



TEXAS ASSOCIATION OF REALTORS®  
**SELLER'S DISCLOSURE NOTICE**

©Texas Association of REALTORS®, Inc. 2016

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.

CONCERNING THE PROPERTY AT 1104 Lois St  
Kerrville, TX 78028

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 occupying the Property. If unoccupied (by Seller), how long since Seller has occupied the Property?  
☐ \_\_\_\_\_ or ☐ never occupied the Property

**Section 1. The Property has the items marked below: (Mark Yes (Y), No (N), or Unknown (U).)**

*This notice does not establish the items to be conveyed. The contract will determine which items will & will not convey.*

| Item                       | Y | N | U |
|----------------------------|---|---|---|
| Cable TV Wiring            | ✓ |   |   |
| Carbon Monoxide Det.       |   | ✓ |   |
| Ceiling Fans               | ✓ |   |   |
| Cooktop                    | ✓ |   |   |
| Dishwasher                 | ✓ |   |   |
| Disposal                   | ✓ |   |   |
| Emergency Escape Ladder(s) |   |   | ✓ |
| Exhaust Fans               | ✓ |   |   |
| Fences                     | ✓ |   |   |
| Fire Detection Equip.      | ✓ |   |   |
| French Drain               |   |   | ✓ |
| Gas Fixtures               |   |   | ✓ |
| Natural Gas Lines          |   |   | ✓ |

| Item                       | Y | N | U |
|----------------------------|---|---|---|
| Liquid Propane Gas:        |   |   | ✓ |
| -LP Community (Captive)    |   |   | ✓ |
| -LP on Property (NOT USED) | ✓ |   |   |
| Hot Tub                    |   |   | ✓ |
| Intercom System            |   |   | ✓ |
| Microwave                  |   |   | ✓ |
| Outdoor Grill              |   |   | ✓ |
| Patio/Decking              | ✓ |   |   |
| Plumbing System            | ✓ |   |   |
| Pool                       |   |   | ✓ |
| Pool Equipment             |   |   | ✓ |
| Pool Maint. Accessories    |   |   | ✓ |
| Pool Heater                |   |   | ✓ |

| Item                                                                 | Y | N | U |
|----------------------------------------------------------------------|---|---|---|
| Pump: <input type="checkbox"/> sump <input type="checkbox"/> grinder |   |   | ✓ |
| Rain Gutters                                                         | ✓ |   |   |
| Range/Stove                                                          |   |   | ✓ |
| Roof/Attic Vents                                                     | ✓ |   |   |
| Sauna                                                                |   |   | ✓ |
| Smoke Detector                                                       | ✓ |   |   |
| Smoke Detector – Hearing Impaired                                    |   |   | ✓ |
| Spa                                                                  |   |   | ✓ |
| Trash Compactor                                                      |   |   | ✓ |
| TV Antenna                                                           |   |   | ✓ |
| Washer/Dryer Hookup                                                  | ✓ |   |   |
| Window Screens                                                       | ✓ |   |   |
| Public Sewer System                                                  | ✓ |   |   |

| Item                            | Y | N | U | Additional Information                                                                                                                         |
|---------------------------------|---|---|---|------------------------------------------------------------------------------------------------------------------------------------------------|
| Central A/C                     | ✓ |   |   | <input checked="" type="checkbox"/> electric <input type="checkbox"/> gas number of units: <u>2</u>                                            |
| Evaporative Coolers             |   | ✓ |   | number of units: _____                                                                                                                         |
| Wall/Window AC Units            |   | ✓ |   | number of units: _____                                                                                                                         |
| Attic Fan(s)                    |   | ✓ |   | if yes, describe: _____                                                                                                                        |
| Central Heat                    | ✓ |   |   | <input checked="" type="checkbox"/> electric <input type="checkbox"/> gas number of units: <u>2</u>                                            |
| Other Heat (Fire Place)         | ✓ |   |   | if yes, describe: (Fire Place WITH Fan Blower)                                                                                                 |
| Oven                            | ✓ |   |   | number of ovens: <u>2</u> <input checked="" type="checkbox"/> electric <input type="checkbox"/> gas <input type="checkbox"/> other: _____      |
| Fireplace & Chimney             | ✓ |   |   | <input checked="" type="checkbox"/> wood <input type="checkbox"/> gas logs <input type="checkbox"/> mock <input type="checkbox"/> other: _____ |
| Carport                         |   | ✓ |   | <input type="checkbox"/> attached <input type="checkbox"/> not attached                                                                        |
| Garage                          | ✓ |   |   | <input type="checkbox"/> attached <input checked="" type="checkbox"/> not attached                                                             |
| Garage Door Openers             | ✓ |   |   | number of units: <u>3</u> number of remotes: <u>3</u>                                                                                          |
| Satellite Dish & Controls       |   | ✓ |   | <input type="checkbox"/> owned <input type="checkbox"/> leased from _____                                                                      |
| Security System                 | ✓ |   |   | <input checked="" type="checkbox"/> owned <input checked="" type="checkbox"/> leased from (NOT Active)                                         |
| Water Heater                    | ✓ |   |   | <input checked="" type="checkbox"/> electric <input type="checkbox"/> gas <input type="checkbox"/> other: _____ number of units: <u>2</u>      |
| Water Softener                  |   | ✓ |   | <input type="checkbox"/> owned <input type="checkbox"/> leased from _____                                                                      |
| Underground Lawn Sprinkler      |   | ✓ |   | <input type="checkbox"/> automatic <input type="checkbox"/> manual areas covered: _____                                                        |
| Septic / On-Site Sewer Facility |   | ✓ |   | if yes, attach Information About On-Site Sewer Facility (TAR-1407)                                                                             |

