# SELLER'S CHECKLIST

effective as possible. Please take a moment to review and complete.

We've designed this packet in an effort to respect your time and make our initial consultation as

**Review Showing Instructions** 

4. UTILITY information data and provider list

5. For condominiums, please complete the CONDO Information form



### **EXCITEMENT LIST**

On the following page you will have an opportunity to tell us, room by room, what makes your home special. In addition, we've provided the following questions that will help us design the most powerful marketing campaign possible:

| 1. | What is your favorite feature of your home?             |
|----|---------------------------------------------------------|
|    |                                                         |
| 2. | What is the best thing about the location of your home? |
|    |                                                         |
|    |                                                         |
| 3. | Tell me about any upgrades or updates you have done.    |
|    |                                                         |
|    |                                                         |

### **ROOM-BY-ROOM MARKETING**

| Description:          |                   |  |
|-----------------------|-------------------|--|
|                       |                   |  |
|                       |                   |  |
|                       |                   |  |
|                       |                   |  |
| Floor Plan:           | Outside Features: |  |
| •                     | •                 |  |
| •                     | •                 |  |
| •                     | •                 |  |
| •                     | •                 |  |
| Kitchen:              | Special Features: |  |
| •                     | •                 |  |
| •                     | •                 |  |
| •                     | •                 |  |
| •                     | •                 |  |
| •                     | •                 |  |
| •                     | •                 |  |
|                       | •                 |  |
| Living:               | •                 |  |
| •                     | Oakaala           |  |
| •                     | Schools:          |  |
| •                     | •                 |  |
| •                     | •                 |  |
| •                     | •                 |  |
| Master Bedroom Suite: | •                 |  |
| •                     |                   |  |
| •                     |                   |  |



### SELLER HOMEWORK ROOM-BY-ROOM MARKETING - EXAMPLE

#### Description:

Stunning Traditional style with gorgeous landscaping, remodeled interior, screened in porch, large corner lot, nestled into one of the most desirable neighborhoods in all of The Woodlands.

#### Floor Plan

- 2 bed 2 bath 2 living!
- Refinished wood floors & tile
- 2 car garage w/ utility area

#### **Kitchen**

- Tile countertops
- Custom tile backsplash
- Black & stainless appliances
- Maple cabinets w/ custom pulls
- Pewter faucet

#### Living

- Tiled faux fireplace
- Designer paint
- Bright & clean

#### **Master Bedroom Suite**

- Designer paint
- Bright & clean
- Original wood windows

#### **Outside Features**

- · Native, low water landscaping
- Screened in porch
- Large entertaining deck

#### **Special Features**

- Lots of windows
- Vintage built-ins
- · Amazing landscaping
- Shows like a model

#### **Schools**

- BUCKALEW
- MCCULLOUGH
- THE WOODLANDS HIGH



### **NEIGHBORHOOD HOT SPOTS**

List your top 5 neighborhood hot spots (i.e., coffee shops, parks, etc.) and tell us what you love about them:

| 1. |  |
|----|--|
|    |  |
|    |  |
| 2  |  |
|    |  |
|    |  |
| 3. |  |
| 0. |  |
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| 4  |  |
|    |  |
|    |  |
| 5. |  |
| ٥. |  |
|    |  |

### **UTILITY INFORMATION**

| 1. | Electric Provider:    |
|----|-----------------------|
|    | Phone:                |
|    | Average:              |
|    | High:                 |
|    | Low:                  |
|    |                       |
| 2. | Gas Provider:         |
|    | Phone:                |
|    | Average:              |
|    | High:                 |
|    | Low:                  |
|    |                       |
| 3. | Solid Waste Provider: |
|    | Phone:                |
|    | Average:              |
|    | High:                 |
|    | Low:                  |
|    |                       |
| 4. | Water Provider:       |
|    | Phone:                |
|    |                       |
| 5. | Cable Provider:       |
|    | Phone:                |



### **HOMEOWNER'S ASSOCIATION INFO**

| Home      | eowners Association:                                                                                        |                   |              |      |           |           |
|-----------|-------------------------------------------------------------------------------------------------------------|-------------------|--------------|------|-----------|-----------|
| Conta     | act Name:                                                                                                   | <del></del>       |              |      |           |           |
| Phone     | ə:                                                                                                          |                   |              |      |           |           |
| Fees:     | \$                                                                                                          | Annual            | Monthly      |      | Mandatory | Voluntary |
| What      | does the HOA Fee Cover:                                                                                     |                   |              |      |           |           |
| 0         | nunity Amenities (check all that apply                                                                      |                   | nformation a | as n | eeded):   |           |
| 0 0 0 0 0 | Hot Tub Fitness Center Clubhouse (with kitchen) Movie Room Picnic area Playscape Community Laundry Facility |                   |              |      |           |           |
| 0 0       | Sports Courts (list:<br>Gated (if yes, gate code:<br>Additional Amenities:                                  | )                 |              |      |           | )         |
| Descr     | ribe the Community (i.e., quiet, dog-f                                                                      | riendly, etc.)    |              |      |           |           |
|           |                                                                                                             |                   |              |      |           |           |
| Descr     | ibe the Parking situation. If spaces a                                                                      | are reserved, wha | t are your n | umb  | ers:      |           |
|           |                                                                                                             |                   |              |      |           |           |
|           |                                                                                                             |                   |              |      |           |           |



