



SELLER'S DISCLOSURE OF PROPERTY CONDITION

CONCERNING THE PROPERTY AT 3226 FM 273 Bonham TX
(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 OR SELLER'S AGENTS.

Seller is is not occupying the Property. If unoccupied, how long since Seller has occupied the Property? 12 Months

1. The Property has the items checked below [Write Yes (Y), No (N), or Unknown (U)]:

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Range | <input checked="" type="checkbox"/> Oven | <input checked="" type="checkbox"/> Microwave |
| <input checked="" type="checkbox"/> Dishwasher | <input type="checkbox"/> Trash Compactor | <input checked="" type="checkbox"/> Disposal |
| <input checked="" type="checkbox"/> Washer/Dryer Hookups | <input checked="" type="checkbox"/> Window Screens | <input type="checkbox"/> Rain Gutters |
| <input type="checkbox"/> Security System | <input type="checkbox"/> Fire Detection Equipment | <input type="checkbox"/> Intercom System |
| | <input checked="" type="checkbox"/> Smoke Detector | |
| | <input type="checkbox"/> Smoke Detector-Hearing Impaired | |
| | <input type="checkbox"/> Carbon Monoxide Alarm | |
| | <input type="checkbox"/> Emergency Escape Ladder(s) | |
| <input type="checkbox"/> TV Antenna | <input checked="" type="checkbox"/> Cable TV Wiring | <input type="checkbox"/> Satellite Dish |
| <input checked="" type="checkbox"/> Ceiling Fan(s) | <input type="checkbox"/> Attic Fan(s) | <input type="checkbox"/> Exhaust Fan(s) |
| <input checked="" type="checkbox"/> Central A/C | <input checked="" type="checkbox"/> Central Heating | <input type="checkbox"/> Wall/Window Air Conditioning |
| <input checked="" type="checkbox"/> Plumbing System | <input checked="" type="checkbox"/> Septic System | <input type="checkbox"/> Public Sewer System |
| <input checked="" type="checkbox"/> Patio/Decking | <input type="checkbox"/> Outdoor Grill | <input type="checkbox"/> Fences |
| <input type="checkbox"/> Pool | <input type="checkbox"/> Sauna | <input type="checkbox"/> Spa <input type="checkbox"/> Hot Tub |
| <input type="checkbox"/> Pool Equipment | <input type="checkbox"/> Pool Heater | <input type="checkbox"/> Automatic Lawn Sprinkler System |
| <input type="checkbox"/> Fireplace(s) & Chimney (Woodburning) | | <input type="checkbox"/> Fireplace(s) & Chimney (Mock) |
| <input type="checkbox"/> Natural Gas Lines | | <input type="checkbox"/> Gas Fixtures |
| <input type="checkbox"/> Liquid Propane Gas: | <input type="checkbox"/> LP Community (Captive) | <input type="checkbox"/> LP on Property |
| Garage: <input checked="" type="checkbox"/> Attached | <input checked="" type="checkbox"/> Not Attached | <input type="checkbox"/> Carport |
| Garage Door Opener(s): <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Electronic | <input checked="" type="checkbox"/> Control(s) |
| Water Heater: <input checked="" type="checkbox"/> | <input type="checkbox"/> Gas | <input checked="" type="checkbox"/> Electric |
| Water Supply: <input checked="" type="checkbox"/> City | <input type="checkbox"/> Well <input type="checkbox"/> MUD | <input type="checkbox"/> Co-op |
| Roof Type: <u>Composition</u> | | Age: <u>5 1/2</u> (approx) |

Are you (Seller) aware of any of the above items that are not in working condition, that have known defects or that are in need of repair? Yes No Unknown If yes, then describe. (Attach additional sheets if necessary): No Known Defects

2. Does the property have working smoke detectors installed in accordance with the smoke detector requirements of Chapter 766, Health and Safety Code? Yes No Unknown If the answer to this question is no or unknown, explain. (Attach additional sheets if necessary): System Installed to Code at time of Construction.

* Chapter 766 of the Health and Safety Code requires one-family or two-family dwellings to have working smoke detectors installed in accordance with the requirements of the building code in effect in the area in which the dwelling is located, including performance, location, and power source requirements. If you do not know the building code requirements in effect in your area, you may check unknown above or contact your local building official for more information. A buyer may require a seller to install smoke detectors for the hearing impaired if: (1) the buyer or a member of the buyer's family who will reside in the dwelling is hearing impaired; (2) the buyer gives the seller written evidence of the hearing impairment from a licensed physician; and (3) within 10 days after the effective date, the buyer makes a written request for the seller to install smoke detectors for the hearing impaired and specifies the locations for the installation. The parties may agree who will bear the cost of installing the smoke detectors and which brand of smoke detectors to install.

