



# SELLER'S DISCLOSURE NOTICE

TO BE COMPLETED BY SELLER(S)

CONCERNING THE PROPERTY AT 3767 County Rd 2512 HUNT  
ROYSE CITY COUNTY

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

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

## GENERAL INFORMATION

- The Property is currently:
  - Owner occupied  Estate
  - Leased  Foreclosure
  - Vacant since \_\_\_\_\_
  - If owner occupied, for 3.5 years
  - If not owner occupied, for \_\_\_\_\_ years
  - If leased: Origination Date \_\_\_\_\_  
Expiration Date \_\_\_\_\_
- Seller is the current owner of the Property and can sell the Property without being joined by any other person:
  - Yes  No
  - If "No", explain: \_\_\_\_\_
- Is Seller a United States citizen?
  - Yes  No
  - If "No", is Seller a "foreign person" as defined in the Internal Revenue Code?
    - Yes  No
- Check any of the following tax exemptions which Seller claims for the Property:
  - Homestead  Senior Citizen
  - Disabled  Disabled Veteran
  - Agricultural  Other \_\_\_\_\_
- Is there currently in force for the Property a written Builder's Warranty?
  - Yes  No  Unknown
  - If "Yes", identify the warranty by stating:  
Name of Company issuing warranty: \_\_\_\_\_
  - Warranty Number: \_\_\_\_\_
- Except for manufacturer warranties, if any, on appliances, does there exist any other warranties for the Property?
  - Yes  No  Unknown
  - If "Yes", identify the warranties: \_\_\_\_\_
- Are there any pending or threatened condemnation proceedings which affect the Property?
  - Yes  No  Unknown
  - If "Yes", explain: \_\_\_\_\_
- Has the Seller asserted any claim under any insurance policy or against any person for any physical condition of the Property?
  - Yes  No  Unknown
  - If "Yes", explain: Roof damage  
(NEW ROOF 2017)
- 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: \_\_\_\_\_
- Does the Seller have a survey of the property?  Yes  No
  - If YES, please attach the survey and T-47 Residential Real Property Affidavit (if applicable) to this disclosure.
- A. Seller has not received any notices, either oral or written, regarding the need for repair or replacement of any portion of the Property from any governmental agency, appraiser, inspector, mortgage lender, repair service, or other except: \_\_\_\_\_

PROPERTY ADDRESS: 3767 County Road 2512 ROYSE CITY TX 75159 SELLER'S DISCLOSURE NOTICE - PAGE 1  
MetroTex Association of REALTORS® 7167 April 2018 Buyer's Initials \_\_\_\_\_ 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Automatic Lawn Sprinkler System (Front ___ / Back ___ / Left Side ___ / Right Side ___ / Fully ___)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Carbon Monoxide Alarm	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Cooling (Central Gas ___ / Electric <input checked="" type="checkbox"/> # Units <u>1</u> )	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Cooling (Window ___ / Wall ___ / Evaporative Coolers ___)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Dishwasher	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Disposal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Electrical System	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Emergency Escape Ladder(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Exhaust Fan(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Fire Detection Equipment (Electric ___ / Battery Operated <input checked="" type="checkbox"/> )	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Garage Door Opener(s) & Controls (Automatic ___ / Manual ___) # Controls ___	<input checked="" 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 checked="" type="checkbox"/> )	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Heating (Central Gas ___ / Electric <input checked="" type="checkbox"/> # Units <u>1</u> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Heating (Window ___ / Wall ___)	<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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Outdoor Cooking Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Oven (Gas <input checked="" type="checkbox"/> / Electric ___)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Oven - Convection	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Range (Gas <input checked="" type="checkbox"/> / Electric ___)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

PROPERTY ADDRESS: 3167 COUNTY ROAD 1512, ROXBORO, TX 75189 SELLER'S DISCLOSURE NOTICE - PAGE 2 OF 8  
 MetroTex Association of REALTORS® 7187 April 2018 Buyer's Initials \_\_\_\_\_ Seller's Initials [Signature]

EQUIPMENT & SYSTEMS	N/A	WORKING CONDITION	HAS BEEN REPLACED	DATE REPLACED	IN NEED OF REPAIR	DATE / DESCRIPTION OF COMPLETED OR NEEDED REPAIRS
Refrigerator (Built-In)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Satellite Dish and Receiver	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Sauna	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Security System(s) (In Use <input checked="" type="checkbox"/> / Abandoned <input type="checkbox"/> )	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Security cameras
Septic or other On-Site Sewer System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Shower Enclosure & Pan	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Smoke Detector-Hearing Impaired <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Spa	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Stove (Free Standing) For Heating (Free Standing)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Swimming Pool & Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Swimming Pool Built-In Cleaning Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Swimming Pool Heater	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Trash Compactor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
TV Antenna	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Water Heater (Gas <input type="checkbox"/> / Electric <input checked="" type="checkbox"/> )	<input checked="" 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 checked="" type="checkbox"/> / Not Attached <input type="checkbox"/> )	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/> )	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Lighting (Outdoor)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Patio / Decking	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Sidewalk	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Skylight(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Sump or Grinder Pump	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Walls (Exterior / Interior)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Washer / Dryer Hookups ( Gas <input type="checkbox"/> / Electric <input checked="" type="checkbox"/> )	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Windows	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Window Screens	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

