



SELLER'S DISCLOSURE NOTICE

TO BE COMPLETED BY SELLER(S)

CONCERNING THE PROPERTY AT 914 Westminster ave. Murphy, TX 75094
(STREET ADDRESS AND CITY) (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

- 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 _____
- 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: _____
- Year the Property was constructed: 19 2003
 - Per Owner Per Tax Rolls
- 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
- Check any of the following tax exemptions which Seller claims for the Property:
 - Homestead Senior Citizen
 - Disabled Disabled Veteran
 - Agricultural Other _____
- 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: Need to find
- 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: _____
- Are there any pending or threatened condemnation proceedings which affect the Property?
 - Yes No Unknown
 - If "Yes", explain: _____
- 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: _____
- 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: _____
- 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:

No

SELLER'S DISCLOSURE NOTICE - PAGE 1 OF 7
Seller's Initials AK Seller's Initials JP
MetroTex Association of REALTORS® 7167 (Aug 07)

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

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.

Date of Inspection	Type of Inspection	Name of Inspector/Company	Number of Pages
NA			

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.

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 <input checked="" type="checkbox"/> , Back <input checked="" type="checkbox"/> , Left Side <input checked="" type="checkbox"/> , Right Side <input checked="" type="checkbox"/> , Fully <input checked="" type="checkbox"/>)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Broadband-CAT5 Wiring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Cable TV Wiring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Ceiling Fan(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
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 <u>2</u>)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Cooling (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"/>	
Disposal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Electrical System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
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"/>	
Fire Detection Equipment (Electric <input checked="" type="checkbox"/> / Battery Operated <input checked="" type="checkbox"/>)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Garage Door Opener(s) & Controls (Automatic <input checked="" type="checkbox"/> / Manual <input type="checkbox"/> / Controls <input checked="" type="checkbox"/> 1, ___ 2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Gas Fixtures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Gas Lines (Natural <input checked="" type="checkbox"/> / Liquid Propane ___)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Heating (Central Gas <input checked="" type="checkbox"/> / Electric ___ # Units <u>2</u>)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Media Wiring & Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Microwave	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Outdoor Cooking Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

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

PROPERTY ADDRESS: 914 Westminister Ave
 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 checked="" type="checkbox"/>)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Oven-Convection	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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"/>	
Refrigerator (Built-In)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Satellite Dish and Receiver	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Sauna	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Security System(s) (In Use ___ / Abandoned <input checked="" type="checkbox"/>)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Septic or other On-Site Sewer System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
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"/>	
Spa	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Stove (Free Standing)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Water Softener	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Wells	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Carport (Attached ___ / Not Attached ___)	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Fences	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Fireplace(s)/Chimney (mock)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Fireplace(s)/Chimney (wood burning)	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input 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"/>	
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 checked="" 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
 Seller's Initials AD Seller's Initials AD
 MetroTex Association of REALTORS® 7167 (Aug 07)

PROPERTY ADDRESS: 914 Wedmiste Ave
 Buyer's Initials _____ Buyer's Initials _____

13. If stucco, what is the type of stucco? NA
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:
4 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: NA
19. Year the Property was constructed: 2004 Per Owner
 - (If before 1978-complete, sign and attach Tax Rolls
 TAR-1806 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 checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Any personal or business BANKRUPTCY pending which would affect the sale of the Property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
CARPET Stains (not visible)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Located on or near CORP OF ENGINEERS Property?	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Unplatted EASEMENTS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
FAULT Lines	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Previous FIRES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Any FORECLOSURES pending or threatened with respect to the Property	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Ureaformaldehyde INSULATION	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
LANDFILL	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Lead-based PAINT	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Above-ground impediment to swimming POOL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Underground impediment to swimming POOL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Any PROPERTY CONDITION which materially affects the physical health or safety of an individual	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
RADON gas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
House SETTLING	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
SOIL Movement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Subsurface STRUCTURES , Tanks, or Pits	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Hazardous or TOXIC WASTE affecting the Property	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Holes in WALLS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Previous WATER PENETRATION	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
WOOD ROT Damage Needing Repair	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	_____

SELLER'S DISCLOSURE NOTICE - PAGE 4 OF 7
 Seller's Initials HM Seller's Initials AD
 MetroTex Association of REALTORS® 7160 (Aug 07)

PROPERTY ADDRESS: 914 Westminster
 Buyer's Initials _____ Buyer's Initials _____

	YES	NO	UNKNOWN	IF "YES", EXPLAIN
Located in 100 year FLOOD PLAIN?	<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"/>	

21. If the Property is part of a regime creating a home-owner's association, state the following information:

- Association Name: Hunters Landing HOA
- Association Email: _____
- Association Phone Number: _____
- Amount of dues or assessments: \$ _____
- Assessment amount is:
 - Monthly _____ Quarterly _____ Annual 238⁰⁰
- 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 Fios

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

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:

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 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:

SELLER'S DISCLOSURE NOTICE - PAGE 1 OF 7
 Seller's Initials: fw Seller's Initials: CP
 MetroTex Association of REALTORS® 7167 (Aug 07)

PROPERTY ADDRESS: 914 Westminster Ave
 Buyer's Initials: _____ Buyer's Initials: _____

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 (Unknown)
 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:
 (Unknown)
 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 (Unknown)
 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

SELLER'S DISCLOSURE NOTICE - PAGE 6 OF 7
 Seller's Initials W Seller's Initials W
 MetroTex Association of REALTORS® 7167 (Aug 07)

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

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.

[Signature] 8/31/08 *[Signature]* 8/31/08
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: 914 Westminster Ave

MetroTex Association of REALTORS® 7167 (Aug 07)