



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

CONCERNING THE PROPERTY AT

18220 State Highway 19

Canton

(STREET ADDRESS AND CITY)

Van Zandt

(COUNTY)

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

THIS STATEMENT IS A DISCLOSURE OF SELLER'S KNOWLEDGE OF THE CONDITION OF THE PROPERTY AS OF THE DATE OF THE SELLER'S SIGNATURE INDICATED BELOW. THIS STATEMENT IS NOT A WARRANTY OF ANY KIND BY THE SELLER OR LISTING BROKER AND IS NOT A SUBSTITUTE FOR ANY INSPECTIONS OR WARRANTIES THE BUYER(S) MAY WISH TO OBTAIN. A BUYER IS URGED TO OBTAIN AN INSPECTION OF THE PROPERTY BY A QUALIFIED, LICENSED INSPECTOR. THE FOLLOWING STATEMENTS ARE REPRESENTATIONS MADE BY THE SELLER(S) BASED UPON SELLER'S KNOWLEDGE AND ARE NOT REPRESENTATIONS OF THE LISTING BROKER OR ANY OTHER BROKER PARTICIPATING IN A SALE TRANSACTION. THE METROTEX ASSOCIATION OF REALTORS®, INC., THE GREATER METRO MULTIPLE LISTING SERVICE OR ANY MULTIPLE LISTING SERVICE, AND THE LISTING BROKER HAVE RELIED UPON THE FOLLOWING INFORMATION IN DISSEMINATING INFORMATION ABOUT THE CONDITION OF THE PROPERTY.

## GENERAL INFORMATION

1. The Property is currently:

- ☒ Owner occupied    ☐ Estate  
☐ Leased    ☐ Foreclosure  
☐ Vacant since \_\_\_\_\_

- If owner occupied, for 4 years.  
- If not owner occupied, for \_\_\_\_\_ years.  
- If leased: Origination Date \_\_\_\_\_  
Expiration Date \_\_\_\_\_

2. Seller is the current owner of the Property and can sell the Property without being joined by any other person:

☒ Yes    ☐ No

- If "No", explain: \_\_\_\_\_

3. Is Seller a United States citizen?

☒ Yes    ☐ No

- If "No", is the seller a "foreign person" as defined in the Internal Revenue Code?

☐ Yes    ☐ No

4. Check any of the following tax exemptions which Seller claims for the Property:

- ☒ Homestead    ☐ Senior Citizen  
☐ Disabled    ☐ Disabled Veteran  
☒ Agricultural    ☐ Other \_\_\_\_\_

5. Is there currently in force for the Property a written Builder's Warranty?

☐ Yes    ☒ No    ☐ Unknown

- If "Yes", identify the warranty by stating:  
Name of Company issuing warranty: \_\_\_\_\_

Warranty Number: \_\_\_\_\_

6. Except for manufacturer warranties, if any, on appliances, does there exist any other warranties for the Property?

☐ Yes    ☒ No    ☐ Unknown

- If "Yes", identify the warranties: \_\_\_\_\_

7. Are there any pending or threatened condemnation proceedings which affect the Property?

☐ Yes    ☒ No    ☐ Unknown

- If "Yes", explain: \_\_\_\_\_

8. Has the Property (or the homeowners' association of which the Property is a part) been the subject of any pending or concluded litigation?

☐ Yes    ☒ No    ☐ Unknown

- If "Yes", explain: \_\_\_\_\_

9. Has the Seller asserted any claim under any insurance policy or against any person for any physical condition of the Property:

☐ Yes    ☒ No    ☐ Unknown

- If "Yes", explain: \_\_\_\_\_

10. A. Seller has not received any notices, either oral or written, regarding the need for repair or replacement of any portion of the Property from any governmental agency, appraiser, inspector, mortgage lender, repair service, or other except:

PROPERTY ADDRESS: Canton, TX 75103

MetroTex Association of REALTORS® 7167 (Oct 2011)

RE/MAX Landmark Rose 430 S Trade Days Canton, TX 75103

Bob Reese

Seller Initials: DR

Seller Initials: TA

Buyer Initials: \_\_\_\_\_

Buyer Initials: \_\_\_\_\_

Phone: 903.245.2056

Fax: 903.642.0065

Hwy 19 18220 Accord

Produced with zipForm® by zipLogix 18070 Fifteen Mile Road, Fraser, Michigan 48036 [www.zipLogix.com](http://www.zipLogix.com)

SELLER'S DISCLOSURE NOTICE - PAGE 1 OF 8

10. B. List and attach any written inspection reports that Seller has received within the last five years that were completed by persons who regularly provide inspections and who are either licensed as inspectors or otherwise permitted by law to perform inspections.