### **SHOWING INSTRUCTIONS**

The following instructions are provided to help you make the most of marketing your home:

- o Keep all lights on.
- Place vanilla scented oil plug-ins throughout the home.
- o Keep all blinds and window treatments open.
- o Leave during a showing so the potential buy can experience "their" home.
- Kitchen and baths must be spotless at all times.
- o Home needs to show like a model home during showings (slide "stuff" under beds if necessary).
- Keep lawn mowed and hedges trimmed.
- Plant seasonal flowers.
- Keep front door area clean and welcoming.



# SELLER HOMEWORK 15 SHOWINGS OR 21 DAYS

In this market, and knowing what we know about real estate, we like to implement a policy that will help sell your home more quickly.

If after 15 showings or 21 days we don't have an offer, our experience shows it usually indicates the price is too high.

At that time we like to do an analysis of the price of your home, and it is probable we will recommend your home be reduced in price.





#### **SELLER'S DISCLOSURE NOTICE**

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

| exceed the minimum disc                                                                                                                                                                                                                                                                     |      |      |     |     |      |    |                         | omp | one | 5 1  | vitri | and contains additional disclosur                                | es wi | nici | <u>11</u> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------|-----|-----|------|----|-------------------------|-----|-----|------|-------|------------------------------------------------------------------|-------|------|-----------|
| CONCERNING THE PROPERTY AT                                                                                                                                                                                                                                                                  |      |      |     |     |      |    |                         |     |     |      |       |                                                                  |       |      |           |
| THIS NOTICE IS A DISCLOSURE OF SELLER'S KNOWLEDGE OF THE CONDITION OF THE PROPERTY AS OF THE DATE SIGNED BY SELLER AND IS NOT A SUBSTITUTE FOR ANY INSPECTIONS OR WARRANTIES THE BUYER MAY WISH TO OBTAIN. IT IS NOT A WARRANTY OF ANY KIND BY SELLER, SELLER'S AGENTS, OR ANY OTHER AGENT. |      |      |     |     |      |    |                         |     |     |      |       |                                                                  |       |      |           |
| Seller ☐ is ☐ is not the Property? ☐ Property                                                                                                                                                                                                                                               |      |      |     |     |      |    |                         |     | 100 |      |       | r), how long since Seller has date) or 🔲 never occu              |       |      |           |
|                                                                                                                                                                                                                                                                                             |      |      |     |     |      |    |                         |     |     |      |       | , No (N), or Unknown (U).)<br>ermine which items will & will not | conv  | ey.  |           |
| Item                                                                                                                                                                                                                                                                                        | Y    | N    | U   | Ite | m    |    |                         | Y   | N   |      | U     | Item                                                             | Y     | N    | U         |
| Cable TV Wiring                                                                                                                                                                                                                                                                             |      |      |     | Na  | tura | al | Gas Lines               |     | T   | T    |       | Pump: ☐ sump ☐ grinder                                           |       |      |           |
| Carbon Monoxide Det.                                                                                                                                                                                                                                                                        |      |      | _   | Fu  | el C | a  | s Piping:               |     |     | T    |       | Rain Gutters                                                     |       |      |           |
| Ceiling Fans                                                                                                                                                                                                                                                                                |      |      |     | _   |      |    | on Pipe                 |     |     |      |       | Range/Stove                                                      |       |      |           |
| Cooktop                                                                                                                                                                                                                                                                                     | 8 8  | 8 8  | 7   | -C  | opp  | er | 1)                      |     | 1   |      | - 6   | Roof/Attic Vents                                                 |       |      |           |
| Dishwasher                                                                                                                                                                                                                                                                                  | & 31 | 4. A |     |     |      | _  | ated Stainless<br>ibing |     |     |      |       | Sauna                                                            |       |      |           |
| Disposal                                                                                                                                                                                                                                                                                    |      |      |     | Но  | t Tı | Jb |                         |     |     |      |       | Smoke Detector                                                   | j     |      |           |
| Emergency Escape<br>Ladder(s)                                                                                                                                                                                                                                                               |      |      |     | Int | erco | on | n System                |     |     |      |       | Smoke Detector – Hearing Impaired                                |       |      |           |
| Exhaust Fans                                                                                                                                                                                                                                                                                | S 50 |      |     | Mi  | crov | Na | ive                     |     |     |      |       | Spa                                                              |       |      |           |
| Fences                                                                                                                                                                                                                                                                                      |      |      | 1   | Ou  | tdo  | or | Grill                   |     | T   |      |       | Trash Compactor                                                  |       |      |           |
| Fire Detection Equip.                                                                                                                                                                                                                                                                       |      |      |     | Pa  | tio/ | De | ecking                  |     |     | Ī    |       | TV Antenna                                                       |       |      | 8         |