(TAR-1406) 01-01-16

Ray Land Co. of Texas 147 Ranch Drive Boerne, TX 78015  
Derek Syfert

Initialed by: Buyer: \_\_\_\_\_ and Seller: MS, P.P.

Phone: (830)377-5023 Fax: \_\_\_\_\_  
Produced with zipForm® by zipLogix 18070 Fifteen Mile Road, Fraser, Michigan 48026 www.zipLogix.com

Page 1 of 5

1104 Lois St

Concerning the Property at 1104 Lois St  
Kerrville, TX 78028

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 TAR-1906 concerning lead-based paint hazards).

Roof Type: Cement Tile Age: 10 years (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 (Seller) aware of any defects or malfunctions in any of the following?: (Mark Yes (Y) if you are aware and No (N) if you are not aware.)**

| Item               | Y | N                                   |
|--------------------|---|-------------------------------------|
| Basement           |   | <input checked="" type="checkbox"/> |
| Ceilings           |   | <input checked="" type="checkbox"/> |
| Doors              |   | <input checked="" type="checkbox"/> |
| Driveways          |   | <input checked="" type="checkbox"/> |
| Electrical Systems |   | <input checked="" type="checkbox"/> |
| Exterior Walls     |   | <input checked="" type="checkbox"/> |

| Item                 | Y | N                                   |
|----------------------|---|-------------------------------------|
| Floors               |   | <input checked="" type="checkbox"/> |
| Foundation / Slab(s) |   | <input checked="" type="checkbox"/> |
| Interior Walls       |   | <input checked="" type="checkbox"/> |
| Lighting Fixtures    |   | <input checked="" type="checkbox"/> |
| Plumbing Systems     |   | <input checked="" type="checkbox"/> |
| Roof                 |   | <input checked="" type="checkbox"/> |

| Item                        | Y | N                                   |
|-----------------------------|---|-------------------------------------|
| Sidewalks                   |   | <input checked="" type="checkbox"/> |
| Walls / Fences              |   | <input checked="" type="checkbox"/> |
| Windows                     |   | <input checked="" type="checkbox"/> |
| Other Structural Components |   | <input checked="" type="checkbox"/> |
|                             |   |                                     |
|                             |   |                                     |

If the answer to any of the items in Section 2 is yes, explain (attach additional sheets if necessary): \_\_\_\_\_

**Section 3. Are you (Seller) aware of any of the following conditions: (Mark Yes (Y) if you are aware and No (N) if you are not aware.)**

