



**AUSTIN/CENTRAL TEXAS REALTY INFORMATION SERVICE (ACTRIS)
SELLER'S DISCLOSURE NOTICE**

THIS FORM IS FURNISHED BY THE AUSTIN/CENTRAL TEXAS REALTY INFORMATION SERVICE FOR USE BY ITS PARTICIPANTS AND REPRESENTED SELLERS.

NOTE: EFFECTIVE JANUARY 1, 1994, SECTION 5.008 OF THE TEXAS PROPERTY 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, COMPLETE 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 TEXAS PROPERTY CODE. This form complies with and contains additional disclosures which exceed the minimum required by the Code.

CONCERNING THE PROPERTY AT 11908 Sparks Rd, Manor, TX 78653
(Street Address and City)

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 PURCHASER 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, how long since Seller has occupied the Property? _____
Seller is is not knowledgeable of the current condition of the Property.
The Property is is not currently leased and has has not been leased in the last two (2) years.
If leased, how long? _____
During the last year the Property has has not been vacant.
If yes, how long was the Property vacant? _____

1. FEATURES AND EQUIPMENT (Mark all appropriate items that EXIST and their WORKING CONDITION):

*NOTE: This notice does not establish which items will or will not be conveyed.
The terms of the Contract will determine which items will and will not be conveyed.*

Y = Yes, N = No, U = Unknown

Exists	Item	Working Condition			Additional Information
<input checked="" type="checkbox"/>	Bathroom Heater	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	# 3 [E] <input checked="" type="checkbox"/> [G] <input type="checkbox"/>
<input checked="" type="checkbox"/>	Cable TV Wiring	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	CA's central distribution system
<input type="checkbox"/>	Carport	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	# of Spaces Attached [Y] <input type="checkbox"/> [N] <input type="checkbox"/>
<input checked="" type="checkbox"/>	Carbon Monoxide Detector	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	# 9
<input checked="" type="checkbox"/>	Central Air Conditioning	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	# 8 [E] <input checked="" type="checkbox"/> [G] <input type="checkbox"/>
<input checked="" type="checkbox"/>	Central Heating	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	# 8 [E] <input type="checkbox"/> [G] <input type="checkbox"/> [HP] <input type="checkbox"/>
<input checked="" type="checkbox"/>	Central Vacuum	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	main house only
<input checked="" type="checkbox"/>	Chimney	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	1 - pool rm
<input checked="" type="checkbox"/>	Cook Top/Stove	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	[E] <input checked="" type="checkbox"/> [G] <input checked="" type="checkbox"/> # of Burners 4 Other: 4
<input checked="" type="checkbox"/>	Deck	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	Wood <input checked="" type="checkbox"/> Other <input type="checkbox"/>
<input checked="" type="checkbox"/>	Dishwasher	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	
<input checked="" type="checkbox"/>	Disposal	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	
<input checked="" type="checkbox"/>	Dryer	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	[E] <input checked="" type="checkbox"/> [G] <input type="checkbox"/> [110V] <input type="checkbox"/> [220V] <input checked="" type="checkbox"/> 2 locations
<input checked="" type="checkbox"/>	Dryer Hookups	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	[110V] <input type="checkbox"/> [220V] <input checked="" type="checkbox"/> [G] <input type="checkbox"/> 2 locations
<input type="checkbox"/>	Emergency Escape Ladder(s)	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	
<input type="checkbox"/>	Evaporative Cooler	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	#
<input checked="" type="checkbox"/>	Fans	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	Ceiling # 39 Attic # 2 Exhaust # 10 Whole House # 5 K.F.