| French Drain                                                                                                                                                                                                                                                                                |      |      |     | Plu | ımb  | in | g System                |     |     |      |       | Washer/Dryer Hookup                                              |       |      |           |
| Gas Fixtures                                                                                                                                                                                                                                                                                |      |      |     | Po  | ol   |    | 100                     |     |     |      |       | Window Screens                                                   |       |      |           |
| Liquid Propane Gas:                                                                                                                                                                                                                                                                         | 0 19 |      |     | Po  | ol E | q  | uipment                 |     |     |      |       | Public Sewer System                                              |       |      |           |
| -LP Community                                                                                                                                                                                                                                                                               |      |      |     | Po  | ol N | Лa | int. Accessories        |     |     |      |       |                                                                  |       |      |           |
| (Captive)                                                                                                                                                                                                                                                                                   | L.   |      | _   |     |      |    |                         | Ш   | L   | L    | _     |                                                                  |       |      |           |
| -LP on Property                                                                                                                                                                                                                                                                             |      |      |     | Po  | ol F | le | ater                    |     |     |      |       |                                                                  |       |      |           |
| Item                                                                                                                                                                                                                                                                                        |      |      |     | YN  | l    | J  | Addition                | al  | Inf | or   | ma    | tion                                                             |       |      |           |
| Central A/C                                                                                                                                                                                                                                                                                 |      |      |     |     |      |    | □ electric □ gas        |     | nu  | m    | ber   | of units:                                                        |       |      |           |
| <b>Evaporative Coolers</b>                                                                                                                                                                                                                                                                  |      |      |     |     |      | 1  | number of units:        |     |     |      |       | 21                                                               |       |      | コ         |
| Wall/Window AC Units                                                                                                                                                                                                                                                                        | ;    |      |     |     | 10   |    | number of units:        |     |     |      |       |                                                                  |       |      |           |
| Attic Fan(s)                                                                                                                                                                                                                                                                                |      |      |     |     |      |    | if yes, describe:       |     |     |      |       | 37 C.                        |       |      |           |
| Central Heat                                                                                                                                                                                                                                                                                |      |      |     |     |      | T  | ☐ electric ☐ gas        |     | nu  | m    | ber   | of units:                                                        |       |      | П         |
| Other Heat                                                                                                                                                                                                                                                                                  |      |      |     |     |      |    | if yes describe:        |     |     |      |       |                                                                  |       |      |           |
| Oven                                                                                                                                                                                                                                                                                        |      |      |     |     | Je - |    | number of ovens:        | -   |     |      |       | ☐ electric ☐ gas ☐ other:                                        |       |      |           |
| Fireplace & Chimney                                                                                                                                                                                                                                                                         |      |      |     | 1   | 16   |    | □ wood □ gas l          | og  | s [ | 3    | mo    | ck other:                                                        |       |      |           |
| Carport                                                                                                                                                                                                                                                                                     |      |      | i i |     | i a  | T  | ☐ attached ☐ no         |     |     |      |       |                                                                  |       |      |           |
| Garage                                                                                                                                                                                                                                                                                      |      |      |     |     |      |    | ☐ attached ☐ no         | t a | tta | ch   | ed    |                                                                  |       |      | $\Box$    |
| Garage Door Openers                                                                                                                                                                                                                                                                         |      |      | 6   |     |      | I  | number of units:        |     |     |      | r     | number of remotes:                                               |       |      |           |
| Satellite Dish & Contro                                                                                                                                                                                                                                                                     |      |      |     |     |      |    |                         |     |     | 14.5 |       |                                                                  |       |      |           |

