

11. 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.

<u>Date of Inspection</u>	<u>Type of Inspection</u>	<u>Name of Inspector/Company</u>	<u>Number of Pages</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

12. For items listed below in Section 12, 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.

<u>EQUIPMENT & SYSTEM</u>	<u>N/A</u>	<u>WORKING CONDITION</u>	<u>HAS BEEN REPLACED</u>	<u>DATE REPLACED</u> Month/Year	<u>IN NEED OF REPAIR</u>	<u>DATE/DESCRIPTION OF COMPLETED OR NEEDED REPAIRS</u>
Attic Fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Automatic Lawn Sprinkler System (Front ____ , Back ____ , Left Side ____ , Right Side ____ , Fully ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Broadband-CAT5 Wiring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Cable TV Wiring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Ceiling Fan(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Cooktop (Gas ____ / Electric ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Cooling (Central Gas ____ / Electric ____ , # Units ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Cooling (Window ____ / Wall ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Evaporative Coolers ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Electrical System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Emergency Escape Ladder(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Exhaust Fan(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Fire Detection Equipment (Electric ____ / Battery Operated ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Garage Door Opener(s) & Controls (Automatic ____ / Manual ____ / Controls ____ 1, ____ 2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Gas Fixtures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Gas Lines (Natural ____ / Liquid Propane ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Heating (Central Gas ____ / Electric ____ , # Units ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Heating (Window ____ /Wall ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Hot Tub	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Ice Maker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Intercom System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Lighting Fixtures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Media Wiring & Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Microwave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Outdoor Cooking Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

SELLER'S DISCLOSURE NOTICE - PAGE 2 OF 7
 Seller's Initials _____ Seller's Initials _____
 MetroTex Association of REALTORS® 7167 (Aug 07)

PROPERTY ADDRESS: _____
 Buyer's Initials _____ Buyer's Initials _____

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

INFORMATION ABOUT STRUCTURE/OTHER

<u>STRUCTURE/OTHER</u>	<u>N/A</u>	<u>WORKING CONDITION</u>	<u>HAS BEEN REPLACED</u>	<u>DATE REPLACED</u> Month/Year	<u>IN NEED OF REPAIR</u>	<u>DATE/DESCRIPTION OF COMPLETED OR NEEDED REPAIRS</u>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Carport (Attached ____ / Not Attached ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Ceilings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Drains (French ____ / Other ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Driveway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Electrical Wiring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Fences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Fireplace(s)/Chimney (mock)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Fireplace(s)/Chimney (wood burning)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Fireplace(s)/with gas logs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Garage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Lighting (Outdoor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Patio/Decking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Retaining Wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Rain Gutters and Down Spouts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Sidewalks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Skylight(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Sump or Grinder Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Walls (Exterior/Interior)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Washer/Dryer Hookups (Gas ____ / Electric ____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Window Screens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

SELLER'S DISCLOSURE NOTICE - PAGE 3 OF 7

PROPERTY ADDRESS: _____

Seller's Initials _____ Seller's Initials _____

Buyer's Initials _____ Buyer's Initials _____

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13. If stucco, what is the type of stucco? _____

14. The shingles or roof covering is constructed of:
 Wood Composition Tile Other _____
 Is there an overlay covering?
 Yes No Unknown
15. The age of the shingles or roof covering:
 _____ Years _____ Unknown
16. The electrical wiring of the Property is:
 Copper Aluminum Unknown
 Other (specify) _____

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

19. Year the Property was constructed: _____ Per Owner
 - (If before 1978-complete, sign and attach Tax Rolls
 TAR-1906 concerning lead-based paint hazards)