Features and Equipment Continues Next Page

Initialed for Identification by Seller LT. SW and Buyer

Exists	Item	Working Condition			Additional Information	
<input checked="" type="checkbox"/>	Fencing	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	Full <input checked="" type="checkbox"/>	Partial <input type="checkbox"/> Type: <i>pipe, bobwire, Composite</i>
<input checked="" type="checkbox"/>	Fire Alarm/Detector	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	#	<i>10</i>
<input checked="" type="checkbox"/>	Fireplace	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	#	<i>7</i>
<input checked="" type="checkbox"/>	Fireplace Logs	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	#	<i>6</i>
<input type="checkbox"/>	French Drain	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U		
<input checked="" type="checkbox"/>	Garage	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N	<input type="checkbox"/> U	Attached: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> # Spaces	<i>4+9</i>
<input checked="" type="checkbox"/>	Garage Door Opener	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	#	<i>5</i>
<input checked="" type="checkbox"/>	Garage Remote Control(s)	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	#	<i>5</i>
<input checked="" type="checkbox"/>	Gas Lighting Fixtures	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	#	
<input checked="" type="checkbox"/>	Gas Lines	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	[NAT] <input type="checkbox"/> [LP] <input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	Gazebo	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U		
<input checked="" type="checkbox"/>	Grinder Pump	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U		
<input checked="" type="checkbox"/>	Ice Machine	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U		
<input checked="" type="checkbox"/>	Intercom System	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U		
<input checked="" type="checkbox"/>	Lawn Sprinkler System	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	Full <input checked="" type="checkbox"/> Partial <input type="checkbox"/> Automatic <input checked="" type="checkbox"/> Manual <input type="checkbox"/>	
<input checked="" type="checkbox"/>	Liquid Propane Gas	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	LP Community (Captive) <input type="checkbox"/>	LP on Property <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Microwave	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U		
<input checked="" type="checkbox"/>	Mock Fireplace	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	With Chimney <input type="checkbox"/> Without Chimney <input type="checkbox"/>	
<input checked="" type="checkbox"/>	Outdoor Grill	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	[NAT] <input type="checkbox"/> [LP] <input checked="" type="checkbox"/> [E] <input type="checkbox"/>	
<input checked="" type="checkbox"/>	Oven	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	[E] <input checked="" type="checkbox"/> [G] <input type="checkbox"/>	
<input checked="" type="checkbox"/>	Patio	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	Covered <input checked="" type="checkbox"/> Uncovered <input type="checkbox"/>	
<input checked="" type="checkbox"/>	Plumbing System	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U		
<input checked="" type="checkbox"/>	Pool	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	Inground <input checked="" type="checkbox"/> Above Ground <input type="checkbox"/> Other <input type="checkbox"/>	
<input checked="" type="checkbox"/>	Pool Accessories	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U		
<input checked="" type="checkbox"/>	Pool Heater	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U		
<input checked="" type="checkbox"/>	Pool Maintenance Equip.	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U		
<input checked="" type="checkbox"/>	Portable Storage Buildings	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	#	<i>1</i>
<input type="checkbox"/>	Public Sewer System	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U		
<input checked="" type="checkbox"/>	Rain Gutters	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	Full <input type="checkbox"/> Partial <input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	Range	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	[E] <input checked="" type="checkbox"/> [G] <input type="checkbox"/>	
<input checked="" type="checkbox"/>	Refrigerator	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	#	<i>4</i>
<input checked="" type="checkbox"/>	Roof Attic Vents	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U		
<input checked="" type="checkbox"/>	Satellite Dish System	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	Owned <input checked="" type="checkbox"/> Leased <input type="checkbox"/>	
<input checked="" type="checkbox"/>	Sauna	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	#	<i>2 (dry, wet)</i>
<input checked="" type="checkbox"/>	Security System	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	Owned <input type="checkbox"/> Leased <input type="checkbox"/> Mo. Lease \$	
<input checked="" type="checkbox"/>	Septic System/Tank	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	Date Last Pumped:	<i>3-2011</i>
<input checked="" type="checkbox"/>	Smoke Detector(s)	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	#	<i>15+</i> Hearing Impaired <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> (system type)
<input checked="" type="checkbox"/>	Spa/Hot Tub	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	#	<i>2</i>
<input checked="" type="checkbox"/>	Spa Heater	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	#	<i>2</i> [E] <input checked="" type="checkbox"/> [G] <input checked="" type="checkbox"/> [Solar] <input type="checkbox"/>
<input checked="" type="checkbox"/>	Space Heater	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	#	<i>3</i> [E] <input type="checkbox"/> [G] <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Speakers	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U		
<input checked="" type="checkbox"/>	Specialty Wiring	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	Audio <input checked="" type="checkbox"/> Data <input checked="" type="checkbox"/> Speakers <input checked="" type="checkbox"/> Visual <input checked="" type="checkbox"/>	
<input type="checkbox"/>	Sump Pump	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	#	
<input checked="" type="checkbox"/>	Trash Compactor	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	#	<i>2</i>
<input checked="" type="checkbox"/>	TV Antenna	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	#	<i>1</i>
<input checked="" type="checkbox"/>	Wall/Window A/C	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	#	<i>1</i>
<input checked="" type="checkbox"/>	Washer	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U		
<input checked="" type="checkbox"/>	Washer Hookups	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U		
<input checked="" type="checkbox"/>	Water Heater	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	#	<i>10</i> [E] <input checked="" type="checkbox"/> [G] <input checked="" type="checkbox"/> [Solar] <input type="checkbox"/> <i>7(E)(3-G)</i>
<input checked="" type="checkbox"/>	Water Softener	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	Owned <input checked="" type="checkbox"/> Leased <input type="checkbox"/> Mo. Lease/Service Chg \$	<i>-main house only</i>
<input checked="" type="checkbox"/>	Window Screens	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	Many Type:	<i>hidden roll up screens</i>
<input type="checkbox"/>	Other:	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U		
<input type="checkbox"/>	Other:	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U		