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

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

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

### INFORMATION ABOUT EQUIPMENT AND SYSTEMS

11. For items listed below in Section 11, check appropriate box if items are included in the sale of the Property and are presently in "Working Condition" and there are no known defects. Please check if item has been replaced (note date of replacement) or explain if the item is repaired or in need of repair. Check "N/A" for items that do not apply to the Property or are not included in the sale. NOTE: THIS NOTICE DOES NOT ESTABLISH WHICH ITEMS ARE TO BE CONVEYED IN A SALE OF THE PROPERTY. THE TERMS OF A CONTRACT OF SALE WILL DETERMINE WHICH ITEMS ARE TO BE CONVEYED.

EQUIPMENT & SYSTEM	N/A	WORKING CONDITION	HAS BEEN REPLACED	DATE REPLACED Month/Year	IN NEED OF REPAIR	DATE / DESCRIPTION OF COMPLETED OR NEEDED REPAIRS
Attic Fan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Automatic Lawn Sprinkler System (Front _____, Back _____, Left Side _____, Right Side _____, Fully _____)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Broadband-CAT5 Wiring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Cable TV Wiring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Ceiling Fan(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	4/2010 SS
Cooktop (Gas _____ / Electric <input checked="" type="checkbox"/> )	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Cooling (Central Gas _____ / Electric <input checked="" type="checkbox"/> ) # Units _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	checked yearly
Dehumidifier (Window _____ / Wall _____ / Evaporative Coolers _____)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Dishwasher	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	2010 / SS
Disposal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	2010 / SS
Electrical System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	made box
Emergency Escape Ladder(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Exhaust Fan(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	2010 exhaust for cook stove
Fire Detection Equipment (Electric _____ / Battery Operated <input checked="" type="checkbox"/> )	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10-12-13	<input type="checkbox"/>	
Garage Door Opener(s) & Controls (Automatic _____ / Manual _____) # Controls _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Gas Fixtures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	ventless gas log fireplace
Gas Lines (Natural _____ / Liquid Propane <input checked="" type="checkbox"/> )	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Totally Replace back & lines 2013
Heating (Central Gas <input checked="" type="checkbox"/> / Electric _____) # Units _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Replaced from furnace out
Heating (Window _____ / Wall _____)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Hot Tub	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Ice Maker	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Intercom System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Lighting Fixtures	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Media Wiring & Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Microwave	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	New 2012 SS / 19th April
Outdoor Cooking Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Oven (Gas _____ / Electric <input checked="" type="checkbox"/> )	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Oven - Convection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Plumbing System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Public Sewer & Water System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Range (Gas _____ / Electric <input checked="" type="checkbox"/> )	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	2010 SS

18220 State Highway 19

PROPERTY ADDRESS: Canton, TX 75103

SELLER'S DISCLOSURE NOTICE - PAGE 2 OF 8

MetroTex Association of REALTORS® 7167 (Oct 2011) Seller Initials: DA Seller Initials: EA Buyer Initials: \_\_\_\_\_ Buyer Initials: \_\_\_\_\_