3. Are you (Seller) aware of any known defects/malfunctions in any of the following? Write Yes (Y) if you are aware, write No (N) if you are not aware.

- | | | |
|---|-----------------------------|----------------------------|
| <u>N</u> Interior Walls | <u>N</u> Ceilings | <u>N</u> Floors |
| <u>N</u> Exterior Walls | <u>N</u> Doors | <u>N</u> Windows |
| <u>N</u> Roof | <u>N</u> Foundation/Slab(s) | <u>N</u> Basement |
| <u>N</u> Walls/Fences | <u>N</u> Driveways | <u>N</u> Sidewalks |
| <u>N</u> Plumbing Sewers/Septics | <u>N</u> Electrical Systems | <u>N</u> Lighting Fixtures |
| <u>N</u> Other Structural Components (Describe) _____ | | |

If the answer to any of the above is yes, explain. (Attach additional sheets if necessary): _____

4. Are you (Seller) aware of any of the following conditions? Write Yes (Y) if you are aware, write No (N) if you are not aware.

- | | |
|---|---|
| <u>N</u> Active Termites (includes wood destroying insects) | <u>N</u> Previous Structural or Roof Repair |
| <u>N</u> Termite or Wood Rot Damage Needing Repair | <u>N</u> Hazardous or Toxic Waste |
| <u>N</u> Previous Termite Damage | <u>N</u> Asbestos Components |
| <u>N</u> Previous Termite Treatment | <u>N</u> Urea-formaldehyde Insulation |
| <u>N</u> Previous Flooding | <u>N</u> Radon Gas |
| <u>N</u> Improper Drainage | <u>N</u> Lead Based Paint |
| <u>N</u> Water Penetration | <u>N</u> Aluminum Wiring |
| <u>N</u> Located in 100-Year Floodplain | <u>N</u> Previous Fires |
| <u>Y</u> Present Flood Insurance Coverage | <u>N</u> Unplatted Easements |

N Landfill, Settling, Soil Movement, Fault Lines

N Subsurface Structure or Pits

N Single Blockable Main Drain in Pool/Hot Tub/Spa*

N Previous Use of Premises for Manufacture of Methamphetamine

If the answer to any of the above is yes, explain. (Attach additional sheets if necessary): Flood Ins Purchased, Home Constructed Above FEMA's 100 yr Flood Plane At Time of Construction.
*A single blockable main drain may cause a suction entrapment hazard for an individual.

5. Are you (Seller) aware of any item, equipment, or system in or on the Property that is in need of repair? Yes (if you are aware)
 No (if you are not aware) If yes, explain. (Attach additional sheets if necessary): _____

6. Are you (Seller) aware of any of the following? Write Yes (Y) if you are aware, write No (N) if you are not aware.

N Room additions, structural modifications, or other alterations or repairs made without necessary permits or not in compliance with building codes in effect at that time.

N Homeowners' Association or maintenance fees or assessments.

N Any "common area" (facilities such as pools, tennis courts, walkways, or other areas) co-owned in undivided interest with others.

N Any notices of violations of deed restrictions or governmental ordinances affecting the condition or use of the Property.

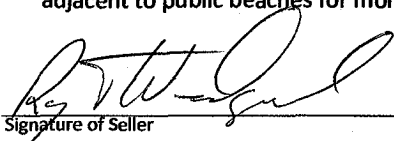
N Any lawsuits directly or indirectly affecting the Property.

N Any condition on the Property which materially affects the physical health or safety of an individual.

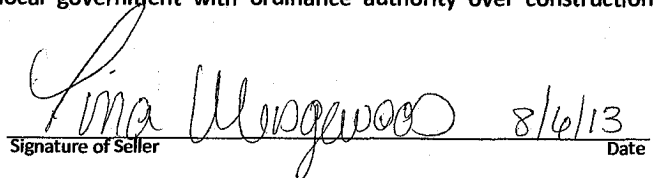
N Any rainwater harvesting system connected to the property's public water supply that is able to be used for indoor potable purposes.

If the answer to any of the above is yes, explain. (Attach additional sheets if necessary): _____

7. If the property is located in a coastal area that is seaward of the Gulf Intracoastal Waterway or within 1,000 feet of the mean high tide bordering the Gulf of Mexico, the property may be subject to the Open Beaches Act or the Dune Protection Act (Chapter 61 or 63, Natural Resources Code, respectively) and a beachfront construction certificate or dune protection permit may be required for repairs or improvements. Contact the local government with ordinance authority over construction adjacent to public beaches for more information.


Signature of Seller

08/06/2013
Date


Signature of Seller

8/6/13
Date

The undersigned purchaser hereby acknowledges receipt of the foregoing notice.

Signature of Buyer

Date

Signature of Buyer

Date