Initialed for Identification by Seller *F.T.*, *S.M.* and Buyer ,

Explain all No [N] or Unknown [U] answers. Attach additional sheets as necessary.

The seller excludes the following items from the sale:

All temp./portable, cattle panels, Mexican estate door w/ crosses, BOGE speakers and system from master bedroom, speakers and receiver from TEXAS room

2. UTILITY PROVIDERS and HOMEOWNERS' ASSOCIATION (Fill in names of Suppliers with Telephone Numbers):

WATER Supply: Agua Ph: _____
 City Well Private MUD
 WCID Co-Op Other _____

GAS Supply: Amerigas Ph: _____
 Utility Tank Bottle Co-Op
 Tank/Bottle Mo. Lease \$ 2-500 gal tanks-owned

WASTEWATER: Septic Ph: _____
 City Co-Op MUD Other
 Septic

HOA/CONDO ASSOC: N/A
 Mandatory Voluntary
 Association Fee \$ _____ per _____
 HOA's Administrative Transfer Fee of \$ _____
 (Fee(s) above shall include all costs of transfer of ownership)
 Manager's Name: _____
 Manager's Telephone: _____

ELECTRICITY: TXU Ph: _____
 CABLE TV: Direct TV Ph: _____
 SOLID WASTE PROVIDER: Republic Ph: _____

3. PROPERTY DEFECTS/MALFUNCTIONS:

Are you (Seller) aware of any known defects/malfunctions in any of the following? Mark Yes [Y] if you are aware and mark No [N] if you are not aware.

Exists	Item	Defect/Malfunction		Exists	Item	Defect/Malfunction	
	Basement	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input checked="" type="checkbox"/>	Potable Drinking Water	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
<input checked="" type="checkbox"/>	Ceilings	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/>	Retaining Wall(s)	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
<input checked="" type="checkbox"/>	Driveway(s)	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/>	Roof	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
<input checked="" type="checkbox"/>	Electrical System(s)	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N		Overlay Shingles: [Y] <input type="checkbox"/> [N] <input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	Exterior Doors	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N		Roof Approximate Age: Yrs <u>3 1/2 yrs.</u>		
<input checked="" type="checkbox"/>	Exterior Walls	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N		Roof Type: <u>Metal</u>		
<input checked="" type="checkbox"/>	Floors	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/>	Septic System: Type: _____	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
<input checked="" type="checkbox"/>	Foundation: Slab <input checked="" type="checkbox"/> Pier & Beam <input type="checkbox"/>	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/>	Sidewalks	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
<input checked="" type="checkbox"/>	Interior Doors	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/>	Stucco	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
<input checked="" type="checkbox"/>	Interior Walls	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N		Conventional <input type="checkbox"/> Synthetic <input checked="" type="checkbox"/> Type: _____		
<input checked="" type="checkbox"/>	Lighting Fixtures	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/>	Underground Electrical Lines	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
<input checked="" type="checkbox"/>	Outbuildings	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/>	Wastewater System	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
<input checked="" type="checkbox"/>	Plumbing	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/>	Windows	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N

If the answer to any of the above in #3 is Yes [Y], explain. Attach additional sheets as necessary.

