 Yes No
 If yes, explain: _____
30. Are there any outstanding mechanics and Material Man's liens or lis pendens against the Property?
 Yes No Unknown

INFORMATION ABOUT FOUNDATION

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

INFORMATION ABOUT DRAINAGE

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

34. 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: _____

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

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

INFORMATION ABOUT TERMITES / WOOD DESTROYING INSECTS

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

38. Has the Property been treated for termites or other wood destroying insects?

Yes No Unknown

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

39. 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: _____

40. Do active termites or other wood destroying insects currently infest the Property?

Yes No Unknown

If "Yes", explain: _____

41. Is there any existing termite damage in need of repair?

Yes No Unknown

If "Yes", explain: _____

42. Is the Property currently covered by a termite policy?

Yes No Unknown POA Maintained

If "Yes", identify the policy by stating:

Name of Company issuing the policy: _____

Policy Number: _____

Date of policy renewal: _____

Phone Number: _____

INFORMATION ABOUT ENVIRONMENTAL CONDITIONS

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

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

If "Yes", explain: _____

44. If the answer to any part of Question #43 is "Yes", has the Seller ever obtained a written report for addressing such environmental hazards?

Yes No

If "Yes", explain: _____

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

45. Is the Seller aware of previous use of premises for manufacture of Methamphetamine?

Yes No

46. Is the Seller aware of any condition not previously addressed in this Disclosure Statement which, in Seller's opinion, is a defective condition or adversely affects the Property?:

Yes No Unknown

If "Yes", explain: _____

ACKNOWLEDGEMENT BY SELLER

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

BM

Seller(s) Initials

Seller(s) Initials

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

BM

Seller(s) Initials

Seller(s) Initials

49. 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.

BM

Seller(s) Initials

Seller(s) Initials

DISCLOSURES

Municipal Utility District Disclosures

Check All That Apply:

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

The Property is located in a Municipal Utility District (MUD) which is either:

Located in whole or in part within the corporate boundaries of a municipality (MUD Disclosure Form #1)

Not located in whole or in part within the corporate boundaries of a municipality (MUD Disclosure Form #2)

Located in whole or in part within the extraterritorial jurisdiction of the corporate boundaries of a municipality. (MUD Disclosure Form #3)

On-Site Sewer Facility

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

Attached is Information About On-Site Sewer Facility (TAR #1407)

Property is located in a Public Improvement District (PID)

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Buyer's Initials _____

Buyer's Initials _____

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SMOKE DETECTION EQUIPMENT

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

Yes No Unknown

If no, or unknown, explain. (Attach additional sheets if necessary):

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

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

INFORMATION ABOUT FLOODING AND FLOOD INSURANCE

51. Are you (Seller) aware of any of the following conditions? * Write Yes(Y) if you are aware, write No (N) if you are not aware.

N Present flood insurance coverage

N Previous flooding due to a failure or breach of a reservoir or a controlled or emergency release of water from a reservoir

N Previous water penetration into a structure on the property due to a natural flood event

Write Yes (Y) if you are aware, and check wholly or partly as applicable, write No (N) if you are not aware.

N Located wholly partly in a 100-year floodplain (Special Flood Hazard Area-Zone A, V, A99, AE, AO, AH, VE, or AR)

N Located wholly partly in a 500-year floodplain (Moderate Flood Hazard Area-Zone X (shaded))

N Located wholly partly in a floodway

N Located wholly partly in a flood pool

N Located wholly partly in a reservoir

If the answer to any of the above is yes, explain (attach additional sheets if 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, 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.

"Flooding 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 of 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.

52. 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).

53. 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): _____

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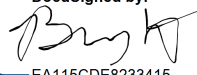
Buyer's Initials _____ Buyer's Initials _____

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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.

DocuSigned by:

EA115CDE8233415

7/10/2023

SELLER (SIGN AS NAME APPEARS ON TITLE)

DATE

SELLER (SIGN AS NAME APPEARS ON TITLE)

DATE

NOTICE TO BUYER

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

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

BUYER

DATE

BUYER

DATE

PRINT NAME

PRINT NAME

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Buyer's Initials _____

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