| Condition                                                                                   | Y                                   | N                                   |
|---------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| Aluminum Wiring                                                                             |                                     | <input checked="" type="checkbox"/> |
| Asbestos Components                                                                         |                                     | <input checked="" type="checkbox"/> |
| Diseased Trees: <input checked="" type="checkbox"/> oak wilt <input type="checkbox"/> _____ | <input checked="" type="checkbox"/> |                                     |
| Endangered Species/Habitat on Property                                                      |                                     | <input checked="" type="checkbox"/> |
| Fault Lines                                                                                 |                                     | <input checked="" type="checkbox"/> |
| Hazardous or Toxic Waste                                                                    |                                     | <input checked="" type="checkbox"/> |
| Improper Drainage                                                                           |                                     | <input checked="" type="checkbox"/> |
| Intermittent or Weather Springs                                                             |                                     | <input checked="" type="checkbox"/> |
| Landfill                                                                                    |                                     | <input checked="" type="checkbox"/> |
| Lead-Based Paint or Lead-Based Pt. Hazards                                                  |                                     | <input checked="" type="checkbox"/> |
| Encroachments onto the Property                                                             |                                     | <input checked="" type="checkbox"/> |
| Improvements encroaching on others' property                                                |                                     | <input checked="" type="checkbox"/> |
| Located in 100-year Floodplain                                                              |                                     | <input checked="" type="checkbox"/> |
| Located in Floodway                                                                         |                                     | <input checked="" type="checkbox"/> |
| Present Flood Ins. Coverage<br>(If yes, attach TAR-1414)                                    |                                     | <input checked="" type="checkbox"/> |
| Previous Flooding into the Structures                                                       |                                     | <input checked="" type="checkbox"/> |
| Previous Flooding onto the Property                                                         |                                     | <input checked="" type="checkbox"/> |
| Located in Historic District                                                                |                                     | <input checked="" type="checkbox"/> |
| Historic Property Designation                                                               |                                     | <input checked="" type="checkbox"/> |
| Previous Use of Premises for Manufacture<br>of Methamphetamine                              |                                     | <input checked="" type="checkbox"/> |

| Condition                                                                | Y                                   | N                                   |
|--------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| Previous Foundation Repairs                                              |                                     | <input checked="" type="checkbox"/> |
| Previous Roof Repairs                                                    |                                     | <input checked="" type="checkbox"/> |
| Other Structural Repairs                                                 |                                     | <input checked="" type="checkbox"/> |
| Radon Gas                                                                |                                     | <input checked="" type="checkbox"/> |
| Settling                                                                 |                                     | <input checked="" type="checkbox"/> |
| Soil Movement                                                            |                                     | <input checked="" type="checkbox"/> |
| Subsurface Structure or Pits                                             |                                     | <input checked="" type="checkbox"/> |
| Underground Storage Tanks (Propane Tank)                                 | <input checked="" type="checkbox"/> |                                     |
| Unplatted Easements                                                      |                                     | <input checked="" type="checkbox"/> |
| Unrecorded Easements                                                     |                                     | <input checked="" type="checkbox"/> |
| Urea-formaldehyde Insulation                                             |                                     | <input checked="" type="checkbox"/> |
| Water Penetration                                                        |                                     | <input checked="" type="checkbox"/> |
| Wetlands on Property                                                     |                                     | <input checked="" type="checkbox"/> |
| Wood Rot                                                                 |                                     | <input checked="" type="checkbox"/> |
| Active infestation of termites or other wood<br>destroying insects (WDI) |                                     | <input checked="" type="checkbox"/> |
| Previous treatment for termites or WDI                                   |                                     | <input checked="" type="checkbox"/> |
| Previous termite or WDI damage repaired                                  |                                     | <input checked="" type="checkbox"/> |
| Previous Fires                                                           |                                     | <input checked="" type="checkbox"/> |
| Termite or WDI damage needing repair                                     |                                     | <input checked="" type="checkbox"/> |
| Single Blockable Main Drain in Pool/Hot<br>Tub/Spa*                      |                                     | <input checked="" type="checkbox"/> |

(TAR-1406) 01-01-16

Initialed by: Buyer: \_\_\_\_\_ and Seller: MS, P.S.

Page 2 of 5

Concerning the Property at 1104 Lois St  
Kerrville, TX 78028

If the answer to any of the items in Section 3 is yes, explain (attach additional sheets if necessary) ① There Has been  
ACTIVE OAK WILT on This Property. DEAD Trees Have Been Removed in  
THE PAST.

② There is an OLD PROPANE GAS STORAGE TANK LOCATED in Front of Driveway THAT Has NOT Been in  
\*A single blockable main drain may cause a suction entrapment hazard for an individual. Use for Many Years,  
(★ SINCE 1980 According To Previous owners)

Section 4. Are you (Seller) aware of any item, equipment, or system in or on the Property that is in need of repair, which has not been previously disclosed in this notice? ☐ yes ☒ no If yes, explain (attach additional sheets if necessary): \_\_\_\_\_

Section 5. Are you (Seller) aware of any of the following (Mark Yes (Y) if you are aware. Mark No (N) if you are not aware.)

Y N

- ☐ ☒ Room additions, structural modifications, or other alterations or repairs made without necessary permits or not in compliance with building 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: \_\_\_\_\_  
Fees or assessments are: \$ \_\_\_\_\_ per \_\_\_\_\_ 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.
- ☐ ☒ Any repairs or treatments, other than routine maintenance, made to the Property to remediate 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 remediation (for example, certificate of mold remediation or other remediation).
- ☐ ☒ Any rainwater harvesting system located on the Property that is larger than 500 gallons and that uses a public water supply as an auxiliary water source.
- ☐ ☒ The Property is located in a propane gas system service area owned by a propane distribution system retailer.
- ☐ ☒ Any portion of the Property that is located in a groundwater conservation district or a subsidence district.