EQUIPMENT & SYSTEM	N/A	WORKING CONDITION	HAS BEEN REPLACED	DATE REPLACED Month/Year	IN NEED OF REPAIR	DATE / DESCRIPTION OF COMPLETED OR NEEDED REPAIRS
Refrigerator (Built In)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	2010 SS
Satellite Dish and Receiver	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Security System(s) (In Use _____ / Abandoned _____)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Septic or other On-Site Sewer System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	2 TASKS
Shower Enclosure & Pan	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Smoke Detector-Hearing Impaired	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Replaced 2012 Dec.
Spa	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Stove (Free Standing) For Heating (Free)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	2010 SS
Swimming Pool & Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Swimming Pool Built-In Cleaning Equip	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Swimming Pool Heater	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Trash Compactor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
TV Antenna	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Water Heater (Gas _____ / Electric <input checked="" type="checkbox"/> )	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	2010
Water Softener	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Wells	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	New Pump And Tank.
<b>INFORMATION ABOUT STRUCTURE/OTHER</b>						
STRUCTURE / OTHER	N/A	WORKING CONDITION	HAS BEEN REPLACED	DATE REPLACED	IN NEED OF	DATE / DESCRIPTION OF COMPLETED OR NEEDED REPAIRS
Basement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Carport (Attached <input checked="" type="checkbox"/> / Not Attached _____)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Ceilings	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Doors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Drains (French _____ / Other _____)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Driveway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Electrical Wiring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	MAIN BOX Needs Replaced
Exterior Scones	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Fireplace(s)/Chimney (brick)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Fireplace(s)/Chimney (wood burning)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Fireplace(s)/with gas logs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Foundation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Garage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Lighting (Outdoor)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Patio/Decking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Retaining Wall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Rain Gutters and Down Spouts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Replaced 3 yrs (2010)
Sidewalks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Skylight(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Sump or Grinder Pump	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Walls (Exterior/Interior)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Washer/Dryer Hookups (Gas _____ / Electric <input checked="" type="checkbox"/> )	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Windows	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Window Screens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	Replaced
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

18220 State Highway 19

PROPERTY ADDRESS: Canton, TX 75103

SELLER'S DISCLOSURE NOTICE - PAGE 3 OF 8

MetroTex Association of REALTORS® 7167 (Oct 2011)

Seller Initials: DA

Seller Initials: EL

Buyer Initials: \_\_\_\_\_

Buyer Initials: \_\_\_\_\_

12. If stucco, what is the type of stucco? \_\_\_\_\_

13. The shingles or roof covering is constructed of:  
☐ Wood ☒ Composition ☐ Tile ☐ Other \_\_\_\_\_

Is there an overlay covering?

☒ Yes ☐ No ☐ Unknown

14. The age of the shingles or roof covering:

4 Years \_\_\_\_\_ Unknown

15. The electrical wiring of the Property is:

☐ Copper ☐ Aluminum ☒ Unknown

☐ Other (specify) \_\_\_\_\_

16. Is there an alarm system? ☐ Yes ☒ No

- If "Yes", system is:

☐ Owned by Seller ☐ Leased by Seller

- If leased, is lease transferable? ☐ Yes ☐ No

Monitor Charge: ☐ Mth ☐ Qtr ☐ Yr. \$ \_\_\_\_\_

Lease Charge: ☐ Mth ☐ Qtr ☐ Yr. \$ \_\_\_\_\_

17. Please identify other systems, if any, of the Property which are leased and not owned by Seller: \_\_\_\_\_

18. Year the Property was constructed: 1972  
☐ Per Owner ☐ Tax Rolls Per Real Estate Info.  
(If before 1978-complete, sign and attach TAR-1906 concerning lead-based paint hazards.)

### MISCELLANEOUS INFORMATION ABOUT PROPERTY

19. Is the Seller aware of any of the following conditions? (Visible or Not)

YES NO UNKNOWN

IF "YES", EXPLAIN

ASBESTOS Components	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Any personal or business <b>BANKRUPTCY</b> pending which would affect the sale of the Property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>CARPET</b> Stains/Damage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Located on or near <b>CORP OF ENGINEERS</b> Property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Any <b>DEATH</b> on the Property (except for those deaths caused by natural causes, suicide, or accident unrelated to the condition of the Property)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Unplatted <b>EASEMENTS</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>FAULT</b> Lines	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Previous <b>FIRES</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Any <b>FORECLOSURES</b> pending or threatened with respect to the Property	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Urea formaldehyde <b>INSULATION</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>LANDFILL</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Any <b>NOTICES</b> of violation of deed restrictions or governmental ordinances affecting the condition or use of the Property	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Lead-based <b>PAINT</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Room additions, structural modification, or other alterations or repairs made without necessary <b>PERMITS</b> or not in compliance with building codes in effect at that time	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Above-ground impediment to swimming <b>POOL</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Underground impediment to swimming <b>POOL</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Any <b>PROPERTY CONDITION</b> which materially affects the physical health or safety of an individual	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>RADON</b> gas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
House <b>SETTLING</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>SOIL</b> Movement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Subsurface <b>STRUCTURES</b> , Tanks, or Pits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Septics 2</u>
Hazardous or <b>TOXIC WASTE</b> affecting the Property	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Holes in <b>WALLS</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

