



SELLER'S DISCLOSURE NOTICE

TO BE COMPLETED BY SELLER(S)

CONCERNING THE PROPERTY AT _____

8401 FM 314

Ben Wheeler

Van Zandt

(STREET ADDRESS AND CITY)

COUNTY

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

THIS STATEMENT IS A DISCLOSURE OF SELLER'S KNOWLEDGE OF THE CONDITION OF THE PROPERTY AS OF THE DATE OF THE SELLER'S SIGNATURE INDICATED BELOW. THIS STATEMENT IS NOT A WARRANTY OF ANY KIND BY THE SELLER OR LISTING BROKER AND IS NOT A SUBSTITUTE FOR ANY INSPECTIONS OR WARRANTIES THE BUYER(S) MAY WISH TO OBTAIN. A BUYER IS URGED TO OBTAIN AN INSPECTION OF THE PROPERTY BY A QUALIFIED, LICENSED INSPECTOR. THE FOLLOWING STATEMENTS ARE REPRESENTATIONS MADE BY THE SELLER(S) BASED UPON SELLER'S KNOWLEDGE AND ARE NOT REPRESENTATIONS OF THE LISTING BROKER OR ANY OTHER BROKER PARTICIPATING IN A SALE TRANSACTION. THE 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 _____ 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: _____
- 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: _____
- 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: _____

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10. 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) |
|--------------------|--------------------|---------------------------|---------|----------------|
| Sept 2017 | Aerobic | Larry Reynolds | 1 | 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

11. For items listed below in Section 11, 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 type="checkbox"/> | <input checked="" 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 ___ / Electric ___) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Cooling (Central Gas ___ / Electric ___) # Units 1 | <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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Disposal | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Fire Detection Equipment (Electric ___ / Battery Operated ___) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Garage Door Opener(s) & Controls (Automatic ___ / Manual ___) # Controls ___ | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Gas Fixtures | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Gas Lines (Natural ___ / Liquid Propane ___) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Heating (Central Gas ___ / Electric ___) # Units 1 | <input type="checkbox"/> | <input checked="" 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 checked="" 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Oven (Gas ___ / 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 ___ / Electric ___) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | |

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Buyer's Initials _____

Seller's Initials JAF

Seller's Initials CF

| EQUIPMENT & SYSTEMS | N/A | WORKING CONDITION | HAS BEEN REPLACED | DATE REPLACED | IN NEED OF REPAIR | DATE / DESCRIPTION OF COMPLETED OR NEEDED REPAIRS |
|--|-------------------------------------|-------------------------------------|--------------------------|---------------|--------------------------|---|
| Refrigerator | <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 ___ / Abandoned ___) | <input type="checkbox"/> | <input checked="" 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 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 ___ / Electric <u>2</u>) | <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 <u>Non-potable</u> | <input type="checkbox"/> | <input checked="" 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 ___ / Not Attached ___) | <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 ___ / Other ___) | <input type="checkbox"/> | <input checked="" 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 <u>✓</u> / Not Attached ___) | <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 ___ / Electric <u>✓</u>) | <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 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"/> | |

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12. If stucco, what is the type of stucco? _____
13. The Shingles or roof covering is constructed of:
 Wood Composition Tile Other _____
 Is there an overlay covering?
 Yes No Unknown
14. The age of the shingles or roof covering:
3 Years Unknown
 Is the roof paid for by the Property Owners Association?
 Yes No Unknown
15. The electrical wiring of the Property is:
 Copper Aluminum Unknown
 Other (specify) _____

16. 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. \$ _____
17. Is the heating and cooling controlled by the Property Owners Association? Yes No Unknown _____
18. Please identify other systems, if any, of the Property which are leased and not owned by the Seller: _____
19. Year the Property was constructed: 2014
 Per Owner Tax Rolls
 (If before 1978 complete, sign and attach TAR 1906 concerning lead-based paint hazards.)

MISCELLANEOUS INFORMATION ABOUT PROPERTY

19. 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"/> | |
| Above-ground impediment to swimming POOL ? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Underground impediment to swimming POOL ? | <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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Old Septic + Pool |
| 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"/> | |

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| | 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"/> | |
| 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"/> | |

20. 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: \$ _____
21. Has the Property (or the Property Owner's Association of which of which the Property is a part) been the subject of any pending or concluded litigation?
 Yes No Unknown
 - If "Yes", attach an explanation _____
22. Is the Property in an overlay, proposed overlay, historic or conservation district that may have special restrictions?
 Yes No Unknown
 If "Yes", explain: _____
23. 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: _____
24. 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: _____

25. Is Property Owner's Association parking:
 Assigned Unassigned _____ # Spaces
 Space Number(s) are: _____
 Carport Uncovered Garage
26. 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: _____
27. 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: _____
28. Are there any outstanding mechanics and Material Man's liens or lis pendens against the Property?
 Yes No Unknown

INFORMATION ABOUT FOUNDATION

29. 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 _____
30. 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

31. 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:

32. 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:

33. Does the Seller know of any currently defective condition to the drainage of the Property? Yes No Unknown

If "Yes", explain: _____

34. 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

35. 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: _____

36. Has the Property been treated for termites or other wood destroying insects? Yes No Unknown

If "Yes", please state the date of treatment: At end of construction

37. 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: _____

38. Do active termites or other wood destroying insects currently infest the Property? Yes No Unknown

If "Yes", explain: _____

39. Is there any existing termite damage in need of repair? Yes No Unknown

If "Yes", explain: _____

40. 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

41. 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: _____

42. If the answer to any part of Question #41 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.)

43. Is the Seller aware of previous use of premises for manufacture of Methamphetamine? Yes No

44. 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

DISCLOSURES

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

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

TAF CF
Seller(s) Initials Seller(s) Initials

47. 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.

TAF CF
Seller(s) Initials Seller(s) Initials

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.

Timothy Freeman
SELLER (SIGN AS NAME APPEARS ON TITLE)
Timothy Freeman

9-26-17
DATE

Catherine Freeman
SELLER (SIGN AS NAME APPEARS ON TITLE)
Catherine Freeman

9-24-17
DATE

8401 FM 314

PROPERTY ADDRESS: Ben Wheeler, Texas 75754

SELLER'S DISCLOSURE NOTICE - PAGE 7 OF 8

MetroTex Association of REALTORS® 7167 Sept 2017 Buyer's Initials _____ Buyer's Initials _____ Seller's Initials TAF Seller's Initials CF

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. 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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PROPERTY ADDRESS: **Ben Wheeler, Texas 75754**
MetroTex Association of REALTORS® 7167 Sept 2017

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