(TAR-1406) 01-01-16

Initialed by: Buyer: \_\_\_\_\_ and Seller: MS, P.S.

Page 3 of 5

Concerning the Property at 1104 Lois St  
Kerrville, TX 78028

If the answer to any of the items in Section 5 is yes, explain (attach additional sheets if necessary): \_\_\_\_\_

Section 6. Seller ☒ has ☐ has not attached a survey of the Property.

Section 7. Within the last 4 years, have you (Seller) received any written inspection reports from persons who regularly provide inspections and who are either licensed as inspectors or otherwise permitted by law to perform inspections? ☒ yes ☐ no If yes, attach copies and complete the following:

| Inspection Date | Type | Name of Inspector             | No. of Pages |
|-----------------|------|-------------------------------|--------------|
| 4/30/2015       | WDIR | GOSS PEST CONTROL / Cody Goss | 2            |
|                 |      |                               |              |
|                 |      |                               |              |
|                 |      |                               |              |

*Note: A buyer should not rely on the above-cited reports as a reflection of the current condition of the Property. A buyer should obtain inspections from inspectors chosen by the buyer.*

Section 8. Check any tax exemption(s) which you (Seller) currently claim for the Property:

- |                                              |                                         |                                           |
|----------------------------------------------|-----------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Homestead           | <input type="checkbox"/> Senior Citizen | <input type="checkbox"/> Disabled         |
| <input type="checkbox"/> Wildlife Management | <input type="checkbox"/> Agricultural   | <input type="checkbox"/> Disabled Veteran |
| <input type="checkbox"/> Other: _____        |                                         | <input type="checkbox"/> Unknown          |

Section 9. Have you (Seller) ever filed a claim for damage to the Property with any insurance provider? ☐ yes ☒ no

Section 10. 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 11. 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): Home Has Smoke Detectors, But Not Sure If They  
Meet Requirements of Chapter 766 of the Health and Safety Code.

*\*Chapter 766 of the Health and Safety Code requires one-family or two-family dwellings to have working smoke detectors installed in accordance with the requirements of the building code in effect in the area in which the dwelling is located, including performance, location, and power source requirements. If you do not know the building code requirements in effect in your area, you may check unknown above or contact your local building official for more information.*

*A buyer may require a seller to install smoke detectors for the hearing impaired if: (1) the buyer or a member of the buyer's family who will reside in the dwelling is hearing-impaired; (2) the buyer gives the seller written evidence of the hearing impairment from a licensed physician; and (3) within 10 days after the effective date, the buyer makes a written request for the seller to install smoke detectors for the hearing-impaired and specifies the locations for installation. The parties may agree who will bear the cost of installing the smoke detectors and which brand of smoke detectors to install.*

Concerning the Property at 1104 Lois St  
Kerrville, TX 78028

Seller acknowledges that the statements in this notice are true to the best of Seller's belief and that no person, including the broker(s), has instructed or influenced Seller to provide inaccurate information or to omit any material information.

[Signature] 1/8/2016 Pamela A. Syfert 1-8-16  
Signature of Seller Date Signature of Seller Date  
Printed Name: Guy N. Syfert Printed Name: Pamela A. Syfert

**ADDITIONAL NOTICES TO BUYER:**

- (1) The Texas Department of Public Safety maintains a database that the public may search, at no cost, to determine if registered sex offenders are located in certain zip code areas. To search the database, visit [www.txdps.state.tx.us](http://www.txdps.state.tx.us). For information concerning past criminal activity in certain areas or neighborhoods, contact the local police department.
- (2) If the property is located in a coastal area that is seaward of the Gulf Intracoastal Waterway or within 1,000 feet of the mean high tide bordering the Gulf of Mexico, the property may be subject to the Open Beaches Act or the Dune Protection Act (Chapter 61 or 63, Natural Resources Code, respectively) and a beachfront construction certificate or dune protection permit may be required for repairs or improvements. Contact the local government with ordinance authority over construction adjacent to public beaches for more information.
- (3) If you are basing your offers on square footage, measurements, or boundaries, you should have those items independently measured to verify any reported information.
- (4) The following providers currently provide service to the property:

|                                   |                |
|-----------------------------------|----------------|
| Electric: <u>K- PUB</u>           | phone #: _____ |
| Sewer: <u>CITY OF Kerrville</u>   | phone #: _____ |
| Water: <u>CITY OF Kerrville</u>   | phone #: _____ |
| Cable: <u>Time Warner</u>         | phone #: _____ |
| Trash: <u>CITY OF Kerrville</u>   | phone #: _____ |
| Natural Gas: <u>N/A</u>           | phone #: _____ |
| Phone Company: <u>Time Warner</u> | phone #: _____ |
| Propane: <u>N/A</u>               | phone #: _____ |

- (5) 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 foregoing notice.

