



APPROVED BY THE TEXAS REAL ESTATE COMMISSION (TREC)



SELLER'S DISCLOSURE NOTICE

CONCERNING THE PROPERTY AT 4230 FM977 Leona TX
(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 OR SELLER'S AGENTS.

Seller is is not occupying the Property. If unoccupied, how long since Seller has occupied the Property? _____

1. The Property has the items checked below [Write Yes (Y), No (N), or Unknown (U)]:

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Range | <input checked="" type="checkbox"/> Oven | <input checked="" type="checkbox"/> Microwave |
| <input checked="" type="checkbox"/> Dishwasher | <input checked="" type="checkbox"/> Trash Compactor | <input checked="" type="checkbox"/> Disposal |
| <input checked="" type="checkbox"/> Washer/Dryer Hookups | <input checked="" type="checkbox"/> Window Screens | <input checked="" type="checkbox"/> Rain Gutters |
| <input checked="" type="checkbox"/> Security System | <input checked="" type="checkbox"/> Fire Detection Equipment | <input checked="" type="checkbox"/> Intercom System |
| | <input checked="" type="checkbox"/> Smoke Detector | |
| | <input checked="" type="checkbox"/> Smoke Detector-Hearing Impaired | |
| | <input checked="" type="checkbox"/> Carbon Monoxide Alarm | |
| | <input checked="" type="checkbox"/> Emergency Escape Ladder(s) | |
| <input checked="" type="checkbox"/> TV Antenna | <input checked="" type="checkbox"/> Cable TV Wiring | <input checked="" type="checkbox"/> Satellite Dish |
| <input checked="" type="checkbox"/> Ceiling Fan(s) | <input checked="" type="checkbox"/> Attic Fan(s) | <input checked="" type="checkbox"/> Exhaust Fan(s) |
| <input checked="" type="checkbox"/> Central A/C | <input checked="" type="checkbox"/> Central Heating | <input checked="" type="checkbox"/> Wall/Window Air Conditioning |
| <input checked="" type="checkbox"/> Plumbing System | <input checked="" type="checkbox"/> Septic System | <input checked="" type="checkbox"/> Public Sewer System |
| <input checked="" type="checkbox"/> Patio/Decking | <input checked="" type="checkbox"/> Outdoor Grill | <input checked="" type="checkbox"/> Fences |
| <input checked="" type="checkbox"/> Pool | <input checked="" type="checkbox"/> Sauna | <input checked="" type="checkbox"/> Spa _____ Hot Tub |
| <input checked="" type="checkbox"/> Pool Equipment | <input checked="" type="checkbox"/> Pool Heater | <input checked="" type="checkbox"/> Automatic Lawn Sprinkler System |
| <input checked="" type="checkbox"/> Fireplace(s) & Chimney
(Wood burning) | | <input checked="" type="checkbox"/> Fireplace(s) & Chimney
(Mock) |
| <input checked="" type="checkbox"/> Natural Gas Lines | | <input checked="" type="checkbox"/> Gas Fixtures |
| <input checked="" type="checkbox"/> Liquid Propane Gas | <input checked="" type="checkbox"/> LP Community (Captive) | <input checked="" type="checkbox"/> LP on Property |
| Garage: <input checked="" type="checkbox"/> Attached | <input checked="" type="checkbox"/> Not Attached | <input checked="" type="checkbox"/> Carport |
| Garage Door Opener(s): _____ | <input checked="" type="checkbox"/> Electronic | <input checked="" type="checkbox"/> Control(s) |
| Water Heater: _____ | <input checked="" type="checkbox"/> Gas | <input checked="" type="checkbox"/> Electric |
| Water Supply: <input checked="" type="checkbox"/> City | <input checked="" type="checkbox"/> Well | <input checked="" type="checkbox"/> Co-op |
| Roof Type: <u>Metal</u> | | Age: <u>11 yrs</u> (approx.) |

Are you (Seller) aware of any of the above items that are not in working condition, that have known defects, or that are in need of repair? Yes No Unknown. If yes, then describe. (Attach additional sheets if necessary): _____

2. Does the property have working smoke detectors installed in accordance with the smoke detector requirements of Chapter 766, Health and Safety Code? Yes No Unknown. If the answer to this question is 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.

3. Are you (Seller) aware of any known defects/malfunctions in any of the following? Write Yes (Y) if you are aware, write No (N) if you are not aware.

- | | | |
|----------------------------------|-----------------------------|----------------------------|
| <u>N</u> Interior Walls | <u>N</u> Ceilings | <u>N</u> Floors |
| <u>N</u> Exterior Walls | <u>N</u> Doors | <u>N</u> Windows |
| <u>N</u> Roof | <u>N</u> Foundation/Slab(s) | <u>N</u> Sidewalks |
| <u>N</u> Walls/Fences | <u>N</u> Driveways | <u>N</u> Intercom System |
| <u>N</u> Plumbing/Sewers/Septics | <u>N</u> Electrical Systems | <u>N</u> Lighting Fixtures |

Other Structural Components (Describe): _____

If the answer to any of the above is yes, explain. (Attach additional sheets if necessary): _____