18220 State Highway 19

PROPERTY ADDRESS: Canton, TX 75103

SELLER'S DISCLOSURE NOTICE - PAGE 4 OF 8

MetroTex Association of REALTORS® 7167 (Oct 2011) Seller Initials: DA Seller Initials: YA Buyer Initials: \_\_\_\_\_ Buyer Initials: \_\_\_\_\_

	YES	NO	UNKNOWN	IF "YES", EXPLAIN
WOOD ROT Damage Needing Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Property covered by flood insurance? (If "Yes", attach "Information About Special Flood Hazard Areas," TAR No. 1414.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Located in 100 year FLOOD PLAIN	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Located in a Floodway?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Located in a city flood plain?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Tax or judgment liens?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
In an ETJ district? (Extra Territorial Jurisdiction)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Diseased TREES?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Liquid Propane Gas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not's GAS
-- LP Community (Captive)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
-- LP on Property	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Single Blockable Main Drain in Pool/Hot Tub/Spa* *A Single Blockable Main Drain may cause a suction entrapment hazard for an individual.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

20. If the Property is part of a regime creating a homeowner's association, state the following information:

- Association Name: N/A
- Association Management Company: \_\_\_\_\_
- Association Email: \_\_\_\_\_
- Association Phone Number: \_\_\_\_\_
- Amount of dues or assessments: \$ \_\_\_\_\_
- Assessment amount is:
  - Monthly \$ \_\_\_\_\_ Quarterly \$ \_\_\_\_\_ Annually \$ \_\_\_\_\_
- Payment of dues/assessments is:
  - ☐ Mandatory ☐ Voluntary
- Amount of Unpaid Dues or Assessments, if any: \$ \_\_\_\_\_
- Optional Membership: \$ \_\_\_\_\_

21. Is the Property in an overlay, proposed overlay, historic or conservation district that may have special restrictions?

- ☐ Yes ☐ No ☐ Unknown N/A
- If "Yes", explain: \_\_\_\_\_

22. The Property is currently serviced by the following utilities or systems (check as applicable):

- ☐ Water ☐ Sewer ☒ Septic
- ☒ Electricity ☒ Gas ☐ Cable TV
- High Speed Internet Availability: ☐ Cable ☐ DSL ☐ Other
- ☒ Unknown

23. The water service to the Property is provided by (check as applicable): ☐ City ☒ Well ☐ MUD ☐ Coop

24. Has the Seller ever collected any insurance payments pursuant to a claim you have made for damage to the Property and then not used the proceeds to make the repairs for which the claim was submitted: ☐ Yes ☒ No

- If "Yes", explain: \_\_\_\_\_

25. Are there any outstanding mechanics and materialmen's liens or lis pendens against the Property?

- ☐ Yes ☒ No ☐ Unknown

26. Is there any rainwater harvesting system connected to the property's public water supply that is able to be used for indoor potable purposes?

- ☐ Yes ☒ No ☐ Unknown

#### INFORMATION ABOUT FOUNDATION

27. Has the Seller ever obtained a written report about the condition of the foundation from any engineer, contractor, inspector, or expert?