Signature of Buyer \_\_\_\_\_ Date \_\_\_\_\_ Signature of Buyer \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Printed Name: \_\_\_\_\_

# GOSS

## PEST CONTROL

*Service. Integrity. Results.*

## Invoice

Date 4/30/2015  
Invoice # 4202  
Due Date 4/30/2015

Bill To

1104 Lois St  
Kerrville TX 78028

Service To

| Material Amount | EPA Reg #                     | Target Pest |
|-----------------|-------------------------------|-------------|
|                 |                               |             |
| Service         | Description                   | Balance     |
| W.D.I. Report   | Wood Destroying Insect report | 195.00T     |

*Paid ck #  
9201  
5-4-15*

Thank you for your business.

codygoss@buggoss.com

www.buggoss.com

830-895-4007

208 Whitewing Drive  
Kerrville, TX 78028

Cody Goss TDA TPEL No  
0894037  
Goss Pest Control License No  
0599375  
Licensed by & Regulated by  
The Texas Department of Agriculture  
Structural Pest Control Service  
P.O. Box 12847 Austin, TX 78711-2847  
512-395-6252

|                   |          |
|-------------------|----------|
| Subtotal          | \$195.00 |
| Sales Tax (8.25%) | \$16.09  |
| Total             | \$211.09 |
| Payments/Credits  | \$0.00   |
| Balance Due       | \$211.09 |

Please reference invoice number on payment.



## Page 1 of 2

## Kerrville

78028

Inspected Address

City

Zip Code

## SCOPE OF INSPECTION

- SCOPE OF INSPECTION**
- A. This inspection covers only the multi-family structure, primary dwelling or place of business. Sheds, detached garages, lean-tos, fences, guest houses or any other structure will not be included in this inspection report unless specifically noted in Section 5 of this report.
- B. This inspection is limited to those parts of the structure(s) that are visible and accessible at the time of the inspection. Examples of inaccessible areas include but are not limited to (1) areas concealed by wall coverings, furniture, equipment and stored articles and (2) any portion of the structure in which inspection would necessitate removing or defacing any part of the structure(s) (including the surface appearance of the structure). **Inspection does not cover any condition or damage which was not visible in or on the structure(s) at time of inspection but which may be revealed in the course of repair or replacement work.**
- C. Due to the characteristics and behavior of various wood destroying insects, it may not always be possible to determine the presence of infestation without defacing or removing parts of the structure being inspected. Previous damage to trim, wall surface, etc., is frequently repaired prior to the inspection with putty, spackling, tape or other decorative devices. Damage that has been concealed or repaired may not be visible except by defacing the surface appearance. **The WDI inspecting company cannot guarantee or determine that work performed by a previous pest control company, as indicated by visual evidence of previous treatment; has rendered the pest(s) inactive.**
- D. If visible evidence of active or previous infestation of listed wood destroying insects is reported, it should be assumed that some degree of damage is present.
- E. If visible evidence is reported, it does not imply that damage should be repaired or replaced. Inspectors of the inspection company usually are not engineers or builders qualified to give an opinion regarding the degree of structural damage. Evaluation of damage and any corrective action should be performed by a qualified expert.
- F. **THIS IS NOT A STRUCTURAL DAMAGE REPORT OR A WARRANTY AS TO THE ABSENCE OF WOOD DESTROYING INSECTS.**
- G. If termite treatment (including pesticides, baits or other methods) has been recommended, the treating company must provide a diagram of the structure(s) inspected and proposed for treatment, label of pesticides to be used and complete details of warranty (if any). At a minimum, the warranty must specify which areas of the structure(s) are covered by warranty, renewal options and approval by a certified applicator in the termite category. Information regarding treatment and any warranties should be provided by the party contracting for such services to any prospective buyers of the property. The inspecting company has no duty to provide any such information to any person other than the contracting party.
- H. There are a variety of termite control options offered by pest control companies. These options will vary in cost, efficacy, areas treated, warranties, treatment techniques and renewal options.
- I. There are some specific guidelines as to when it is appropriate for corrective treatment to be recommended. Corrective treatment may only be recommended if (1) there is visible evidence of an active infestation in or on the structure, (2) there is visible evidence of a previous infestation with no evidence of a prior treatment.
- J. If treatment is recommended based solely on the presence of conducive conditions, a preventive treatment or correction of conducive conditions may be recommended. The buyer and seller should be aware that there may be a variety of different strategies to correct the conducive condition(s). These corrective measures can vary greatly in cost and effectiveness and may or may not require the services of a licensed pest control operator. There may be instances where the inspector will recommend correction of the conducive conditions by either mechanical alteration or cultural changes. Mechanical alteration may be in some instances the most economical method to correct conducive conditions. If this inspection report recommends any type of treatment and you have any questions about this, you may contact the inspector involved, another licensed pest control operator for a second opinion, and/or the Structural Pest Control Service of the Texas Department of Agriculture.

