



AUSTIN BOARD OF REALTORS® SELLER'S DISCLOSURE NOTICE

THIS FORM IS FURNISHED BY THE AUSTIN/CENTRAL TEXAS REALTY INFORMATION SERVICE FOR USE BY ITS PARTICIPANTS
AND REPRESENTED SELLERS.

SECTION 5.008 OF THE TEXAS PROPERTY 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, COMPLETE 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 TEXAS PROPERTY CODE. This form complies with and contains additional disclosures which exceed the minimum required by the Code.

CONCERNING THE PROPERTY AT 225 Hillview Trl.

Dripping Springs

(Street Address and City)

THIS NOTICE IS A DISCLOSURE OF SELLER'S KNOWLEDGE OF THE CONDITION OF THE PROPERTY AS OF THE DATE SIGNED BY SELLER AND IS NOT A SUBSTITUTE FOR ANY INSPECTIONS OR WARRANTIES THE PURCHASER MAY WISH TO OBTAIN. IT IS NOT A WARRANTY OF ANY KIND BY SELLER, SELLER'S AGENTS, OR ANY OTHER AGENT.

Seller ☒ is ☐ is not occupying the Property.

If unoccupied, how long since Seller has occupied the Property? _____

Seller ☒ is ☐ is not knowledgeable of the current condition of the Property.

The Property ☐ is ☒ is not currently leased and ☐ has ☒ has not been leased in the last two (2) years.

If leased, how long? _____

During the last year the Property ☐ has ☒ has not been vacant.

If yes, how long was the Property vacant? _____

1. FEATURES AND EQUIPMENT (Mark all appropriate items that EXIST and their WORKING CONDITION):

NOTE: This notice does not establish which items will or will not be conveyed.
The terms of the Contract will determine which items will and will not be conveyed.

Y = Yes, N = No, U = Unknown

Exists	Item	Working Condition			Additional Information
<u>N</u>	Bathroom Heater	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	# <input type="checkbox"/> [E] <input type="checkbox"/> [G] <input type="checkbox"/>
<u>Y</u>	Cable TV Wiring	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	
<u>N</u>	Carport	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	# of Spaces Attached <input type="checkbox"/> [Y] <input type="checkbox"/> [N] <input type="checkbox"/>
<u>Y</u>	Carbon Monoxide Detector	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	#
<u>Y</u>	Central Air Conditioning	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	# <input type="checkbox"/> [E] <input checked="" type="checkbox"/> [G] <input type="checkbox"/>
<u>Y</u>	Central Heating	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	# <input type="checkbox"/> [E] <input type="checkbox"/> [G] <input checked="" type="checkbox"/> [HP] <input type="checkbox"/>
<u>N</u>	Central Vacuum	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	
<u>Y</u>	Chimney	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	<u>2 CHIMNEYS - BOTH WORK</u>
<u>Y</u>	Cook Top/Stove	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	[E] <input type="checkbox"/> [G] <input checked="" type="checkbox"/> # of Burners <u>5</u> Other:
<u>Y*</u>	Deck	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	Wood <input checked="" type="checkbox"/> Other <input type="checkbox"/> <u>BALCONY</u>
<u>Y</u>	Dishwasher	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	
<u>Y</u>	Disposal	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	<u>2</u>
<u>N</u>	Dryer	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	[E] <input type="checkbox"/> [G] <input type="checkbox"/> [110V] <input type="checkbox"/> [220V] <input type="checkbox"/>
<u>Y</u>	Dryer Hookups	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	[110V] <input type="checkbox"/> [220V] <input type="checkbox"/> [G] <input type="checkbox"/>
<u>N</u>	Emergency Escape Ladder(s)	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	
<u>N</u>	Evaporative Cooler	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	#
<u>Y</u>	Fans	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	Ceiling # <u>8</u> Attic # Exhaust # <u>6</u> Whole House # <u>18</u>

Features and Equipment Continues Next Page

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Initialed for Identification by Seller [Signature] [Signature] and Buyer ☐ ☐