Describe any other Property Defects/Malfunctions:

Initialed for Identification by Seller KT., SM and Buyer _____

4. CURRENT CONDITIONS OF THE PROPERTY:

Are you (SELLER) aware of any of the following? Mark Yes [Y] if you are aware, mark No [N] if you are not aware.

Active Termites	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Fault Lines	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Wood-Destroying Insects	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Landfill	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Termite or Wood Rot Needing Repair	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Subsurface Structure(s)	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Termite Damage	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Pit(s)	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Termite Treatment	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Underground Spring(s)	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Water Penetration of Structure	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Intermittent/Weather Spring(s)	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Structural or Roof Repair	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Underground Storage Tank(s)	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Asbestos Components	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Endangered Species/Habitat on Property	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Urea Formaldehyde Insulation	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Hazardous or Toxic Waste	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Radon Gas	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Diseased Trees	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Lead-Based Paint	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Fence Lines Not Corresponding to Property Boundaries	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Aluminum Wiring	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Wetlands on Property	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Foundation Repair	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Unplatted Easement(s)	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Flooding of Land	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Underground Electrical Line(s)	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
Improper Drainage or Ponding	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Dampness in Crawl Spaces	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Located in 100-Year Flood Plain	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	Water Heater Leak(s)	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Present Flood Insurance Coverage	<input type="checkbox"/> Y*	<input checked="" type="checkbox"/> N	HVAC System Leak(s) – Overflow Pan or Other Defect	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
*Attach TAR Form 1414 if answer is Yes					
Settling or Soil Movement	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Single Blockable Main Drain in Pool/Hot Tub/Spa*	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
			Other Conditions	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N

If the answer to any of the above is Yes [Y], explain. Attach additional sheets

Back part of pasture located in 100 yr. floodplain. Electrical lines, i.e. serving out buildings and lighting.

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

5. PREVIOUS CONDITIONS OF THE PROPERTY:

Are you (SELLER) aware of the following previously defective conditions? Mark Yes [Y] if you are aware, mark No [N] if you are not aware.

Previous Flooding into the Structure	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Previous Flooding onto the Property	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
Previous Fires	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Previous Foundation Repairs	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Previous Roof Repairs	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
Previous Treatment for Termites or Wood-Destroying Insects	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Previous Termite or Wood-Destroying Insect Damage Repaired	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Previous Use of Premises for Manufacture of Methamphetamine	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N

Other Conditions:

If the answer to any of the above is Yes [Y], explain. Attach additional sheets as necessary.

Back part of the pasture in the 100 yr. floodplain. Roof replaced 3 1/2 yrs. ago.

6. SYSTEMS IN NEED OF REPAIR:

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 as necessary.

Initialed for Identification by Seller

KT. *SM* and Buyer

7. MISCELLANEOUS CONDITIONS:

Are you (SELLER) aware of any of the following? Mark Yes [Y] if you are aware, mark No [N] if you are not aware.