|                                                                                                                                                                                                                                     |                                         |                                     |                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------|--------------------------------|
| 1A. <u>Goss Pest Control</u>                                                                                                                                                                                                        | 1B. <u>0604037</u>                      |                                     |                                |
| Name of Inspection Company                                                                                                                                                                                                          | SPCS Business License Number            |                                     |                                |
| 1C. <u>208 Whitewing</u>                                                                                                                                                                                                            | <u>Kerrville</u>                        | <u>TX</u>                           | <u>78028</u>                   |
| Address of Inspection Company                                                                                                                                                                                                       | City                                    | State                               | Zip                            |
|                                                                                                                                                                                                                                     |                                         |                                     | <u>830-370-0473</u>            |
| 1D. <u>Cody Goss</u>                                                                                                                                                                                                                | 1.E                                     |                                     |                                |
| Name of Inspector (Please Print)                                                                                                                                                                                                    | Certified Applicator Technician         | <input checked="" type="checkbox"/> | (check one)                    |
|                                                                                                                                                                                                                                     |                                         | <input type="checkbox"/>            |                                |
| 2. <u>Case Number (VA/FHA/Other)</u>                                                                                                                                                                                                | 3. <u>4-30-15</u>                       |                                     |                                |
|                                                                                                                                                                                                                                     | Inspection Date                         |                                     |                                |
| 4A. <u>Name of Person Purchasing Inspection</u>                                                                                                                                                                                     | Seller <input type="checkbox"/>         | Agent <input type="checkbox"/>      | Buyer <input type="checkbox"/> |
|                                                                                                                                                                                                                                     | Management Co. <input type="checkbox"/> | Other <input type="checkbox"/>      |                                |
| 4B. <u>Owner/Seller</u>                                                                                                                                                                                                             |                                         |                                     |                                |
| 4C. REPORT FORWARDED TO: Title Company or Mortgagee <input type="checkbox"/> Purchaser of Service <input type="checkbox"/> Seller <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Buyer <input type="checkbox"/> |                                         |                                     |                                |
| (Under the Structural Pest Control regulations only the purchaser of the service is required to receive a copy)                                                                                                                     |                                         |                                     |                                |

The structure(s) listed below were inspected in accordance with the official inspection procedures adopted by the Texas Department of Agriculture Structural Pest Control Service. This report is made subject to the conditions listed under the Scope of Inspection. A diagram must be attached including all structures inspected.

5. Residence  
List structure(s) inspected that may include residence, detached garages and other structures on the property. (Refer to Part A, Scope of Inspection)

|                                                                                                                                      |                          |                         |                                     |                                |                                     |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------|-------------------------------------|--------------------------------|-------------------------------------|
| 6A. Were any areas of the property obstructed or inaccessible?<br>(Refer to Part B & C, Scope of Inspection) If "Yes" specify in 6B. |                          | Yes                     | <input checked="" type="checkbox"/> | No                             | <input type="checkbox"/>            |
| 6B. The obstructed or inaccessible areas include but are not limited to the following:                                               |                          |                         |                                     |                                |                                     |
| Attic                                                                                                                                | <input type="checkbox"/> | Insulated area of attic | <input checked="" type="checkbox"/> | Plumbing Areas                 | <input checked="" type="checkbox"/> |
| Deck                                                                                                                                 | <input type="checkbox"/> | Sub Floors              | <input type="checkbox"/>            | Slab Joints                    | <input type="checkbox"/>            |
| Soil Grade Too High                                                                                                                  | <input type="checkbox"/> | Heavy Foliage           | <input type="checkbox"/>            | Eaves                          | <input type="checkbox"/>            |
| Other                                                                                                                                | <input type="checkbox"/> | Specify:                |                                     |                                |                                     |
|                                                                                                                                      |                          |                         |                                     | Planter box abutting structure | <input type="checkbox"/>            |
|                                                                                                                                      |                          |                         |                                     | Crawl Space                    | <input type="checkbox"/>            |
|                                                                                                                                      |                          |                         |                                     | Weepholes                      | <input type="checkbox"/>            |