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Exists	Item	Working Condition			Additional Information
Y	Fencing	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	Full <input checked="" type="checkbox"/> Partial <input type="checkbox"/> Type: LIVESTOCK (PROPERTY)
Y	Fire Alarm/Detector	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	# 10 WROUGHT IRON (POOL)
Y	Fireplace	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	# 2
N	Fireplace Logs	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	#
N	French Drain	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	
Y	Garage	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	Attached: <input type="checkbox"/> Y <input type="checkbox"/> N # Spaces
Y	Garage Door Opener	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	# 1
Y	Garage Remote Control(s)	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	# 3
N	Gas Lighting Fixtures	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	#
Y	Gas Lines	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	[NAT] <input type="checkbox"/> [LP] <input checked="" type="checkbox"/>
N	Gazebo	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	
N	Grinder Pump	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	
N	Ice Machine	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	
N	Intercom System	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	
Y	Lawn Sprinkler System	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	Full <input type="checkbox"/> Partial <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual <input type="checkbox"/> BACK
500	Liquid Propane Gas	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	LP Community (Captive) <input type="checkbox"/> LP on Property <input checked="" type="checkbox"/>
Y	Microwave	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	
N	Mock Fireplace	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	With Chimney <input type="checkbox"/> Without Chimney <input type="checkbox"/>
N	Outdoor Grill	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	[NAT] <input type="checkbox"/> [LP] <input type="checkbox"/> [E] <input type="checkbox"/>
Y	Oven	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	[E] <input type="checkbox"/> [G] <input type="checkbox"/>
Y	Patio	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	Covered <input checked="" type="checkbox"/> Uncovered <input type="checkbox"/> 2
Y	Plumbing System	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	
Y	Pool	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	Inground <input checked="" type="checkbox"/> Above Ground <input type="checkbox"/> Other <input type="checkbox"/>
Y	Pool Accessories	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	
Y *	Pool Heater	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	NOT PLUMBED / NEVER USED
Y	Pool Maintenance Equip.	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	
N	Portable Storage Buildings	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	#
N	Public Sewer System	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	
Y	Rain Gutters	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	Full <input checked="" type="checkbox"/> Partial <input type="checkbox"/> HOUSE & BARN
N	Range	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	[E] <input type="checkbox"/> [G] <input type="checkbox"/>
Y	Refrigerator	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	# 1
Y	Roof Attic Vents	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	
Y	Satellite Dish System	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	Owned <input type="checkbox"/> Leased <input checked="" type="checkbox"/>
N	Sauna	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	#
Y	Security System	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	Owned <input checked="" type="checkbox"/> Leased <input type="checkbox"/> Mo. Lease \$
Y	Septic System/Tank	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	Date Last Pumped: ~ 2016
Y	Smoke Detector(s)	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	# 10 Hearing Impaired [Y] <input type="checkbox"/> [N] <input type="checkbox"/> ?
Y	Spa/Hot Tub	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	# 1
Y	Spa Heater	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	# 1 [E] <input type="checkbox"/> [G] <input checked="" type="checkbox"/> [Solar] <input type="checkbox"/> NOT PLUMBED / NEVER USED
N	Space Heater	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	# [E] <input type="checkbox"/> [G] <input type="checkbox"/>
N	Speakers	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	
Y	Specialty Wiring	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	Audio <input checked="" type="checkbox"/> Data <input type="checkbox"/> Speakers <input type="checkbox"/> Visual <input type="checkbox"/>
N	Sump Pump	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	#
N	Trash Compactor	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	#
N	TV Antenna	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	#
Y	Wall/Window A/C	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	# 1 - HOTEL TYPE UNIT IN CABANA
N	Washer	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	
Y	Washer Hookups	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	
Y	Water Heater	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	# [E] <input type="checkbox"/> [G] <input checked="" type="checkbox"/> [Solar] <input type="checkbox"/> 75 GALLON
Y	Water Softener	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	Owned <input checked="" type="checkbox"/> Leased <input type="checkbox"/> Mo. Lease/Service Chg \$
Y	Window Screens	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	# 14 Type: ?
	Other:	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	
	Other:	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> U	

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Seller's Disclosure Notice Concerning Property At: _____

Explain all No [N] or Unknown [U] answers. Attach additional sheets as necessary. _____

