



TEXAS ASSOCIATION OF REALTORS®
SELLER'S DISCLOSURE NOTICE

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Section 5.008, Property Code requires a seller of residential property of not more than one dwelling unit to deliver a Seller's Disclosure Notice to a buyer on or before the effective date of a contract. **This form complies with and contains additional disclosures which exceed the minimum disclosures required by the Code.**

CONCERNING THE PROPERTY AT **7105 FM 183** **Gatesville** **Texas** **76525**

THIS NOTICE IS A DISCLOSURE OF SELLER'S KNOWLEDGE OF THE CONDITION OF THE PROPERTY AS OF THE DATE SIGNED BY SELLER AND IS NOT A SUBSTITUTE FOR ANY INSPECTIONS OR WARRANTIES THE BUYER MAY WISH TO OBTAIN. IT IS NOT A WARRANTY OF ANY KIND BY SELLER, SELLER'S AGENTS, OR ANY OTHER AGENT.

Seller is is not occupying the Property. If unoccupied (by Seller), how long since Seller has occupied the Property? _____ or never occupied the Property

Section 1. The Property has the items marked below: (Mark Yes (Y), No (N), or Unknown (U).)

This notice does not establish the items to be conveyed. The contract will determine which items will & will not convey.

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

Item	Y	N	U	Additional Information
Central A/C	X			<input checked="" type="checkbox"/> electric <input type="checkbox"/> gas number of units: <u>1</u>
Evaporative Coolers		X		number of units: <u>Frankless water heater</u>
Wall/Window AC Units		X		number of units: _____
Attic Fan(s)		X		if yes, describe: _____
Central Heat	X			<input checked="" type="checkbox"/> electric <input type="checkbox"/> gas number of units: <u>1</u>
Other Heat		X		if yes describe: _____
Oven	X			number of ovens: <u>1</u> <input type="checkbox"/> electric <input checked="" type="checkbox"/> gas <input type="checkbox"/> other: _____
Fireplace & Chimney		X		<input type="checkbox"/> wood <input type="checkbox"/> gas logs <input type="checkbox"/> mock <input type="checkbox"/> other: _____
Carport	X			<input checked="" type="checkbox"/> attached <input type="checkbox"/> not attached <u>concrete, no roof</u>
Garage		X		<input type="checkbox"/> attached <input type="checkbox"/> not attached
Garage Door Openers		X		number of units: _____ number of remotes: _____
Satellite Dish & Controls	X			<input type="checkbox"/> owned <input checked="" type="checkbox"/> leased from <u>Dish</u>
Security System		X		<input type="checkbox"/> owned <input type="checkbox"/> leased from _____
Water Heater	X			<input type="checkbox"/> electric <input type="checkbox"/> gas <input type="checkbox"/> other: _____ number of units: _____
Water Softener		X		<input type="checkbox"/> owned <input type="checkbox"/> leased from _____
Underground Lawn Sprinkler		X		<input type="checkbox"/> automatic <input type="checkbox"/> manual areas covered: _____
Septic / On-Site Sewer Facility	X			if yes, attach Information About On-Site Sewer Facility (TAR-1407)

(TAR-1406) 9-01-11 Initialed by: Seller: _____ and Buyer: _____ Page 1 of 5

Water supply provided by: city well MUD co-op unknown other: Multi County
 Was the Property built before 1978? yes no unknown

(If yes, complete, sign, and attach TAR-1906 concerning lead-based paint hazards).

Roof Type: Metal Age: 5 years (approximate)

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

Are you (Seller) aware of any of the items listed in this Section 1 that are not in working condition, that have defects, or are need of repair? yes no If yes, describe (attach additional sheets if necessary): _____

Section 2. Are you (Seller) aware of any defects or malfunctions in any of the following?: (Mark Yes (Y) if you are aware and No (N) if you are not aware.)

Item	Y	N	Item	Y	N	Item	Y	N
Basement		X	Floors		X	Sidewalks		X
Ceilings		X	Foundation / Slab(s)		X	Walls / Fences		X
Doors	X		Interior Walls	X		Windows		X
Driveways		X	Lighting Fixtures		X	Other Structural Components		
Electrical Systems		X	Plumbing Systems		X			
Exterior Walls		X	Roof		X			

If the answer to any of the items in Section 2 is yes, explain (attach additional sheets if necessary): _____

Front Door - dent, West Bedroom - crack in North Wall

Section 3. Are you (Seller) aware of any of the following conditions: (Mark Yes (Y) if you are aware and No (N) if you are not aware.)