TRANSACTIONS
TransactionDesk Edition

Page 1 of 7

Security System

□ owned □ leased from

| Concerning the Property at                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |       |      |          |       |       |          |     |           | _  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |     |                                                               |          |      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------|----------|-------|-------|----------|-----|-----------|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|---------------------------------------------------------------|----------|------|
| Solar Panels                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |       |      |          | 37    | r     |          | ne  | hd        | П  | leased                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | froi      | n   |                                                               |          |      |
| Water Heater                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |       |      |          | +     | -     |          |     |           | _  | gas 🗆                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | -         | _   | number of units:                                              |          |      |
| Water Softener                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |      |          | +     |       |          |     |           |    | leased                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |     | number of units.                                              |          | -0.7 |
| Other Leased Item(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |       |      |          | +     | _     | if yes   | _   |           | _  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1101      |     |                                                               |          |      |
| Underground Lawn Spi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | inkle | ər   | - 19     |       |       |          |     |           |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | าแล       | 1.9 | areas covered:                                                |          | - 82 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |       |      | v        | -     |       |          |     |           |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |     |                                                               | 140      | 17)  |
| Water supply provided by: □ city □ well □ MUD □ co-op □ unknown □ other:  Was the Property built before 1978? □ yes □ no □ unknown  (If yes, complete, sign, and attach TXR-1906 concerning lead-based paint hazards).  Roof Type: □ Age: □ (approximate)  Is there an overlay roof covering on the Property (shingles or roof covering placed over existing shingles or roof covering)? □ yes □ no □ unknown  Are you (Seller) aware of any of the items listed in this Section 1 that are not in working condition, that have defects, or are need of repair? □ yes □ no If yes, describe (attach additional sheets if necessary): |       |      |          |       |       |          |     |           |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |     |                                                               |          |      |
| Section 2. Are you (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |       |      |          |       |       |          |     |           | m  | nalfunc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | tio       | ıs  | in any of the following?(Mark)                                | Yes      | (Y)  |
| Item                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Y     | 1    | V        | Ite   | m     |          |     |           |    | Y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | N         | T   | Item                                                          | Y        | N    |
| Basement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       |      |          |       | ors   |          |     |           |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | ï   | Sidewalks                                                     |          |      |
| Ceilings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       | Ī    | $\neg$   |       |       | ion /    | Sla | ab(s      | () |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 200       | -8  | Walls / Fences                                                |          |      |
| Doors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | E4    | T    | _        |       |       | Walls    |     | (-        | /  | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           |     | Windows                                                       |          | = 7  |
| Driveways                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 0.    | t    | _        |       |       | Fixtu    | res | s         |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 10        | Ŧ.  | Other Structural Components                                   |          |      |
| Electrical Systems                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |       | T    | 7        |       |       | g Sys    |     |           | _  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | Ť   |                                                               |          |      |
| Exterior Walls                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | et .  | t    | -        | Ro    |       | 9 - , .  |     | 1110      |    | +                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | s ex      | -   |                                                               |          |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Sell  | er   | ) aw     | are ( |       |          |     |           |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |     | ditional sheets if necessary): ions? (Mark Yes (Y) if you are | aw       | are  |
| Condition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |       |      |          |       |       |          | Υ   | N         | 1  | Cond                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | litio     | n   |                                                               | V        | N    |
| Aluminum Wiring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |       |      |          |       |       | -        | •   | IN        | 1  | Rado                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | _         |     |                                                               |          | N    |
| Asbestos Components                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ) 1   |      |          |       |       |          |     | 1         | -  | Settli                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 100       | as  |                                                               | $\vdash$ | 7    |
| Diseased Trees:   oak                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       | Г    | 1        |       |       |          |     | $\vdash$  | 1  | Soil N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           | m   | ent                                                           | $\vdash$ |      |
| Endangered Species/H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |       | _    | _        | rono  | rtv   | - 4      |     | 1         | 4  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |     | Structure or Pits                                             |          | 8 8  |
| Fault Lines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | abite | at   | OIIF     | Tope  | ity   |          |     |           |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |     | nd Storage Tanks                                              |          |      |
| Hazardous or Toxic Wa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | eta   |      |          |       |       |          |     | 1         | 1  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |     | asements                                                      |          | 2    |
| Improper Drainage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1316  |      |          |       |       | -        |     | -         | -  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | _   | Easements                                                     |          | ·    |
| Intermittent or Weather                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Spr   | in   | ac       |       |       |          |     | 1         | -  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |     | Idehyde Insulation                                            |          |      |
| Landfill                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Spi   | 11 1 | <u> </u> |       |       | - k      |     | \$6<br>30 | 3  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |     | age Not Due to a Flood Event                                  |          |      |
| Lead-Based Paint or Le                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | hod   | D    | 2004     | D+ L  | lozor | do       |     | 1         | ┨  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |     | n Property                                                    | $\vdash$ |      |
| Encroachments onto the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |       |      |          |       | lazai | us       |     |           | 1  | Wood                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |     | il Froperty                                                   |          |      |
| Improvements encroac                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |       | _    | _        |       | nrono | arty.    |     |           | -  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7         |     | station of termites or other wood                             | $\vdash$ |      |
| improvements encroac                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | illig | U    | ii Otii  | 615   | hiohe | ity      |     |           |    | 100 Date (100 Da | 5 0 -0 -1 |     | nsects (WDI)                                                  |          |      |
| Located in Historic Dist                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | rict  |      |          |       |       |          |     |           | 1  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |     | eatment for termites or WDI                                   |          |      |
| Historic Property Desig                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       | )n   |          |       |       | $\dashv$ |     | 1         | 1  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |     | rmite or WDI damage repaired                                  | $\vdash$ |      |
| Previous Foundation R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |      |          |       |       |          |     | t         | 1  | Previ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |     |                                                               |          | a    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | -pui  | ٠,   |          |       |       | 1.       |     | 1         | 1  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |     |                                                               |          |      |