The seller excludes the following items from the sale: SHELVING/PALLET RACKS IN BARN ARE
NEGOTIABLE

2. UTILITY PROVIDERS and HOMEOWNERS' ASSOCIATION (Fill in names of Suppliers with Telephone Numbers):

WATER Supply: _____ Ph: _____
☐ City ☐ Well ☐ Private ☐ MUD
☐ WCID ☐ Co-Op ☒ Other WELL 580'

GAS Supply: _____ Ph: _____
☐ Utility ☒ Tank ☐ Bottle ☐ Co-Op
Tank/Bottle Mo. Lease \$ OWNED

WASTEWATER: _____ Ph: _____
☐ City ☐ Co-Op ☐ MUD ☐ Other
☒ Septic

HOA/CONDO ASSOC: N/A
☐ Mandatory ☐ Voluntary
Association Fee \$ _____ per _____
HOA's Administrative Transfer Fee of \$ _____
(Fee(s) above shall include all costs of transfer of ownership)
Manager's Name: _____
Manager's Telephone: _____

ELECTRICITY: PECU Ph: 888 554 4732
~~SAT~~ TV: DISH Ph: 800 333 3474
SOLID WASTE PROVIDER: PROGRESSIVE W.M. Ph: 512-282-3508

3. PROPERTY DEFECTS/MALFUNCTIONS:

Are you (Seller) aware of any known defects/malfunctions in any of the following? Mark Yes [Y] if you are aware and mark No [N] if you are not aware.

Exists	Item	Defect/ Malfunction	Exists	Item	Defect/ Malfunction
<u>N</u>	Basement	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<u>Y</u>	Potable Drinking Water	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
<u>Y</u>	Ceilings	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<u>N</u>	Retaining Wall(s)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
<u>Y</u>	Driveway(s)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<u>Y</u>	Roof	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
<u>Y</u>	Electrical System(s)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<u>N</u>	Overlay Shingles: <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	
<u>Y</u>	Exterior Doors	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<u>Y</u>	Roof Approximate Age: Yrs <u>10</u>	
<u>Y</u>	Exterior Walls	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<u>Y</u>	Roof Type: <u>STANDING SEAM METAL</u>	
<u>Y</u>	Floors	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<u>Y</u>	Septic System: Type: <u>AEROBIC</u>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
<u>Y</u>	Foundation: Slab <input checked="" type="checkbox"/> Pier & Beam <input type="checkbox"/>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<u>Y</u>	Sidewalks	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
<u>Y</u>	Interior Doors	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<u>Y</u>	Stucco	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
<u>Y</u>	Interior Walls	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Conventional <input type="checkbox"/> Synthetic <input checked="" type="checkbox"/> Type: <u>ML</u>	
<u>Y</u>	Lighting Fixtures	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<u>Y</u>	Underground Electrical Lines	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N
<u>Y</u>	Outbuildings	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<u>N</u>	Wastewater System	<input type="checkbox"/> Y <input type="checkbox"/> N
<u>Y</u>	Plumbing	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<u>Y</u>	Windows	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N

If the answer to any of the above in #3 is Yes [Y], explain. Attach additional sheets as necessary.

N/A

Describe any other Property Defects/Malfunctions:

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4. CURRENT CONDITIONS OF THE PROPERTY:

Are you (SELLER) aware of any of the following? Mark Yes [Y] if you are aware, mark No [N] if you are not aware.

Active Termites	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Fault Lines	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Wood-Destroying Insects	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Landfill	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Termite or Wood Rot Needing Repair	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Subsurface Structure(s)	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Termite Damage	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Pit(s)	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Termite Treatment	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Underground Spring(s)	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Water Penetration of Structure	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Intermittent/Weather Spring(s)	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
Structural or Roof Repair	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Underground Storage Tank(s)	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
Asbestos Components	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Endangered Species/Habitat on Property	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Urea Formaldehyde Insulation	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Hazardous or Toxic Waste	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Radon Gas	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Diseased Trees	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Lead-Based Paint	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Fence Lines Not Corresponding to Property Boundaries	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Aluminum Wiring	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Wetlands on Property	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Foundation Repair	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Unplatted Easement(s)	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Flooding of Land	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Underground Electrical Line(s)	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
Improper Drainage or Ponding	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Dampness in Crawl Spaces	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Located in 100-Year Flood Plain	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Water Heater Leak(s)	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Present Flood Insurance Coverage	<input type="checkbox"/> Y*	<input checked="" type="checkbox"/> N	HVAC System Leak(s) – Overflow Pan or Other Defect	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
*Attach TAR Form 1414 if answer is Yes					
Settling or Soil Movement	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Single Blockable Main Drain in Pool/Hot Tub/Spa*	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
			Other Conditions	<input type="checkbox"/> Y	<input type="checkbox"/> N