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

- | | |
|---|--|
| <u>N</u> Active Termites (includes wood destroying insects) | <u>N</u> Previous Structural or Roof Repair |
| <u>N</u> Termite or Wood Rot Damage Needing Repair | <u>N</u> Hazardous or Toxic Waste |
| <u>N</u> Previous Termite Damage | <u>N</u> Asbestos Components |
| <u>N</u> Previous Termite Treatment | <u>N</u> Urea-formaldehyde Insulation |
| <u>N</u> Previous Flooding | <u>N</u> Radon Gas |
| <u>N</u> Improper Drainage | <u>N</u> Lead Based Paint |
| <u>N</u> Water Penetration | <u>N</u> Aluminum Wiring |
| <u>N</u> Located in 100-Year Floodplain | <u>N</u> Previous Fires |
| <u>N</u> Present Flood Insurance Coverage | <u>N</u> Unplatted Easements |
| <u>N</u> Landfill, Settling, Soil Movement, Fault Lines | <u>N</u> Subsurface Structure or Pits |
| <u>N</u> Single Blockable Main Drain in Pool/Hot Tub/Spa* | <u>N</u> Previous Use of Premises for Manufacture of Methamphetamine |

If the answer to any of the above is yes, explain. (Attach additional sheets if necessary): _____

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



TEXAS ASSOCIATION OF REALTORS®

INFORMATION ABOUT ON-SITE SEWER FACILITY

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CONCERNING THE PROPERTY AT 4230 E. FM 977 LEONATA TX 75820

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: West of house [] Unknown
(4) Installer: Larry Lynch [] Unknown
(5) Approximate Age: 11 yrs [] Unknown

B. MAINTENANCE INFORMATION:

- (1) Is Seller aware of any maintenance contract in effect for the on-site sewer facility? [] Yes [X] No If yes, name of maintenance contractor: 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? July 3 yrs ago
(3) Is Seller aware of any defect or malfunction in the on-site sewer facility? [] Yes [X] No If yes, explain:
(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.

CIRCLE T REALTY
Property Data Sheet

Owner Name: BRENDA BRADY

Property Address: 4230 FM 977 E UGONA, TX 75950 Lot # _____

Price: 87,500 Financing/Owner Terms: CASH / NEW LOAN

MINERALS: Seller agrees to convey 0 % of the oil and gas minerals.
Seller agrees to convey 100 % of other minerals.

Subject property is { } is not { } presently under an oil and gas lease or it is unknown { } if there is an oil & gas lease.
Subject property is { } is not { } presently under a coal & lignite lease or it is unknown { } if there is a coal & lignite lease.

ACCESS: Subject property has ingress and egress via:

{ } Public Road FM 977
{ } Deeded Easement _____

SURVEY: { } New Survey Required
{ } Seller shall furnish to Buyer, existing survey and plat of the property dated: Nov. 23, 2015

WATER: { } Seller agrees to convey ownership to the water meter with account in good standing. Water furnished by SOUTHEAST WATER
{ } All transfer fees will be paid by the buyer.
{ } Water Well _____ known depth
{ } Private Well _____ Undivided Interest _____

LAND: { } Pasture 100 %
{ } Wooded _____ %
{ } Creeks _____ { } Lakes _____

Soil Type SANDY LOAM

Present Use: { } Residential { } Ranching { } Recreational/Hunting

FENCING: Perimeter Fenced Cross Fencing _____ Barbed Wire

IMPROVEMENTS: { } Home { } Mobile Home { } Cabin { } Storage

** DO OWNERS HAVE TITLE TO MOBILE HOMES? YES NO _____

** IS MOBILE HOME ATTACHED TO PROPERTY? YES NO _____

Approx. Heated/Cooled square footage: 1387

Approx. Year Built: 2007

Total Rooms: 3 Total Bedrooms 3 Total Baths 2

Central A/C <input checked="" type="checkbox"/>	Central Heat <input checked="" type="checkbox"/>	Brick <input checked="" type="checkbox"/>	Frame <input checked="" type="checkbox"/>
Breakfast <input checked="" type="checkbox"/>	Dining <input checked="" type="checkbox"/>	Living <input checked="" type="checkbox"/>	Utility Room <input checked="" type="checkbox"/>
Pier & Beam <input checked="" type="checkbox"/>	Slab _____	Fireplace <input checked="" type="checkbox"/>	Water <input checked="" type="checkbox"/>
Electricity <input checked="" type="checkbox"/>	Telephone _____	Gas <input checked="" type="checkbox"/>	Septic <input checked="" type="checkbox"/> - AEROBIC
Garage _____	Carport _____	Shed _____	Barn <input checked="" type="checkbox"/>

City Utilities: _____ Other: _____

SCHOOL DISTRICT; CENTERVILLE

TAXES: County _____ School _____ City _____

TOTAL TAXES: _____

EXEMPTIONS: Ag _____ Homestead _____ Over 65 _____ Other _____

UTILITIES: Gas _____ Electric _____ Water _____

Electric provided by HOUSTON COUNTY CO-OP Acct # _____

NOTE: All information furnished concerning this property has been obtained from sources deemed reliable. It is believed to be correct, but no responsibility is assumed therefore; and no warranty or presentation is made as to the accuracy thereof, and the same is submitted subject to errors, omissions, prior sale or withdraw from the market without notice. All information must be verified independently by buyer.