(TXR-1406) 07-10-23 Initialed by: Buyer: \_\_\_\_\_, and Seller: \_\_\_\_\_, Page 2 of 7

| Concerni                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ng the Property at _            |                                                                                                 |                                              |                                                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Previou                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | s Roof Repairs                  |                                                                                                 | - 1                                          | Termite or WDI damage needing repair                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | s Other Structura               | al Repairs                                                                                      |                                              | Single Blockable Main Drain in Pool/Hot Tub/Spa*                                                                                                                                                |
| 55 NO. 12 | s Use of Premise<br>amphetamine | es for Manufacture                                                                              |                                              |                                                                                                                                                                                                 |
| If the ar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | nswer to any of th              | ne items in Section 3 is ye                                                                     | es, exp                                      | plain (attach additional sheets if necessary):                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 80 084 9054                     | drain may cause a suction ent                                                                   | inerva <del>t</del> erara percente.<br>Magis | t hazard for an individual.  ment, or system in or on the Property that is in need                                                                                                              |
| of repa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 | ot been previously disc                                                                         |                                              | l in this notice? □ yes □ no If yes, explain (attach                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                                                                 |                                              |                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                                                                 |                                              |                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 | ller) aware of any of the as applicable. Mark No                                                |                                              | wing conditions?* (Mark Yes (Y) if you are aware and you are not aware.)                                                                                                                        |
| Y N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Present flood in                | nsurance coverage.                                                                              |                                              |                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Previous flood water from a re  |                                                                                                 | reach                                        | of a reservoir or a controlled or emergency release of                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Previous floodi                 | ng due to a natural flood                                                                       | event                                        |                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Previous water                  | penetration into a structu                                                                      | ure on                                       | the Property due to a natural flood.                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 | olly □ partly in a 100-ye                                                                       |                                              | dplain (Special Flood Hazard Area-Zone A, V, A99, AE,                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Located □ who                   | olly partly in a 500-year                                                                       | r floor                                      | dplain (Moderate Flood Hazard Area-Zone X (shaded)).                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 | olly Dartly in a floodwa                                                                        |                                              |                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 | olly partly in a flood po                                                                       | 10.                                          |                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 | olly partly in a reservo                                                                        |                                              |                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                                                                 |                                              | additional sheets as necessary):                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                                                                 |                                              |                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ENDING III II IS                |                                                                                                 | ıyer m                                       | ay consult Information About Flood Hazards (TXR 1414).                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | purposes of this noti           |                                                                                                 | to tales                                     | 455 - d M                                                                                                                                                                                       |
| whic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | h is designated as 2            | Zone A, V, A99, AE, AO, AH,                                                                     | VE, or                                       | tified on the flood insurance rate map as a special flood hazard area, AR on the map; (B) has a one percent annual chance of flooding, include a regulatory floodway, flood pool, or reservoir. |
| area                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | , which is designate            | ans any area of land that: (A)<br>d on the map as Zone X (sha<br>a a moderate risk of flooding. | is ide<br>ded); a                            | ntified on the flood insurance rate map as a moderate flood hazard<br>and (B) has a two-tenths of one percent annual chance of flooding,                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                                                                 |                                              | bove the normal maximum operating level of the reservoir and that is<br>United States Army Corps of Engineers.                                                                                  |
| (TXR-140                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 06) 07-10-23                    | Initialed by: Buyer:                                                                            |                                              | and Seller:, Page 3 of 7                                                                                                                                                                        |