MISCELLANEOUS INFORMATION ABOUT PROPERTY

20. Is the Seller aware of any of the following conditions?

	YES	NO	UNKNOWN	IF "YES", EXPLAIN
ASBESTOS Components	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Any personal or business BANKRUPTCY pending which would affect the sale of the Property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
CARPET Stains (not visible)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Located on or near CORP OF ENGINEERS Property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Any DEATH on the Property (except for those deaths caused by natural causes; suicide; or accident unrelated to the condition of the Property)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Unplatted EASEMENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
FAULT Lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Previous FIRES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Any FORECLOSURES pending or threatened with respect to the Property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ureaformaldehyde INSULATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
LANDFILL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Any NOTICES of violation of deed restrictions or governmental ordinances affecting the condition or use of the Property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lead-based PAINT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Room additions, structural modification, or other alterations or repairs made without necessary PERMITS or not in compliance with building codes in effect at that time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Above-ground impediment to swimming POOL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Underground impediment to swimming POOL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Any PROPERTY CONDITION which materially affects the physical health or safety of an individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
RADON gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
House SETTLING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
SOIL Movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Subsurface STRUCTURES , Tanks, or Pits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hazardous or TOXIC WASTE affecting the Property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Holes in WALLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Previous WATER PENETRATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
WOOD ROT Damage Needing Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Property covered by flood insurance? (If "Yes", attach "Information About Special Flood Hazard Areas," TAR No. 1414.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

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Buyer's Initials _____ Buyer's Initials _____

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	YES	NO	UNKNOWN	IF "YES", EXPLAIN
Located in 100 year FLOOD PLAIN?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Located in a city flood plain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tax or judgment liens?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
In an ETJ district? (Extra Territorial Jurisdiction)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diseased TREES?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

21. If the Property is part of a regime creating a home-owner's association, state the following information:
- Association Name: _____
 - Association Email: _____
 - Association Phone Number: _____
 - Amount of dues or assessments: \$ _____
 - Assessment amount is:
 Monthly _____ Quarterly _____ Annual _____
 - Payment of dues/assessments is:
 Mandatory Voluntary
 - Seller's Percentage Ownership in Common Areas: _____%
 - Amount of Unpaid Dues or Assessments, if any: \$ _____
 - Optional Membership: \$ _____
22. Is the Property in an overlay, proposed overlay, historic or conservation district that may have special restrictions?
 Yes No Unknown
 - If "Yes", explain: _____
23. The Property is currently serviced by the following utilities or systems (check as applicable):
 Water Sewer Septic
 Electricity Gas Cable TV
 High Speed Internet Availability: Cable DSL Other
 Unknown Other _____
24. The water service to the Property is provided by (check as applicable): City Well MUD Coop
25. 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: _____
26. Are there any outstanding mechanics and materialmen's liens or lis pendens against the Property?
 Yes No Unknown

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
 - 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
 - If "Yes", explain:

32. Have there been any previous incidents of flooding or other surface 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 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
 - If "Yes", identify the report by stating the date of the report, the person or company who made the report, and its content:

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 hazards?

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. Seller is 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.*

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.

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.

Seller(s) Initials Seller(s) Initials

DISCLOSURES

Municipal Utility District Disclosures

Check which Apply:

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

The Property is located in a Municipal Utility District 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)

Seller is a Real Estate Licensee

Property is located in a Public Improvement District

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.

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 _____ SELLER (SIGN AS NAME APPEARS ON TITLE) _____ DATE _____

NOTICES TO BUYER

1. The Texas Department of Public Safety maintains a database that consumers may search, at no cost, to determine if registered sex offenders are located in certain zip code areas. To search the database, visit www.txdps.state.tx.us. 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 acknowledges receipt of the foregoing notice and acknowledges the property complies with the smoke detector requirements of Chapter 766, Health and Safety Code, or, if the property does not comply with the smoke detector requirements of Chapter 766, the buyer waives the buyer's rights to have smoke detectors installed in compliance with Chapter 766.

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

BUYER _____ DATE _____ BUYER _____ DATE _____

*The above described waiver applies only to a hearing impaired purchaser.

SELLER'S DISCLOSURE NOTICE - PAGE 7 OF 7 PROPERTY ADDRESS: _____

MetroTex Association of REALTORS® 7167 (Aug 07)