- ☐ Yes ☒ No ☐ Unknown

- If "Yes", identify the report by stating the date of the report, the person or company who made the report, and its content: \_\_\_\_\_

28. Have repairs been made to the foundation of the Property since its original construction?

- ☐ Yes ☒ No ☐ Unknown

- If "Yes", explain what repairs you know or believe to have been made: \_\_\_\_\_

#### INFORMATION ABOUT DRAINAGE

29. Has the Seller ever obtained a written report about any improper drainage condition from any engineer, contractor, inspector, or expert? ☐ Yes ☒ No ☐ Unknown

- If "Yes", identify the report by stating the date of the report, the person or company who made the report, and its content: \_\_\_\_\_

30. Have repairs been made to the drainage of the Property since its original construction?

- ☐ Yes ☒ No ☐ Unknown

- If "Yes", explain what repairs you know or believe to have been made: \_\_\_\_\_

31. Does the Seller know of any currently defective condition to the drainage of the Property?

- ☐ Yes ☒ No ☐ Unknown

- If "Yes", explain: \_\_\_\_\_

18220 State Highway 19  
PROPERTY ADDRESS: Canton, TX 75103

MetroTex Association of REALTORS® 7167 (Oct 2011) Seller Initials: SA Seller Initials: SA Buyer Initials: \_\_\_\_\_ Buyer Initials: \_\_\_\_\_

32. Have there been any previous incidents of flooding or other water penetration into the house, garage, or accessory buildings of the Property?

☐ Yes ☒ No ☐ Unknown

- If "Yes", when did the incident(s) occur and describe the extent of flooding or water penetration:

### INFORMATION ABOUT TERMITES/WOOD DESTROYING INSECTS

33. Has the Seller ever obtained a written report about active termites or other wood destroying insects?

☐ Yes ☒ No

- If "Yes", identify the report by stating the date of the report, the person or company who made the report, and its content:

34. Has the Property been treated for termites or other wood destroying insects?

☐ Yes ☒ No ☐ Unknown

- If "Yes", please state the date of treatment:

35. Have there been any repairs made to damage caused by termites or other wood destroying insects?

☐ Yes ☒ No ☐ Unknown

- If "Yes", explain what repairs you know or believe to have been made:

36. Do active termites or other wood destroying insects currently infest the Property?

☐ Yes ☒ No ☐ Unknown

- If "Yes", explain:

37. Is there any existing termite damage in need of repair?

☐ Yes ☒ No ☐ Unknown

- If "Yes", explain:

38. Is the Property currently covered by a termite policy?

☐ Yes ☒ No

- If "Yes", identify the policy by stating:

Name of Company issuing policy:

Policy Number:

Date of policy renewal:

Phone Number:

### INFORMATION ABOUT ENVIRONMENTAL CONDITIONS

39. Is the Seller aware of any repairs or treatment, other than routine maintenance, for the following environmental conditions?

The presence or removal of asbestos ☐ Yes ☒ No

The presence of radon gas ☐ Yes ☒ No

The presence or treatment of mold ☐ Yes ☒ No

The presence of lead based paint ☐ Yes ☒ No

Other: ☐ Yes ☐ No

- If "Yes", explain:

40. If the answer to any part of Question #39 is "Yes," has the Seller ever obtained a written report for addressing such environmental hazards? ☐ Yes ☐ No

- If "Yes", explain:

(Identify any reports by stating the date of the report, the person or company who made the report, and its content.)

41. Is Seller aware of previous use of premises for manufacture of Methamphetamine? ☐ Yes ☒ No

42. Is the Seller aware of any condition not previously addressed in this Disclosure Statement which, in Seller's opinion, is a defective condition or adversely affects the Property?

☐ Yes ☒ No

- If "Yes", explain:

### ACKNOWLEDGMENT BY SELLER

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

DA SA  
Seller(s) Initials Seller(s) Initials

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

EA DA  
Seller(s) Initials Seller(s) Initials

45. The listing agent has not instructed Seller how to answer any question in this disclosure or suggested any answer to Seller or in any way sought to influence Seller to provide any information or answers which are not absolutely true so far as the Seller knows.