| Cor      | cernin          | g the Property at                                                                                                                                                                                                                                                                                                                                                          |
|----------|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|          | "Flood<br>under | I insurance rate map" means the most recent flood hazard map published by the Federal Emergency Management Agency the National Flood Insurance Act of 1968 (42 U.S.C. Section 4001 et seq.).                                                                                                                                                                               |
|          | a rive          | Iway" means an area that is identified on the flood insurance rate map as a regulatory floodway, which includes the channel of or other watercourse and the adjacent land areas that must be reserved for the discharge of a base flood, also referred to as eyear flood, without cumulatively increasing the water surface elevation more than a designated height.       |
|          |                 | rvoir" means a water impoundment project operated by the United States Army Corps of Engineers that is intended to retain or delay the runoff of water in a designated surface area of land.                                                                                                                                                                               |
| pro      | ovide           | 6. Have you (Seller) ever filed a claim for flood damage to the Property with any insurance r, including the National Flood Insurance Program (NFIP)?* ☐ yes ☐ no If yes, explain (attach al sheets as necessary):                                                                                                                                                         |
|          | Even            | es in high risk flood zones with mortgages from federally regulated or insured lenders are required to have flood insurance. when not required, the Federal Emergency Management Agency (FEMA) encourages homeowners in high risk, moderate and low risk flood zones to purchase flood insurance that covers the structure(s) and the personal property within the ure(s). |
| Ad       | minis           | 7. Have you (Seller) ever received assistance from FEMA or the U.S. Small Business stration (SBA) for flood damage to the Property?  yes  no If yes, explain (attach additional s necessary):                                                                                                                                                                              |
|          |                 | 8. Are you (Seller) aware of any of the following? (Mark Yes (Y) if you are aware. Mark No (N) re not aware.)                                                                                                                                                                                                                                                              |
| <u>Y</u> |                 | Room additions, structural modifications, or other alterations or repairs made without necessary permits, with unresolved permits, or not in compliance with building codes in effect at the time.                                                                                                                                                                         |
|          |                 | Homeowners' associations or maintenance fees or assessments. If yes, complete the following:  Name of association:                                                                                                                                                                                                                                                         |
|          |                 | Manager's name: Phone:                                                                                                                                                                                                                                                                                                                                                     |
|          |                 | Manager's name: Phone: and are: □ mandatory □ voluntary Any unpaid fees or assessment for the Property? □ yes (\$) □ no                                                                                                                                                                                                                                                    |
|          |                 | If the Property is in more than one association, provide information about the other associations below or attach information to this notice.                                                                                                                                                                                                                              |
|          |                 | Any common area (facilities such as pools, tennis courts, walkways, or other) co-owned in undivided interest with others. If yes, complete the following:  Any optional user fees for common facilities charged?   yes   no If yes, describe:                                                                                                                              |
|          |                 | Any notices of violations of deed restrictions or governmental ordinances affecting the condition or use of the Property.                                                                                                                                                                                                                                                  |
|          |                 | Any lawsuits or other legal proceedings directly or indirectly affecting the Property. (Includes, but is not limited to: divorce, foreclosure, heirship, bankruptcy, and taxes.)                                                                                                                                                                                           |
|          |                 | Any death on the Property except for those deaths caused by: natural causes, suicide, or accident unrelated to the condition of the Property.                                                                                                                                                                                                                              |
|          |                 | Any condition on the Property which materially affects the health or safety of an individual.                                                                                                                                                                                                                                                                              |

TRANSACTIONS
TransactionDesk Edition

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a public water supply as an auxiliary water source.

remediation (for example, certificate of mold remediation or other remediation).

Any repairs or treatments, other than routine maintenance, made to the Property to remediate

Any rainwater harvesting system located on the Property that is larger than 500 gallons and that uses

environmental hazards such as asbestos, radon, lead-based paint, urea-formaldehyde, or mold. If yes, attach any certificates or other documentation identifying the extent of the