PROPERTY ADDRESS: \_\_\_\_\_

MetroTex Association of REALTORS® 7167 April 2018

Buyer's Initials \_\_\_\_\_

Buyer's Initials \_\_\_\_\_

SELLER'S DISCLOSURE NOTICE - PAGE 3 OF 8

Seller's Initials \_\_\_\_\_

Seller's Initials \_\_\_\_\_

13. If stucco, what is the type of stucco? N/A

14. The Shingles or roof covering is constructed of:  
 Wood  Composition  Tile  Other \_\_\_\_\_  
 Is there an overlay covering?  
 Yes  No  Unknown

15. The age of the shingles or roof covering:  
9 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: 1980  
 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 <b>BANKRUPTCY</b> 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 <b>CORP OF ENGINEERS</b> Property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Any <b>DEATH</b> 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 <b>EASEMENTS</b> ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>FAULT</b> Lines?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Previous <b>FIRES</b> ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Any <b>FORECLOSURES</b> pending or threatened with respect to the Property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Urea formaldehyde <b>INSULATION</b> ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>LANDFILL</b> ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Any <b>NOTICES</b> 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 <b>PAINT</b> ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Room additions, structural modification, or other alterations or repairs made without necessary <b>PERMITS</b> or not in compliance with building codes in effect at that time?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Above-ground impediment to swimming <b>POOL</b> ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Underground impediment to swimming <b>POOL</b> ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Any <b>PROPERTY CONDITION</b> which materially affects the physical health or safety of an individual?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>RADON</b> gas?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
House <b>SETTLING</b> ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>SOIL</b> Movement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Subsurface <b>STRUCTURES</b> , Tanks, or Pits?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	septic tanks (2)
Hazardous or <b>TOXIC WASTE</b> affecting the Property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Holes in <b>WALLS</b> ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

PROPERTY ADDRESS: 3767 Co. Rd. 2512  
Waseca, TX 75189

MetroTex Association of REALTORS® 7167 April 2018

SELLER'S DISCLOSURE NOTICE - PAGE 4 OF 4  
 Buyer's Initials \_\_\_\_\_ Seller's Initials JK

	YES	NO	UNKNOWN	IF "YES", EXPLAIN
WOOD ROT Damage Needing Repair?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Property covered by flood insurance? (If "Yes", attach "Information About Special Flood Hazard Area". TAR 1414)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Located in 100 year FLOOD PLAIN?	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- LP on Property?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ONE TANK FOR COOKTOP USE
Single Blockable Main Drain in a Pool/Hot Tub/Spa* * A Single Blockable Main Drain may cause a suction entrapment hazard for an individual.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

22. If the Property is part of a Property Owner's Association, state the following information:
- Association Name: N/A
  - 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

PROPERTY ADDRESS: 3767 CO. Rd. 2512 SELLER'S DISCLOSURE NOTICE - PAGE 5 OF 8  
20152 PIN TX 75189  
 MetroTex Association of REALTORS® 7167 April 2018 Buyer's Initials \_\_\_\_\_ Seller's Initials JK

**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: N/A

(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: \_\_\_\_\_

PROPERTY ADDRESS: 3767 County Rd 2512

PO Box 611, TX 75189

MetroTex Association of REALTORS® 7167 April 2018

Buyer's Initials \_\_\_\_\_

Buyer's Initials \_\_\_\_\_

SELLER'S DISCLOSURE NOTICE - PAGE 8 OF 8

Seller's Initials YJ

Seller's Initials MRK

**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.

JGL Seller(s) Initials      MMJ 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.

JGL Seller(s) Initials      MMJ 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.

JGL Seller(s) Initials      MMJ 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)

**SMOKE DETECTION EQUIPMENT**

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

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

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

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

**INDEMNIFICATION**

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

Jordan Laremore  
SELLER (SIGN AS NAME APPEARS ON TITLE)  
Jordan Laremore

7-13-18  
DATE

Mallory Laremore  
SELLER (SIGN AS NAME APPEARS ON TITLE)  
Mallory Laremore

7/13/18  
DATE

PROPERTY ADDRESS:

SELLER'S DISCLOSURE NOTICE - PAGE 088

MetroTex Association of REALTORS® 7167 April 2018

Buyer's Initials

Buyer's Initials

Seller's Initials JGL

Seller's Initials MMJ

**NOTICES TO BUYER**

1. The Texas Department of Public Safety maintains a database that consumers may search, at no cost, to determine if registered sex offenders are located in certain zip code areas. To search the database, visit [www.txdps.state.tx.us](http://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	

PROPERTY ADDRESS: \_\_\_\_\_  
MetroTex Association of REALTORS® 7167 April 2018

SELLER'S DISCLOSURE NOTICE - PAGE 4 OF 8  
Seller's Initials JAL Seller's Initials MPK