DA SA  
Seller(s) Initials Seller(s) Initials

18220 State Highway 19

PROPERTY ADDRESS: Canton, TX 75103

MetroTex Association of REALTORS® 7167 (Oct 2011) Seller Initials: DA Seller Initials: SA Buyer Initials: Buyer Initials:

## DISCLOSURES

### Municipal Utility District Disclosures

Check All That Apply:

[Attach additional MUD Disclosure Notice provided by Chapter 49, Texas Water Code]

- ☐ The Property is located in a Municipal Utility District (MUD) which is either:
- ☐ Located in whole or in part within the corporate boundaries of a municipality (MUD Disclosure Form #1)
  - ☐ Not located in whole or in part within the corporate boundaries of a municipality (MUD Disclosure Form #2)
- ☐ Located in whole or in part within the extraterritorial jurisdiction of the corporate boundaries of a municipality. (MUD Disclosure Form #3)

### On-Site Sewer Facility

- ☒ If the Property has a septic or other on-site sewer facility:
- ☐ Attached is Information About On-Site Sewer Facility (TAR #1407)
- ☐ Property is located in a Public Improvement District (PID)

## SMOKE DETECTION EQUIPMENT

Does the property have working smoke detectors installed in accordance with the smoke detector requirements of Chapter 766 of the Health and Safety Code? ☒ Unknown ☐ No ☐ Yes. If no, or unknown, explain. (Attach additional sheets if necessary):

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

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

## INDEMNIFICATION

SELLER(S) HEREBY AGREE(S) TO INDEMNIFY LISTING BROKER AND ALL OTHER BROKERS PARTICIPATING IN ANY SALE OF THE PROPERTY OF AND FROM ANY CLAIM, LOSS, OR DAMAGE ARISING FROM ANY FALSE REPRESENTATION CONTAINED IN THIS DISCLOSURE STATEMENT.

  
SELLER (SIGN AS NAME APPEARS ON TITLE) DATE  
Dale Acord 1-28-14

  
SELLER (SIGN AS NAME APPEARS ON TITLE) DATE  
Edee Fay Acord 1-28-14

18220 State Highway 19

PROPERTY ADDRESS: Canton, TX 75103

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Seller Initials: DA

Seller Initials: EF

Buyer Initials: \_\_\_\_\_

Buyer Initials: \_\_\_\_\_

SELLER'S DISCLOSURE NOTICE - PAGE 7 OF 8



## NOTICES TO BUYER

1. The Texas Department of Public Safety maintains a database that consumers may search, at no cost, to determine if registered sex offenders are located in certain zip code areas. To search the database, visit [www.txdps.state.tx.us](http://www.txdps.state.tx.us). For information concerning past criminal activity in certain areas or neighborhoods, contact the local police department.
2. Such written information in this Seller's Disclosure Notice for the Property does not constitute the representations of the Listing Broker and other Broker participating in a sale transaction or their sales associates, employees or agents who are relying upon the written information provided by the Seller in this disclosure notice. Buyer is not relying upon any statement or representation by the Listing Broker and any other broker and their sales associates, employees, and agents concerning the condition of the Property. **THIS IS NOT A WARRANTY. YOU ARE ENCOURAGED TO HAVE AN INSPECTOR OF YOUR CHOICE INSPECT THE PROPERTY PRIOR TO CLOSING.**
3. Buyer may be provided information about the size of the property, either of the real property or the improvements. All such information has been obtained by Broker or Seller from third parties, including information obtained from official tax records. Such information is not always accurate.
4. If the Buyer bases an offer on square footage, measurements or boundaries, Buyer should have those items independently measured to verify any reported information which is often unreliable.
5. If the property is located in a coastal area that is seaward of the Gulf Intracoastal Waterway or within 1000 feet of the mean high tide bordering the Gulf of Mexico, the property may be subject to the Open Beaches Act or the Dune Protection Act (Chapter 61 or 63), Natural Resources Code, respectively and a beachfront construction certificate or dune protection permit may be required for repairs or improvements. Contact the local government with ordinance authority over construction adjacent to public beaches for more information.

The undersigned Buyer(s) hereby acknowledge(s) receipt of this Seller's Disclosure Notice for the Property:

BUYER \_\_\_\_\_ DATE \_\_\_\_\_  
Printed Name: \_\_\_\_\_

BUYER \_\_\_\_\_ DATE \_\_\_\_\_  
Printed Name: \_\_\_\_\_

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