



# SELLER'S DISCLOSURE NOTICE TO BE COMPLETED BY SELLER(S)

CONCERNING THE PROPERTY AT 330 Las Colinas Blvd. E. #1522  
Irving (STREET ADDRESS AND CITY) Dallas 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", identify the warranties: \_\_\_\_\_
- 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: Water Leak - Fixed Floor
- 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: unknown

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10. 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 **Unknown**  
 If yes, attach copies and complete the following

| Date of Inspection | Type of Inspection | Name of Inspector/Company | # Pages | Attached (Y/N) |
|--------------------|--------------------|---------------------------|---------|----------------|
|                    |                    |                           |         |                |
|                    |                    |                           |         |                |
|                    |                    |                           |         |                |

Explanatory comments by Seller, if any: \_\_\_\_\_

*A buyer should not rely on the above-cited reports as a reflection of the current condition of the Property. A buyer should obtain inspections from inspectors of the buyer's own choice.*

**INFORMATION ABOUT EQUIPMENT AND SYSTEMS**

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 are 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 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 type="checkbox"/> | <input type="checkbox"/> |                          | <input type="checkbox"/> |   |
| Carbon Monoxide Alarm   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          | <input type="checkbox"/> |   |
| Cable TV Wiring   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          | <input type="checkbox"/> |   |
| Ceiling Fan(s)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          | <input type="checkbox"/> |   |
| Cooktop (Gas ___ / Electric ___)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          | <input type="checkbox"/> |   |
| Cooling (Central Gas ___ / Electric ___) # Units ___  | <input type="checkbox"/> | <input 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 type="checkbox"/> | <input type="checkbox"/> |                          | <input type="checkbox"/> |   |
| Disposal  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          | <input type="checkbox"/> |   |
| Electrical System   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          | <input type="checkbox"/> |   |
| Emergency Escape Ladder(s)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          | <input type="checkbox"/> |   |
| Exhaust Fan(s)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          | <input type="checkbox"/> |   |
| Fire Detection Equipment (Electric ___ / Battery Operated ___)                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          | <input type="checkbox"/> |   |
| Garage Door Opener(s) & Controls (Automatic ___ / Manual ___) # Controls ___                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          | <input type="checkbox"/> |   |
| Gas Fixtures  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          | <input type="checkbox"/> |   |
| Gas Lines (Natural ___ / Liquid Propane ___)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          | <input type="checkbox"/> |   |
| Heating (Central Gas ___ / Electric ___) # Units ___  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          | <input type="checkbox"/> |   |
| Heating (Window ___ / Wall ___)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          | <input type="checkbox"/> |   |
| Hot Tub   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          | <input type="checkbox"/> |   |
| Ice Maker   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          | <input type="checkbox"/> |   |
| Intercom System   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          | <input type="checkbox"/> |   |
| Lighting Fixtures   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          | <input type="checkbox"/> |   |
| Media Wiring & Equipment  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          | <input type="checkbox"/> |   |
| Microwave   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          | <input type="checkbox"/> |   |
| Outdoor Cooking Equipment   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          | <input type="checkbox"/> |   |
| Oven (Gas ___ / Electric ___)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          | <input type="checkbox"/> | Removed   |
| Oven - Convection   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          | <input type="checkbox"/> |   |
| Plumbing System   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          | <input type="checkbox"/> |   |
| Public Sewer & Water System   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          | <input type="checkbox"/> |   |
| Rage (Gas ___ / Electric ___)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          | <input type="checkbox"/> |   |

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Buyer's Initials

Seller's Initials **SP**

Seller's Initials

| EQUIPMENT & SYSTEMS                                | N/A                      | WORKING CONDITION        | HAS BEEN REPLACED        | DATE REPLACED | IN NEED OF REPAIR        | DATE / DESCRIPTION OF COMPLETED OR NEEDED REPAIRS |
|--|--------------------------|--------------------------|--------------------------|---------------|--------------------------|---|
| Refrigerator (Built-In)                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               | <input type="checkbox"/> |   |
| Satellite Dish and Receiver                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               | <input type="checkbox"/> |   |
| Sauna  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               | <input type="checkbox"/> |   |
| Security System(s)<br>(In Use ___ / Abandoned ___) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               | <input type="checkbox"/> |   |
| Septic or other On-Site Sewer System               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               | <input type="checkbox"/> |   |
| Shower Enclosure & Pan                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               | <input type="checkbox"/> |   |
| Smoke Detector-Hearing Impaired ___                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               | <input type="checkbox"/> |   |
| Spa  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               | <input type="checkbox"/> |   |
| Stove (Free Standing) For Heating (Free Standing)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               | <input type="checkbox"/> |   |
| Swimming Pool & Equipment                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               | <input type="checkbox"/> |   |
| Swimming Pool Built-In Cleaning Equipment          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               | <input type="checkbox"/> |   |
| Swimming Pool Heater                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               | <input type="checkbox"/> |   |
| Trash Compactor                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               | <input type="checkbox"/> |   |
| TV Antenna   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               | <input type="checkbox"/> |   |
| Water Heater (Gas ___ / Electric ___)              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               | <input type="checkbox"/> |   |
| Water Softener                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               | <input type="checkbox"/> |   |
| Wells  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               | <input type="checkbox"/> |   |