TEXAS ASSOCIATION OF REALTORS®  
**INFORMATION ABOUT ON-SITE SEWER FACILITY**

USE OF THIS FORM BY PERSONS WHO ARE NOT MEMBERS OF THE TEXAS ASSOCIATION OF REALTORS® IS NOT AUTHORIZED.  
 ©Texas Association of REALTORS®, Inc., 2004

**CONCERNING THE PROPERTY AT**

**A. DESCRIPTION OF ON-SITE SEWER FACILITY ON PROPERTY:**

- (1) Type of Treatment System:  Septic Tank     Aerobic Treatment     Unknown  
 \_\_\_\_\_
- (2) Type of Distribution System: 2 Main lines from the house to the tank  Unknown  
+ lateral lines from tank into leach area
- (3) Approximate Location of Drain Field or Distribution System: On the North  Unknown  
side of the home, approx. 30' (2) 575 gallon tanks  
The lateral lines go Northwest and terminate into  
the leach area approx. 400' from the residence
- (4) Installer: previous owner     Unknown
- (5) Approximate Age: 32     Unknown

**B. MAINTENANCE INFORMATION:**

- (1) Is Seller aware of any maintenance contract in effect for the on-site sewer facility?     Yes     No  
 If yes, name of maintenance contractor: N/A  
 Phone: \_\_\_\_\_ contract expiration date: \_\_\_\_\_  
*Maintenance contracts must be in effect to operate aerobic treatment and certain non-standard on-site sewer facilities.)*
- (2) Approximate date any tanks were last pumped? 10/17
- (3) Is Seller aware of any defect or malfunction in the on-site sewer facility?     Yes     No  
 If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- (4) Does Seller have manufacturer or warranty information available for review?     Yes     No

**C. PLANNING MATERIALS, PERMITS, AND CONTRACTS:**

- (1) The following items concerning the on-site sewer facility are attached:  
 planning materials     permit for original installation     final inspection when OSSF was installed  
 maintenance contract     manufacturer information     warranty information    \_\_\_\_\_
- (2) "Planning materials" are the supporting materials that describe the on-site sewer facility that are submitted to the permitting authority in order to obtain a permit to install the on-site sewer facility.
- (3) It may be necessary for a buyer to have the permit to operate an on-site sewer facility transferred to the buyer.



**T-47 RESIDENTIAL REAL PROPERTY AFFIDAVIT  
(MAY BE MODIFIED AS APPROPRIATE FOR COMMERCIAL TRANSACTIONS)**

Date: 7/19/18 GF No. \_\_\_\_\_

Name of Affiant(s): Jordan and Mallory Laremore

Address of Affiant: 37127 County Road 2512, Royse City, TX 75189

Description of Property: A0944 Summerline A Spain, Tract R 12, Acres 12.61  
County \_\_\_\_\_, Texas

"Title Company" as used herein is the Title Insurance Company whose policy of title insurance is issued in reliance upon the statements contained herein.

Before me, the undersigned notary for the State of \_\_\_\_\_, personally appeared Affiant(s) who after by me being sworn, stated:

1. We are the owners of the Property. (Or state other basis for knowledge by Affiant(s) of the Property, such as lease, management, neighbor, etc. For example, "Affiant is the manager of the Property for the record title owners."):

2. We are familiar with the property and the improvements located on the Property.

3. We are closing a transaction requiring title insurance and the proposed insured owner or lender has requested area and boundary coverage in the title insurance policy(ies) to be issued in this transaction. We understand that the Title Company may make exceptions to the coverage of the title insurance as Title Company may deem appropriate. We understand that the owner of the property, if the current transaction is a sale, may request a similar amendment to the area and boundary coverage in the Owner's Policy of Title Insurance upon payment of the promulgated premium.

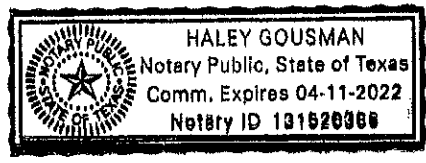
4. To the best of our actual knowledge and belief, since October 21, 2014 there have been no:  
a. construction projects such as new structures, additional buildings, rooms, garages, swimming pools or other permanent improvements or fixtures;  
b. changes in the location of boundary fences or boundary walls;  
c. construction projects on immediately adjoining property(ies) which encroach on the Property;  
d. conveyances, replattings, easement grants and/or easement dedications (such as a utility line) by any party affecting the Property.

EXCEPT for the following (If None, Insert "None" Below): Front and side porch, skylight upstairs, cell/internet tower added, french doors in living room

5. We understand that Title Company is relying on the truthfulness of the statements made in this affidavit to provide the area and boundary coverage and upon the evidence of the existing real property survey of the Property. This Affidavit is not made for the benefit of any other parties and this Affidavit does not constitute a warranty or guarantee of the location of improvements.

6. We understand that we have no liability to Title Company that will issue the policy(ies) should the information in this Affidavit be incorrect other than information that we personally know to be incorrect and which we do not disclose to the Title Company.

Mallory Laremore  
\_\_\_\_\_  
Mallory Laremore



2018

SWORN AND SUBSCRIBED this 19th day of July

Notary Public