Initialed by: Buyer: \_\_\_\_, and Seller: \_\_\_\_,

(TXR-1406) 07-10-23

| Concerning the Prope                                                                                                                                                                                                                                                                                                          | rty at                                                                         |                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--|--|--|--|--|
| ☐ ☐ The Property is located in a propane gas system service area owned by a propane distribution system retailer.                                                                                                                                                                                                             |                                                                                |                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                               | ion of the Property                                                            | y that is located in                                                                          | a groundwater conservation district                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | or a subsidence                |  |  |  |  |  |
| district.  If the answer to ar                                                                                                                                                                                                                                                                                                | ny of the items in Se                                                          | ection 8 is yes, expla                                                                        | ain (attach additional sheets if necessa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ıry):                          |  |  |  |  |  |
| persons who re                                                                                                                                                                                                                                                                                                                | gularly provide in                                                             | spections and wh                                                                              | er) received any written inspections of are either licensed as inspectors of licensed as inspectors of licensed and complete the second complete t | s or otherwise                 |  |  |  |  |  |
| Inspection Date                                                                                                                                                                                                                                                                                                               | Туре                                                                           | Name of Inspector                                                                             | #50 M H H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | No. of Pages                   |  |  |  |  |  |
| mapection Date                                                                                                                                                                                                                                                                                                                | турс                                                                           | rvaine or inspector                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | No. or Fages                   |  |  |  |  |  |
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| 45                                                                                                                                                                                                                                                                                                                            |                                                                                |                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                |  |  |  |  |  |
| 8                                                                                                                                                                                                                                                                                                                             |                                                                                |                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | l.                             |  |  |  |  |  |
| Note: A buyer sh                                                                                                                                                                                                                                                                                                              |                                                                                |                                                                                               | as a reflection of the current condition<br>m inspectors chosen by the buyer.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | of the Property.               |  |  |  |  |  |
| Homestead                                                                                                                                                                                                                                                                                                                     | nagement                                                                       | ☐ Senior Citizen                                                                              | Seller) currently claim for the Proper  Disabled Disabled Veteran Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ty:                            |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                               |                                                                                |                                                                                               | damage, other than flood damage,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | to the Property                |  |  |  |  |  |
| with any insurance provider? □ yes □ no  Section 12. Have you (Seller) ever received proceeds for a claim for damage to the Property (for example, an insurance claim or a settlement or award in a legal proceeding) and not used the proceeds to make the repairs for which the claim was made? □ yes □ no If yes, explain: |                                                                                |                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                |  |  |  |  |  |
| Section 13. Does the Property have working smoke detectors installed in accordance with the smoke detector requirements of Chapter 766 of the Health and Safety Code?* □ unknown □ no □ yes. If no or unknown, explain. (Attach additional sheets if necessary):                                                              |                                                                                |                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                |  |  |  |  |  |
| installed in acco                                                                                                                                                                                                                                                                                                             | rdance with the require<br>nance, location, and pov                            | ements of the building<br>wer source requirements                                             | ily or two-family dwellings to have working so<br>code in effect in the area in which the dwel<br>s. If you do not know the building code require<br>al building official for more information.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ling is located,               |  |  |  |  |  |
| family who will i<br>impairment from<br>seller to install s                                                                                                                                                                                                                                                                   | reside in the dwelling i<br>a licensed physician; ar<br>moke detectors for the | is hearing-impaired; (2)<br>nd (3) within 10 days afte<br>hearing-impaired and s <sub>l</sub> | nearing impaired if: (1) the buyer or a member<br>the buyer gives the seller written evidence<br>or the effective date, the buyer makes a written<br>opecifies the locations for installation. The part<br>of brand of smoke detectors to install.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | of the hearing request for the |  |  |  |  |  |
| (TXR-1406) 07-10-23                                                                                                                                                                                                                                                                                                           | Initialed by:                                                                  | Buyer:,                                                                                       | and Seller:,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Page 5 of 7                    |  |  |  |  |  |



| Concerning the Property at                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |                                                                                                                                                                                                                                                                         |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         | are true to the best of Seller's belief and that no persor<br>Seller to provide inaccurate information or to omit an                                                                                                                                                    |  |  |  |  |
| Signature of Seller                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Date                                    | Signature of Seller Date                                                                                                                                                                                                                                                |  |  |  |  |
| Printed Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         | Printed Name:                                                                                                                                                                                                                                                           |  |  |  |  |
| ADDITIONAL NOTICES TO BUYER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                         |                                                                                                                                                                                                                                                                         |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ated in certa<br>ion concerr            | ns a database that the public may search, at no cost, to<br>ain zip code areas. To search the database, visit<br>ning past criminal activity in certain areas or                                                                                                        |  |  |  |  |
| feet of the mean high tide bordering the<br>Act or the Dune Protection Act (Chapter<br>construction certificate or dune protection                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Gulf of Me)<br>61 or 63, N<br>permit ma | award of the Gulf Intracoastal Waterway or within 1,00 kico, the Property may be subject to the Open Beache latural Resources Code, respectively) and a beachfrom be required for repairs or improvements. Contact the construction adjacent to public beaches for more |  |  |  |  |
| (3) If the Property is located in a seacoast territory of this state designated as a catastrophe area by the Commissioner of the Texas Department of Insurance, the Property may be subject to additional requirements to obtain or continue windstorm and hail insurance. A certificate of compliance may be required for repairs or improvements to the Property. For more information, please review Information Regarding Windstorm and Hail Insurance for Certain Properties (TXR 2518) and contact the Texas Department of Insurance or the Texas Windstorm Insurance Association. |                                         |                                                                                                                                                                                                                                                                         |  |  |  |  |
| compatible use zones or other operation available in the most recent Air Installation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | s. Informa<br>on Compati<br>essed on th | tion and may be affected by high noise or air installation relating to high noise and compatible use zones in the Use Zone Study or Joint Land Use Study prepare the Internet website of the military installation and of the callation is located.                     |  |  |  |  |
| (5) If you are basing your offers on square items independently measured to verify a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                         | measurements, or boundaries, you should have those information.                                                                                                                                                                                                         |  |  |  |  |
| (6) The following providers currently provide                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | service to t                            | he Property:                                                                                                                                                                                                                                                            |  |  |  |  |
| Electric:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | phone #:                                                                                                                                                                                                                                                                |  |  |  |  |
| Sewer:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                         | phone #:                                                                                                                                                                                                                                                                |  |  |  |  |
| Water:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                         | phone #:                                                                                                                                                                                                                                                                |  |  |  |  |
| Cable:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                         | phone #:                                                                                                                                                                                                                                                                |  |  |  |  |
| Trash:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                         | phone #:                                                                                                                                                                                                                                                                |  |  |  |  |
| Natural Gas:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                         | phone #:                                                                                                                                                                                                                                                                |  |  |  |  |
| Phone Company:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         | phone #:                                                                                                                                                                                                                                                                |  |  |  |  |
| Propane:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         | phone #:                                                                                                                                                                                                                                                                |  |  |  |  |
| Internet:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | phone #:                                                                                                                                                                                                                                                                |  |  |  |  |
| (TXR-1406) 07-10-23 Initialed by: Buyer: _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         | and Seller:, Page 6 of 7                                                                                                                                                                                                                                                |  |  |  |  |