**INFORMATION ABOUT STRUCTURE/OTHER**

| STRUCTURE / OTHER                                    | N/A                      | WORKING CONDITION        | HAS BEEN REPLACED        | DATE REPLACED | IN NEED OF REPAIR        | DATE / DESCRIPTION OF COMPLETED OR NEEDED REPAIRS |
|--|--------------------------|--------------------------|--------------------------|---------------|--------------------------|---|
| Basement   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               | <input type="checkbox"/> |   |
| Carport (Attached ___ / Not Attached ___)            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               | <input type="checkbox"/> |   |
| Ceilings   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               | <input type="checkbox"/> |   |
| Doors  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               | <input type="checkbox"/> |   |
| Drains (French ___ / Other ___)                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               | <input type="checkbox"/> |   |
| Driveway   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               | <input type="checkbox"/> |   |
| Electrical Wiring                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               | <input type="checkbox"/> |   |
| Fences   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               | <input type="checkbox"/> |   |
| Fireplace(s)/Chimney (Mock)                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               | <input type="checkbox"/> |   |
| Fireplace(s)/Chimney (Wood burning)                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               | <input type="checkbox"/> |   |
| Fireplace(s)/with gas logs                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               | <input type="checkbox"/> |   |
| Floor  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               | <input type="checkbox"/> |   |
| Foundation   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               | <input type="checkbox"/> |   |
| Garage (Attached ___ / Not Attached ___)             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               | <input type="checkbox"/> |   |
| Lighting (Outdoor)                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               | <input type="checkbox"/> |   |
| Patio / Decking                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               | <input type="checkbox"/> |   |
| Retaining Wall                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               | <input type="checkbox"/> |   |
| Rain Gutters and Down Spouts                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               | <input type="checkbox"/> |   |
| Roof   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               | <input type="checkbox"/> |   |
| Sidewalk   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               | <input type="checkbox"/> |   |
| Skylight(s)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               | <input type="checkbox"/> |   |
| Sump or Grinder Pump                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               | <input type="checkbox"/> |   |
| Walls (Exterior/Interior)                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               | <input type="checkbox"/> |   |
| Washer / Dryer Hookups<br>( Gas ___ / Electric ___ ) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               | <input type="checkbox"/> |   |
| Windows  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               | <input type="checkbox"/> |   |
| Window Screens                                       | <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"/> |   |
| 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:  
 \_\_\_\_\_ 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: \_\_\_\_\_  
 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 type="checkbox"/> | <input type="checkbox"/> |                   |
| Any personal or business BANKRUPTCY pending which would affect the sale of the Property?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                   |
| Carpet Stains/Damage?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                   |
| Located on or near CORP OF ENGINEERS Property?   | <input type="checkbox"/> | <input 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 type="checkbox"/> | <input type="checkbox"/> |                   |
| Unplatted EASEMENTS?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                   |
| FAULT Lines?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                   |
| Previous FIRES?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                   |
| Any FORECLOSURES pending or threatened with respect to the Property?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                   |
| Urea formaldehyde INSULATION?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                   |
| LANDFILL?  | <input type="checkbox"/> | <input 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 type="checkbox"/> | <input type="checkbox"/> |                   |
| Lead-based PAINT?  | <input type="checkbox"/> | <input 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 type="checkbox"/> | <input type="checkbox"/> |                   |
| Above-ground impediment to swimming POOL?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                   |
| Underground impediment to swimming POOL?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                   |
| Any PROPERTY CONDITION which materially affects the physical health or safety of an individual?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                   |
| RADON gas?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                   |
| House SETTLING?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                   |
| SOIL Movement?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                   |
| Subsurface STRUCTURES, Tanks, or Pits?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                   |
| Hazardous or TOXIC WASTE affecting the Property?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                   |
| Holes in WALLS?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                   |

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MetroTex Association of REALTORS® 7167 Aug 2015 Buyer's Initials \_\_\_\_\_

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

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

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

|  | YES                      | NO                       | UNKNOWN                  | IF "YES", EXPLAIN |
|--|--------------------------|--------------------------|--------------------------|-------------------|
| WOOD ROT Damage Needing Repair?  | <input type="checkbox"/> | <input 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 type="checkbox"/> | <input type="checkbox"/> |                   |
| Located in 100 year FLOOD PLAIN?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                   |
| Located in Floodway?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                   |
| Located in a city flood plain?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                   |
| Tax or judgment liens?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                   |
| In an ETJ district? (Extra Territorial Jurisdiction)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                   |
| Diseased TREES?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                   |
| Liquid Propane Gas?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                   |
| - LP Community (Captive)?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                   |
| - LP on Property?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                   |
| Single Blockable Main Drain in a Pool/Hot Tub/Spa*<br>* A Single Blockable Main Drain may cause a suction entrapment hazard for an individual. | <input type="checkbox"/> | <input 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
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 \_\_\_\_\_

330 Las Colinas Blvd. E. #1522

PROPERTY ADDRESS: Irving, TX 75039-5595

MetroTex Association of REALTORS® 7167 Aug 2015 Buyer's Initials \_\_\_\_\_

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

**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:

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:

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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.

Seller(s) Initials Seller(s) Initials

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

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.

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.

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.

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.

Signature of Jeff Jensen, Executor
SELLER (SIGN AS NAME APPEARS ON TITLE) DATE

SELLER (SIGN AS NAME APPEARS ON TITLE) DATE

NOTICES TO BUYER

1. The Texas Department of Public Safety maintains a database that consumers may search, at no cost, to determine if registered sex offenders are located in certain zip code areas. To search the database, visit [www.txdps.state.tx.us](http://www.txdps.state.tx.us). For information concerning past criminal activity in certain areas or neighborhoods, contact the local police department.
2. Such written information in this Seller's Disclosure Notice for the Property does not constitute the representations of the Listing Broker and other Broker participating in a sale transaction or 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, measurements 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.

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 |