Condition	Y	N	Condition	Y	N
Aluminum Wiring		X	Previous Foundation Repairs		X
Asbestos Components		X	Previous Roof Repairs		X
Diseased Trees: <input checked="" type="checkbox"/> oak wilt <input type="checkbox"/> <u>1 Hackberry</u>	X		Other Structural Repairs		X
Endangered Species/Habitat on Property		X	Radon Gas		X
Fault Lines		X	Settling		X
Hazardous or Toxic Waste		X	Soil Movement		X
Improper Drainage		X	Subsurface Structure or Pits		X
Intermittent or Weather Springs		X	Underground Storage Tanks		X
Landfill		X	Unplatted Easements		X
Lead-Based Paint or Lead-Based Pt. Hazards		X	Unrecorded Easements		X
Encroachments onto the Property		X	Urea-formaldehyde Insulation		X
Improvements encroaching on others' property		X	Water Penetration		X
Located in 100-year Floodplain		X	Wetlands on Property		X
Located in Floodway		X	Wood Rot		X
Present Flood Ins. Coverage (If yes, attach TAR-1414)		X	Active infestation of termites or other wood destroying insects (WDI)		X
Previous Flooding into the Structures		X	Previous treatment for termites or WDI		X
Previous Flooding onto the Property		X	Previous termite or WDI damage repaired		X
Previous Fires		X	Termite or WDI damage needing repair		X
Previous Use of Premises for Manufacture of Methamphetamine		X	Single Blockable Main Drain in Pool/Hot Tub/Spa*		X

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

1 Hackberry is dead at road

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

Section 4. Are you (Seller) aware of any item, equipment, or system in or on the Property that is in need of repair, which has not been previously disclosed in this notice? yes no If yes, explain (attach additional sheets if necessary):

Section 5. Are you (Seller) aware of any of the following (Mark Yes (Y) if you are aware. Mark No (N) if you are not aware.)

- | | | |
|--------------------------|-------------------------------------|--|
| Y | N | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Room additions, structural modifications, or other alterations or repairs made without necessary permits or not in compliance with building codes in effect at the time. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Homeowners' associations or maintenance fees or assessments. If yes, complete the following:
Name of association: _____
Manager's name: _____ Phone: _____
Fees or assessments are: \$_____ per _____ and are: <input type="checkbox"/> mandatory <input type="checkbox"/> voluntary
Any unpaid fees or assessment for the Property? <input type="checkbox"/> yes (\$_____) <input type="checkbox"/> no
If the Property is in more than one association, provide information about the other associations below or attach information to this notice. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any common area (facilities such as pools, tennis courts, walkways, or other) co-owned in undivided interest with others. If yes, complete the following:
Any optional user fees for common facilities charged? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any notices of violations of deed restrictions or governmental ordinances affecting the condition or use of the Property. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any lawsuits or other legal proceedings directly or indirectly affecting the Property. (Includes, but is not limited to: divorce, foreclosure, heirship, bankruptcy, and taxes.) |
| <input type="checkbox"/> | <input checked="" 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"/> | Any condition on the Property which materially affects the health or safety of an individual. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any repairs or treatments, other than routine maintenance, made to the Property to remediate environmental hazards such as asbestos, radon, lead-based paint, urea-formaldehyde, or mold.
If yes, attach any certificates or other documentation identifying the extent of the remediation (for example, certificate of mold remediation or other remediation). |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any rainwater harvesting system connected to the property's public water supply that is able to be used for indoor potable purposes. |

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

Section 6. Seller has has not attached a survey of the Property.

Section 7. Within the last 4 years, have you (Seller) received any written inspection reports from persons who regularly provide inspections and who are either licensed as inspectors or otherwise permitted by law to perform inspections? yes no If yes, attach copies and complete the following:

Inspection Date	Type	Name of Inspector	No. of Pages

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

Section 8. Check any tax exemption(s) which you (Seller) currently claim for the Property:

- Homestead Senior Citizen Disabled
- Wildlife Management Agricultural Disabled Veteran
- Other: _____ Unknown

Section 9. Have you (Seller) ever received proceeds for a claim for damage to the Property (for example, an insurance claim or a settlement or award in a legal proceeding) and not used the proceeds to make the repairs for which the claim was made? yes no If yes, explain: _____

Section 10. Does the property have working smoke detectors installed in accordance with the smoke detector requirements of Chapter 766 of the Health and Safety Code?* unknown no yes. If no or unknown, explain. (Attach additional sheets if necessary): _____

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

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

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

Signature of Seller _____ Date _____
Printed Name: _____

Signature of Seller _____ Date _____
Printed Name: _____



TEXAS ASSOCIATION OF REALTORS®

INFORMATION ABOUT ON-SITE SEWER FACILITY

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CONCERNING THE PROPERTY AT 7105 FM 183 Gatesville Texas 76525

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

- (1) Type of Treatment System: [] Septic Tank [X] Aerobic Treatment [] Unknown
(2) Type of Distribution System: [] Unknown
(3) Approximate Location of Drain Field or Distribution System: north side of house [] Unknown
(4) Installer: David Straley Buckhac [] Unknown
(5) Approximate Age: 5 years [] Unknown

B. MAINTENANCE INFORMATION:

- (1) Is Seller aware of any maintenance contract in effect for the on-site sewer facility? [X] Yes [] No If yes, name of maintenance contractor: Tyler Septic System
(2) Approximate date any tanks were last pumped? none
(3) Is Seller aware of any defect or malfunction in the on-site sewer facility? [X] Yes [] No If yes, explain: needs to be pumped (schedule summer 2013) pump replaced, relay replaced
(4) Does Seller have manufacturer or warranty information available for review? [] Yes [X] 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.