If the answer to any of the above is Yes [Y], explain. Attach additional sheets UNDERGROUND SPRINGS APPEAR ALONG FRONT OF PROPERTY AFTER HEAVY RAINFALL - THE PROPANE TANK CONSTITUTES AN UNDERGROUND STORAGE TANK

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

5. PREVIOUS CONDITIONS OF THE PROPERTY:

Are you (SELLER) aware of the following previously defective conditions? Mark Yes [Y] if you are aware, mark No [N] if you are not aware.

Previous Flooding into the Structure	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Previous Flooding onto the Property	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Previous Fires	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Previous Foundation Repairs	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Previous Roof Repairs	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Previous Treatment for Termites or Wood-Destroying Insects	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Previous Termite or Wood-Destroying Insect Damage Repaired	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Previous Use of Premises for Manufacture of Methamphetamine	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N

Other Conditions: _____

If the answer to any of the above is Yes [Y], explain. Attach additional sheets as necessary.

6. SYSTEMS IN NEED OF REPAIR:

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 as necessary.

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7. MISCELLANEOUS CONDITIONS:

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 code in effect at the time of construction?
- ☐[Y] ☒[N] Any "common area" facilities, i.e., pools, tennis courts, walkways, or other areas, co-owned in undivided interest with others?
- ☐[Y] ☒[N] Are there any optional charges or user fees for "common area" facilities? If yes, describe: _____.
- ☐[Y] ☒[N] Any notices of violations of deed restrictions or governmental ordinances, zoning, use, or impervious cover limitations affecting the condition or use of the Property?
- ☐[Y] ☒[N] Any lawsuits or other legal proceedings directly affecting the Property or Seller's ability to convey property, e.g., bankruptcy, probate, guardianship, etc.?
- ☐[Y] ☒[N] Any condition of the Property which materially affects the physical health or safety of an individual?
- ☐[Y] ☒[N] Features of the Property shared in common with adjoining landowners, e.g., walls, fences, and driveways, whose use of responsibility for maintenance may have an effect on the Property?
- ☐[Y] ☒[N] Any encroachments of improvements on the subject Property onto another property or of improvements on another property onto the subject Property, easements, (recorded or unrecorded), or similar matters that may affect your interest in the Property?
- ☐[Y] ☒[N] Landfill – compacted or otherwise – on the Property or any portion thereof?
- ☐[Y] ☒[N] Any settling from any cause or slippage, sliding or other soil problems?
- ☐[Y] ☒[N] Damage to the Property or any of the structures from fire, earthquake, floods or landslides?
- ☐[Y] ☒[N] Any future highway, freeway, or air traffic patterns which affects the Property?
- ☐[Y] ☒[N] Any future annexation plans which affect the Property?
- ☐[Y] ☒[N] Within the previous 12 months, has there been an equity loan on the Property? If Yes, date _____
- ☐[Y] ☒[N] Any pending flood plain changes known?
- ☐[Y] ☒[N] Any ordinances that restrict flood coverage or rebuilding any portion of the structure to its previous use?
- ☐[Y] ☒[N] Previous FEMA claim paid?
- ☐[Y] ☒[N] Death on the Property other than death caused by: natural causes, suicide, or accident unrelated to the Property's condition?
- ☐[Y] ☒[N] Was the dwelling built before 1978? Unknown []
- ☐[Y] ☒[N] Any repairs or treatment, other than routine maintenance, made to the Property to eliminate environmental hazards such as asbestos, radon, lead-based paint, urea formaldehyde, or mold?
- ☐[Y] ☒[N] Any historic preservation restriction or ordinance or archeological designation associated with the Property?
- ☐[Y] ☒[N] Any IRS or tax redemption periods which will affect the sale of the Property?
- ☐[Y] ☒[N] Any rainwater harvesting system connected to the property's public water supply?
- ☐[Y] ☒[N] Any portion of the property that is located in a groundwater conservation district or subsidence district?
- ☐[Y] ☒[N] Any other item(s) of concern?