- Y N Room additions, structural modifications, or other alterations or repairs made without necessary permits or not in compliance with building code in effect at the time of construction?
- Y N Any "common area" facilities, i.e., pools, tennis courts, walkways, or other areas, co-owned in undivided interest with others?
- Y N Are there any optional charges or user fees for "common area" facilities? If yes, describe: _____.
- Y N Any notices of violations of deed restrictions or governmental ordinances, zoning, use, or impervious cover limitations affecting the condition or use of the Property?
- Y N Any lawsuits or other legal proceedings directly affecting the Property or Seller's ability to convey property, e.g., bankruptcy, probate, guardianship, etc.?
- Y N Any condition of the Property which materially affects the physical health or safety of an individual?
- Y N Features of the Property shared in common with adjoining landowners, e.g., walls, fences, and driveways, whose use of responsibility for maintenance may have an effect on the Property?
- Y N Any encroachments of improvements on the subject Property onto another property or of improvements on another property onto the subject Property, easements, (recorded or unrecorded), or similar matters that may affect your interest in the Property?
- Y N Landfill – compacted or otherwise – on the Property or any portion thereof?
- Y N Any settling from any cause or slippage, sliding or other soil problems?
- Y N Damage to the Property or any of the structures from fire, earthquake, floods or landslides?
- Y N Any future highway, freeway, or air traffic patterns which affects the Property?
- Y N Any future annexation plans which affect the Property?
- Y N Within the previous 12 months, has there been an equity loan on the Property? If Yes, date _____
- Y N Any pending flood plain changes known?
- Y N Any ordinances that restrict flood coverage or rebuilding any portion of the structure to its previous use?
- Y N Previous FEMA claim paid?
- Y N Death on the Property other than death caused by: natural causes, suicide, or accident unrelated to the Property's condition?
- Y N Was the dwelling built before 1978? Unknown
- Y N Any repairs or treatment, other than routine maintenance, made to the Property to eliminate environmental hazards such as asbestos, radon, lead-based paint, urea formaldehyde, or mold?
- Y N Any historic preservation restriction or ordinance or archeological designation associated with the Property?
- Y N Any IRS or tax redemption periods which will affect the sale of the Property?
- Y N Any rainwater harvesting system connected to the property's public water supply?
- Y N Any other item(s) of concern?

Empty rectangular box for additional comments.

If the answer to any of the above is Yes [Y], explain. Attach additional sheets as necessary.

See attached

Initialed for Identification by Seller K.F. SMT and Buyer

8. AD VALOREM TAXES:

Check any Tax Exemption(s) which you (SELLER) currently claim for the Property:

- Homestead Over 65 Disabled Disabled Veteran Wildlife Management
- Agricultural Unknown None Other _____

Have you or a third party on your behalf ever supplied information regarding property defects or condition at the Appraisal District? Yes No

Have you ever testified or had an agent testify on your behalf in a valuation hearing at an Appraisal District Value Protest Hearing? Yes No If so, which Appraisal District? Travis Co.
Is property located in a Statutory Tax District? Yes No

9. INSPECTIONS AND DISCLOSURES:

Have you (SELLER) received any written inspection reports from persons who regularly provide inspections and who are either licensed as inspectors or engineers or otherwise permitted by law to perform inspections in the past four (4) years? Yes No

Chapter 6-7 of the Austin City Code requires an energy audit be completed for certain properties before the time of sale. Has an energy audit been completed on the Property within the last 10 years? Yes No N/A

If Yes to either of these questions, list the information below and attach copies of the reports:

<u>Date of Inspection</u>	<u>Name of Document</u>	<u>Author of Report</u>	<u>Number of Pages</u>

Is a previous Seller's Disclosure available? Yes No If so, please attach.

Is a current Survey available? Yes No If so, please attach. Date of Current Survey: _____

If yes, attach survey with notarized T-47 Affidavit.

SMOKE DETECTORS:

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 installation. The parties may agree who will bear the cost of installing the smoke detectors and which brand of smoke detectors to install.

11. MAJOR REPAIRS OR IMPROVEMENTS MADE:

Have you (SELLER) made, or had made, major repairs or improvements (costing \$500 or more) to the Property during the time you have owned the Property? Yes No

Are you (SELLER) aware of major repairs or improvements made by previous owners?

SMT Yes No

If Yes to either, please explain. (Attach additional sheet(s) as necessary.) See attached

Initialed for Identification by Seller K.T., SMT and Buyer _____

12. **INSURANCE CLAIMS:**

In the last 5 years have you (SELLER) filed an insurance claim related to this property? Yes No
If there was a monetary settlement, were the funds used to make the repair? Yes No

13. **GOVERNMENT OR OTHER PENDING OR RECEIVED NOTICES:**

SELLER has not received any notices, either oral or written, regarding the need for repair or replacement or any portion of the Property from any governmental agency, appraiser, inspector, mortgage lender, repair service or others, except:

N/A

SELLER has not received any notices from any governmental agency or private company of pending condemnation or any portion of the Property, except:

N/A

14. **ADDITIONAL DISCLOSURE FORMS ATTACHED:** Yes No

- Addendum for Seller's Disclosure of Information on Lead-Based Paint (TAR 1906)
- Environmental Assessment, Threatened or Endangered Species, and Wetlands Addendum (TAR 1917)
- Energy Audit
- Information About On-Site Sewer Facility (TAR 1407)
- §49.452 Notice to Purchase (TREC OP-C) Yes No
- Information About Special Flood Hazard Areas (TAR 1414)
- Relocation Addendum (TAR 1941)
- Other _____

THE ABOVE DISCLOSURES ARE TRUE AND CORRECT TO THE BEST KNOWLEDGE OF THE SELLER(S). SELLER acknowledges that the statements in this Disclosure are true to the best of the Seller's belief and that no person, including the Broker(s) and their Agent(s) has instructed or influenced Seller to provide inaccurate information or to omit any material information.

Suanna Marie Tumlinson

Seller's Signature
Suanna Marie Tumlinson

Printed Name

Date

5.10.14

Kenneth Roy Tumlinson

Seller's Signature
Kenneth Roy Tumlinson

Printed Name

Date

5.10.14

Initialed for identification by Buyer _____

**THE UNDERSIGNED BUYER HEREBY ACKNOWLEDGES
RECEIPT OF A COPY OF THIS STATEMENT.**

NOTICES TO BUYER:

LISTING BROKER, Keller Williams Realty, AND OTHER BROKER,

**_____ , ADVISE YOU THAT THE SELLER'S
DISCLOSURE NOTICE WAS COMPLETED BY SELLER, AS OF THE DATE SIGNED.**

**THE LISTING BROKER AND THE OTHER BROKER HAVE RELIED ON THIS NOTICE AS TRUE AND CORRECT
AND HAVE NO REASON TO BELIEVE IT TO BE FALSE OR INACCURATE.**

**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.**

**IF THE PROPERTY IS LOCATED IN A COASTAL AREA THAT IS SEWARD OF THE GULF INTRACOASTAL
WATERWAY OR WITHIN 1,000 FEET OF THE MEAN HIGH TIDE BORDERING THE GULF OF MEXICO, THE
PROPERTY MAY BE SUBJECT TO THE OPEN BEACHES ACT OR THE DUNE PROTECTION ACT (CHAPTER 61 OR
63, NATURAL RESOURCES CODE, RESPECTIVELY) AND A BEACHFRONT CONSTRUCTION CERTIFICATE OR
DUNE PROTECTION PERMIT MAY BE REQUIRED FOR REPAIRS OR IMPROVEMENTS. CONTACT THE LOCAL
GOVERNMENT WITH ORDINANCE AUTHORITY OVER CONSTRUCTION ADJACENT TO PUBLIC BEACHES FOR
MORE INFORMATION.**

**YOU ARE STRONGLY ADVISED TO HAVE AN INSPECTOR OF YOUR CHOICE INSPECT THE PROPERTY PRIOR
TO CLOSING. ALL INSPECTION REPORTS FURNISHED BY THE SELLER ARE PROVIDED FOR INFORMATION
PURPOSES ONLY AND ARE NOT INTENDED TO BE A SUBSTITUTE FOR AN INSPECTION PERFORMED BY AN
INSPECTOR OF BUYER'S CHOICE.**

**BUYER ACKNOWLEDGES THAT THEY HAVE BEEN STRONGLY ADVISED TO HAVE THE PROPERTY
INSPECTED BY THEIR OWN INDEPENDENT INSPECTOR(S).**

**THE DISCLOSURE NOTICE CONTAINS NO ESTIMATE OF THE NUMBER OF SQUARE FEET OF SPACE WITHIN
THE RESIDENCE AND BROKERS MAKE NO REPRESENTATIONS REGARDING SUCH AREA. IF SQUARE
FOOTAGE IS IMPORTANT TO BUYER, BUYER SHOULD HAVE IT MEASURED BY A PROFESSIONAL.**

THE UNDERSIGNED BUYER ACKNOWLEDGES RECEIPT OF THE FOREGOING NOTICE

Buyer's Signature

Buyer's Signature

Date

Date