| Concerning the Property at                                                                                                                                                                                                                                                             |                    |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| (7) This Seller's Disclosure Notice was completed by Seller as of the date signed. The brokers have relied on this notice as true and correct and have no reason to believe it to be false or inaccurate. YOU ARE ENCOURAGED TO HAVE AN INSPECTOR OF YOUR CHOICE INSPECT THE PROPERTY. |                    |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| The undersigned Buyer acknowledges                                                                                                                                                                                                                                                     | receipt of the for | egoing notice.     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
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| Signature of Buyer                                                                                                                                                                                                                                                                     | Date               | Signature of Buyer | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |
| Printed Name:                                                                                                                                                                                                                                                                          |                    | Printed Name:      | in the state of th |  |  |  |  |
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(TXR-1406) 07-10-23 Initialed by: Buyer: \_\_\_\_\_, and Seller: \_\_\_\_\_,

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#### **SELLERS EXCLUSION LIST**

Unless otherwise specified, everything permanently attached to the property is included in the sale of the property. Please circle any of the following items that will be exclusions from the sale of your property. It is important that you be specific, so add any qualifying information required.

| the and Care Manuals for Appliances and Equipment                                                                                                                         | freeze etc.                                                                                                                                                  |                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| entral Vacuum and Accessories                                                                                                                                             |                                                                                                                                                              |                                                                                  |
| rubbery and Plants                                                                                                                                                        |                                                                                                                                                              |                                                                                  |
| rubbery and Plants                                                                                                                                                        |                                                                                                                                                              |                                                                                  |
| rubbery and Plants rmanently Installed Outdoor Cooking Equipment replace Screens or Doors, Gas Logs or Rocks, Andirons rving Sets, Playground Equipment, Basketball Goals |                                                                                                                                                              |                                                                                  |
| entral Vacuum and Accessories                                                                                                                                             |                                                                                                                                                              |                                                                                  |
| entral Vacuum and Accessories                                                                                                                                             |                                                                                                                                                              |                                                                                  |
| arage Door Openers and Controls                                                                                                                                           |                                                                                                                                                              |                                                                                  |
| entral Vacuum and Accessories                                                                                                                                             |                                                                                                                                                              |                                                                                  |
| entral Vacuum and Accessories                                                                                                                                             |                                                                                                                                                              |                                                                                  |
| arage Door Openers and Controls                                                                                                                                           |                                                                                                                                                              |                                                                                  |
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| ee and Care Manuals for Appliances and Equipment                                                                                                                          |                                                                                                                                                              |                                                                                  |
|                                                                                                                                                                           |                                                                                                                                                              |                                                                                  |
| tilt-in Kitchen Equipment Including Coffee Pot, Toaster, Toaster Oven, Micro                                                                                              | wave, Pot Racks                                                                                                                                              |                                                                                  |
| ght Fixtures, Plumbing Fixtures, Water Softeners                                                                                                                          |                                                                                                                                                              |                                                                                  |
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| inday Caroons Chuttars Aunings Mailbox                                                                                                                                    |                                                                                                                                                              |                                                                                  |
| ir<br>e<br>ir                                                                                                                                                             | a Rugs (permanently attached) rors Fixed in Place, Decorative Mirrors, Decorative Hardware ling Fans, Attic Fans Antennae, Satellite Dish, Built-in Speakers | tains and Rods, Draperies and Rods, Valances, Blinds, Towel Racks, Window Shades |