If the answer to any of the above is Yes [Y], explain. Attach additional sheets as necessary.

Initialed for Identification by Seller ma JB and Buyer

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8. AD VALOREM TAXES:

Check any Tax Exemption(s) which you (SELLER) currently claim for the Property:

☒ Homestead ☐ Over 65 ☐ Disabled ☐ Disabled Veteran ☐ Wildlife Management
☐ Agricultural ☐ Unknown ☐ None ☐ Other _____

Have you or a third party on your behalf ever supplied information regarding property defects or condition at the Appraisal District? ☐ Yes ☒ No

Have you ever testified or had an agent testify on your behalf in a valuation hearing at an Appraisal District Value Protest Hearing? ☐ Yes ☒ No If so, which Appraisal District? _____

Is property located in a Statutory Tax District? ☐ Yes ☒ No

9. INSPECTIONS AND DISCLOSURES:

Have you (SELLER) received any written inspection reports from persons who regularly provide inspections and who are either licensed as inspectors or engineers or otherwise permitted by law to perform inspections in the past four (4) years? ☐ Yes ☒ No

Chapter 6-7 of the Austin City Code requires an energy audit be completed for certain properties before the time of sale. Has an energy audit been completed on the Property within the last 10 years? ☐ Yes ☐ No ☒ N/A

If Yes to either of these questions, list the information below and attach copies of the reports:

Date of Inspection	Name of Document	Author of Report	Number of Pages
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Is a previous Seller's Disclosure available? ☐ Yes ☒ No If so, please attach.

Is a current Survey available? ☒ Yes ☐ No If so, please attach. Date of Current Survey: ~ 3/2008

If yes, attach survey with notarized T-47 Affidavit.

SMOKE DETECTORS:

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

*Chapter 766 of the Health and Safety Code requires one-family or two-family dwellings to have working smoke detectors installed in accordance with the requirements of the building code in effect in the area in which the dwelling is located, including performance, location, and power source requirements. 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.

11. MAJOR REPAIRS OR IMPROVEMENTS MADE:

Have you (SELLER) made, or had made, major repairs or improvements (costing \$500 or more) to the Property during the time you have owned the Property? ☒ Yes ☐ No

Are you (SELLER) aware of major repairs or improvements made by previous owners?

☐ Yes ☒ No

If Yes to either, please explain. (Attach additional sheet(s) as necessary.) INSTALLED CONCRETE DRIVEWAY

Initialed for Identification by Seller

ML

JR

and Buyer

12. INSURANCE CLAIMS:

In the last 5 years have you (SELLER) filed an insurance claim related to this property? ☐ Yes ☒ No
If there was a monetary settlement, were the funds used to make the repair? ☐ Yes ☒ No *N/A*

13. GOVERNMENT OR OTHER PENDING OR RECEIVED NOTICES:

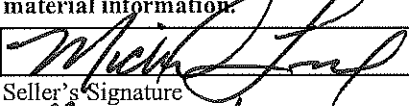
SELLER has not received any notices, either oral or written, regarding the need for repair or replacement or any portion of the Property from any governmental agency, appraiser, inspector, mortgage lender, repair service or others, except:

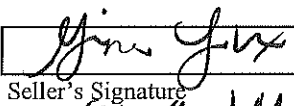
SELLER has not received any notices from any governmental agency or private company of pending condemnation or any portion of the Property, except:

14. ADDITIONAL DISCLOSURE FORMS ATTACHED: ☐ Yes ☒ No

- ☐ Addendum for Seller's Disclosure of Information on Lead-Based Paint (TAR 1906)
- ☐ Environmental Assessment, Threatened or Endangered Species, and Wetlands Addendum (TAR 1917)
- ☐ Energy Audit
- ☐ Information About On-Site Sewer Facility (TAR 1407)
- ☐ §49.452 Notice to Purchase (TREC OP-C) ☐ Yes ☐ No
- ☐ Information About Special Flood Hazard Areas (TAR 1414)
- ☐ Relocation Addendum (TAR 1941)
- ☐ Other _____

THE ABOVE DISCLOSURES ARE TRUE AND CORRECT TO THE BEST KNOWLEDGE OF THE SELLER(S). SELLER acknowledges that the statements in this Disclosure are true to the best of the Seller's belief and that no person, including the Broker(s) and their Agent(s) has instructed or influenced Seller to provide inaccurate information or to omit any material information.


Seller's Signature
MICHAEL LUX
Printed Name
2/28/18
Date


Seller's Signature
Gina LUX
Printed Name
2/28/18
Date

Initialed for identification by Buyer  

**THE UNDERSIGNED BUYER HEREBY ACKNOWLEDGES
RECEIPT OF A COPY OF THIS STATEMENT.**

NOTICES TO BUYER:

LISTING BROKER, Keller Williams Realty Austin Southwest, AND OTHER BROKER,

, ADVISE YOU THAT THE SELLER'S
DISCLOSURE NOTICE WAS COMPLETED BY SELLER, AS OF THE DATE SIGNED.

THE LISTING BROKER AND THE OTHER BROKER HAVE RELIED ON THIS NOTICE AS TRUE AND CORRECT
AND HAVE NO REASON TO BELIEVE IT TO BE FALSE OR INACCURATE.

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. FOR INFORMATION CONCERNING PAST
CRIMINAL ACTIVITY IN CERTAIN AREAS OR NEIGHBORHOODS, CONTACT THE LOCAL POLICE
DEPARTMENT.

IF THE PROPERTY IS LOCATED IN A COASTAL AREA THAT IS SEWARD 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.

THIS PROPERTY MAY BE LOCATED NEAR A MILITARY INSTALLATION AND MAY BE AFFECTED BY HIGH
NOISE OR AIR INSTALLATION COMPATIBLE USE MAY BE AFFECTED BY HIGH NOISE OR AIR INSTALLATION
COMPATIBLE USE ZONES OR OTHER OPERATIONS. INFORMATION RELATING TO HIGH NOISE AND
COMPATIBLE USE ZONES IS AVAILABLE IN THE MOST RECENT AIR INSTALLATION COMPATIBLE USE ZONE
STUDY OR JOINT LAND USE STUDY PREPARED FOR A MILITARY INSTALLATION AND MAY BE ACCESSED ON
THE INTERNET WEBSITE OF THE MILITARY INSTALLATION AND OF THE COUNTY AND ANY MUNICIPALITY
IN WHICH THE MILITARY INSTALLATION IS LOCATED.

YOU ARE STRONGLY ADVISED TO HAVE AN INSPECTOR OF YOUR CHOICE INSPECT THE PROPERTY PRIOR
TO CLOSING. ALL INSPECTION REPORTS FURNISHED BY THE SELLER ARE PROVIDED FOR INFORMATION
PURPOSES ONLY AND ARE NOT INTENDED TO BE A SUBSTITUTE FOR AN INSPECTION PERFORMED BY AN
INSPECTOR OF BUYER'S CHOICE.

BUYER ACKNOWLEDGES THAT THEY HAVE BEEN STRONGLY ADVISED TO HAVE THE PROPERTY
INSPECTED BY THEIR OWN INDEPENDENT INSPECTOR(S).

THE DISCLOSURE NOTICE CONTAINS NO ESTIMATE OF THE NUMBER OF SQUARE FEET OF SPACE WITHIN
THE RESIDENCE AND BROKERS MAKE NO REPRESENTATIONS REGARDING SUCH AREA. IF SQUARE
FOOTAGE IS IMPORTANT TO BUYER, BUYER SHOULD HAVE IT MEASURED BY A PROFESSIONAL.

THE UNDERSIGNED BUYER ACKNOWLEDGES RECEIPT OF THE FOREGOING NOTICE

Buyer's Signature

Buyer's Signature

Date

Date