|                                                                                                                                   |                          |                                           |                          |                                                |                                     |
|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------------|--------------------------|------------------------------------------------|-------------------------------------|
| 7A. Conditions conducive to wood destroying insect infestation:<br>(Refer to Part J, Scope of Inspection) If "Yes" specify in 7B. |                          | Yes                                       | <input type="checkbox"/> | No                                             | <input checked="" type="checkbox"/> |
| 7B. Conducive Conditions include but are not limited to:                                                                          |                          |                                           |                          |                                                |                                     |
| Debris under or around structure (K)                                                                                              | <input type="checkbox"/> | Wood to Ground Contact (G)                | <input type="checkbox"/> | Formboards left in place (I)                   | <input type="checkbox"/>            |
| Planter box abutting structure (O)                                                                                                | <input type="checkbox"/> | Footing too low or soil line too high (L) | <input type="checkbox"/> | Wood Rot (M)                                   | <input type="checkbox"/>            |
| Insufficient ventilation (T)                                                                                                      | <input type="checkbox"/> | Wood Pile in Contact with Structure (Q)   | <input type="checkbox"/> | Heavy Foliage (N)                              | <input type="checkbox"/>            |
|                                                                                                                                   |                          | Other (C) <input type="checkbox"/>        | Specify: _____           | Wooden Fence in Contact with the Structure (R) | <input type="checkbox"/>            |

|                                                                                                                                              |  |                                                          |                                                          |                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| 8. Inspection Reveals Visible Evidence in or on the structure:                                                                               |  | Active Infestation                                       | Previous Infestation                                     | Previous Treatment                                       |
| 8A. Subterranean Termites                                                                                                                    |  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 8B. Drywood Termites                                                                                                                         |  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 8C. Formosan Termites                                                                                                                        |  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 8D. Carpenter Ants                                                                                                                           |  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 8E. Other Wood Destroying Insects                                                                                                            |  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Specify: _____                                                                                                                               |  |                                                          |                                                          |                                                          |
| 8F. Explanation of signs of previous treatment (including pesticides, baits, existing treatment stickers or other methods) identified: _____ |  |                                                          |                                                          |                                                          |
| 8G. Visible evidence of: <u>wood boring powder post beetles</u> has been observed in the following areas: <u>wood floor</u>                  |  |                                                          |                                                          |                                                          |

If there is visible evidence of active or previous infestation, it must be noted. The type of insect(s) must be listed in the first blank and all identified infested areas of the property inspected must be noted in the second blank. (Refer to Part D, E & F, Scope of Inspection)

Licensed and Regulated by the Texas Department of Agriculture, Structural Pest Control Service,  
PO Box 12847, Austin, Texas 78711-2847  
(512) 305-8250

SPCS/T-4

(Rev. 09/01/07)

**Buyer's Initials**

# TEXAS OFFICIAL WOOD DESTROYING INSECT REPORT

Page 2 of 2

The conditions conducive to insect infestation reported in 7A & 7B:  
 9. Will be or has been mechanically corrected by inspecting company:  
 If "Yes," specify corrections: \_\_\_\_\_

Yes ☐ No ☒

9A. Corrective treatment recommended for active infestation or evidence of previous infestation with no prior treatment as identified in Section 8. (Refer to Part G, H, and I, Scope of Inspection)

Yes ☐ No ☒  
 Yes ☐ No ☐

9B. A preventive treatment and/or correction of conducive conditions as identified in 7A & 7B is recommended as follows:  
 Specify reason: \_\_\_\_\_  
 Refer to Scope of Inspection Part J

10A. This company has treated or is treating the structure for the following wood destroying insects:

If treating for subterranean termites, the treatment was: Partial ☐ Spot ☐  
 If treating for drywood termites or related insects, the treatment was: Full ☐ Limited ☐ Bait ☐ Other ☐

10B. \_\_\_\_\_  
 Date of Treatment by Inspecting Company \_\_\_\_\_  
 Common Name of Insect \_\_\_\_\_

This company has a contract or warranty in effect for control of the following wood destroying insects:

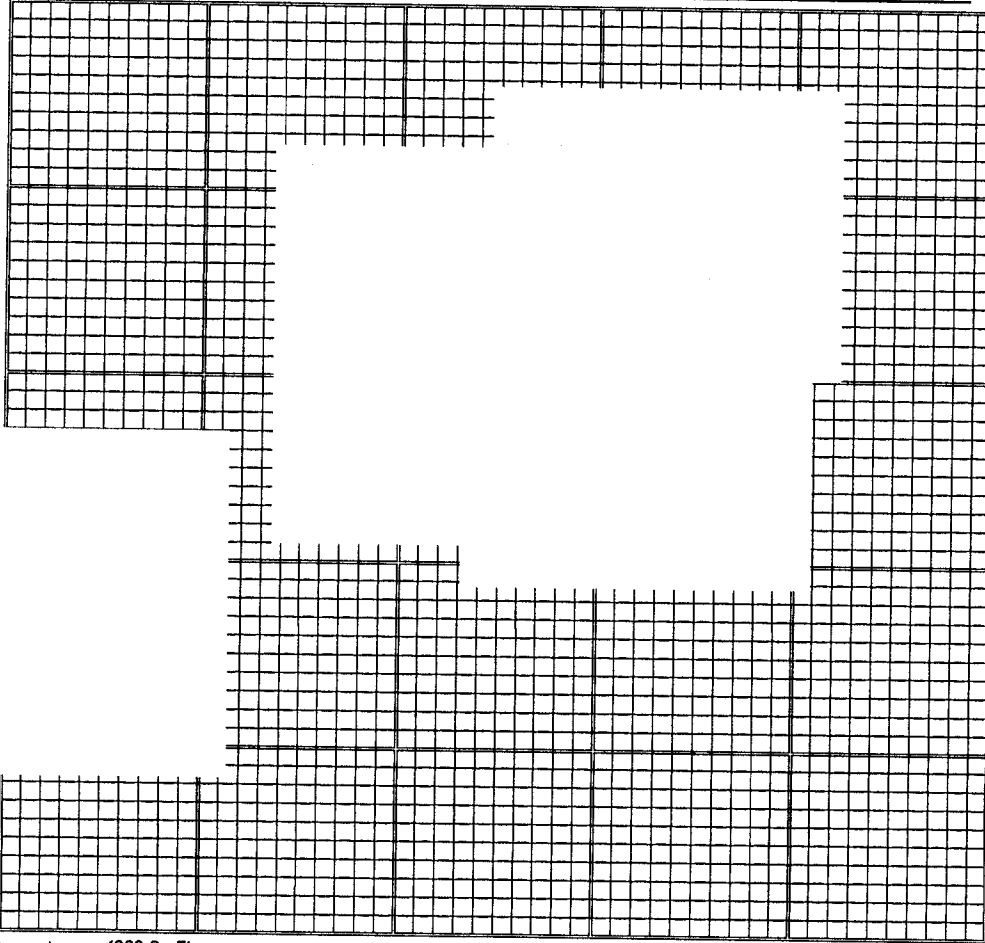
Name of Pesticide, Bait or Other Method \_\_\_\_\_

Yes ☐ No ☐ List Insects: \_\_\_\_\_

If "Yes", copy(ies) of warranty and treatment diagram must be attached.

## Diagram of Structure(s) Inspected

The inspector must draw a diagram including approximate perimeter measurements and indicate active or previous infestation and type of insect by using the following codes: E- Evidence of Infestation, A-Active, P-Previous, D-Drywood Termites, S-Subterranean Termites, F-Formosan Termites, C-Conducive Conditions; B-Wood Boring Beetles, H-Carpenter Ants, Other(s) - Specify \_\_\_\_\_



Additional Comments 4000 Sq Ft

Neither I nor the company for which I am acting have had, presently have, or contemplate having any interest in the property. I do further state that neither I nor the company for which I am acting is associated in any way with any party to this transaction.

Signatures:

11A. \_\_\_\_\_  
 Inspector

Notice of Inspection Was Posted At or Near

12A. Electric Breaker Box ☐  
 Water Heater Closet ☐  
 Bath Trap Access ☐  
 Beneath the Kitchen Sink ☒  
 Date Posted 4-30-15

Approved:

11B. Cody Goss 0604037  
 Certified Applicator and Certified Applicator License Number

12B. \_\_\_\_\_  
 Date

## Statement of Purchaser

I have received the original or a legible copy of this form. I have read and understand any recommendations made. I have also read and understand the "Scope of Inspection." I understand that my inspector may provide additional information as an addendum to this report.  
 If additional information is attached, list number of pages: \_\_\_\_\_

Signature of Purchaser of Property or their Designee \_\_\_\_\_

Date \_\_\_\_\_