



# SELLER'S DISCLOSURE NOTICE

TO BE COMPLETED BY SELLER(S)

CONCERNING THE PROPERTY AT 950 Southeast Ct.  
Southlake, TX 76092 Tarrant  
(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 10 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: \_\_\_\_\_
- Is Seller a United States citizen?
  - Yes  No
  - If "No", is 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: \_\_\_\_\_
- 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 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: Hail Damage - Roof Replacement Dec. 2021
- 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: \_\_\_\_\_
- Does the Seller have a survey of the property?  Yes  No  
If YES, please attach the survey and T-47 Residential Real Property Affidavit (if applicable) to this disclosure.
- 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: We have had an inspection

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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	# Pages	Attached (Y/N)
12/13/2021	Property	Fidelity Inspection + Consulting	20	Y
12/14/2021	Wood Destroying Insect	Fidelity Inspection + Consulting	9	Y
12/14/2021	Pool	Fidelity Inspection + Consulting	5	Y

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, 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 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 & SYSTEMS	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 type="checkbox"/> / Back <input type="checkbox"/> / Left Side <input type="checkbox"/> / Right Side <input type="checkbox"/> / Fully <input type="checkbox"/> )	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Carbon Monoxide Alarm	<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 <input type="checkbox"/> / Electric <input type="checkbox"/> )	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Cooling (Central Gas <input type="checkbox"/> / Electric <input type="checkbox"/> ) # Units _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Cooling (Window <input type="checkbox"/> / Wall <input type="checkbox"/> / Evaporative Coolers <input type="checkbox"/> )	<input checked="" type="checkbox"/>	<input checked="" 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 type="checkbox"/> / Battery Operated <input type="checkbox"/> )	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Garage Door Opener(s) & Controls (Automatic <input type="checkbox"/> / Manual <input type="checkbox"/> ) # Controls _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Gas Fixtures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Gas Lines (Natural <input type="checkbox"/> / Liquid Propane <input type="checkbox"/> )	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Heating (Central Gas <input type="checkbox"/> / Electric <input type="checkbox"/> ) # Units _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Heating (Window <input type="checkbox"/> / Wall <input type="checkbox"/> )	<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 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 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"/>	
Oven (Gas <input type="checkbox"/> / Electric <input 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"/>	

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EQUIPMENT & SYSTEMS	N/A	WORKING CONDITION	HAS BEEN REPLACED	DATE REPLACED	IN NEED OF REPAIR	DATE / DESCRIPTION OF COMPLETED OR NEEDED REPAIRS
Range (Gas <input type="checkbox"/> / Electric <input type="checkbox"/> )	<input type="checkbox"/>	<input checked="" 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 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 <input type="checkbox"/> / Abandoned <input checked="" type="checkbox"/> )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Septic or other On-Site Sewer System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Shower Enclosure & Pan	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Smoke Detector-Hearing Impaired <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Stove (Free Standing) For Heating (Free Standing)	<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 <input type="checkbox"/> / Electric <input type="checkbox"/> )	<input 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**

STRUCTURE / OTHER	N/A	WORKING CONDITION	HAS BEEN REPLACED	DATE REPLACED	IN NEED OF REPAIR	DATE / DESCRIPTION OF COMPLETED OR NEEDED REPAIRS
Basement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Carport (Attached <input type="checkbox"/> / Not Attached <input type="checkbox"/> )	<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 <input type="checkbox"/> / Other <input type="checkbox"/> )	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 (Attached <input type="checkbox"/> / Not Attached <input type="checkbox"/> )	<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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Retaining Wall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Rain Gutters and Down Spouts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Sidewalk	<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 <input type="checkbox"/> / 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"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

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13. If stucco, what is the type of stucco? N/A

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:  
0 Years  Unknown 1 month old  
 Is the roof paid for by the Property Owners Association?  
 Yes  No  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 *Not in use*  
 - If leased, is lease transferable?  Yes  No  
 Monitor Charge  Mth  Qtr  Yr. \$ \_\_\_\_\_  
 Lease Charge  Mth  Qtr  Yr. \$ \_\_\_\_\_

18. Is the heating and cooling controlled by the Property Owners Association?  Yes  No  Unknown \_\_\_\_\_

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

20. Year the Property was constructed: 1992  
 Per Owner  Tax Rolls  
 (If before 1978 – complete, sign and attach TAR 1906 concerning lead-based paint hazards.)

**MISCELLANEOUS INFORMATION ABOUT PROPERTY**

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

	YES	NO	UNKNOWN	IF "YES", EXPLAIN
ASBESTOS Components?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Any personal or business <b>BANKRUPTCY</b> pending which would affect the sale of the Property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Carpet Stains / Damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>a couple in guest bedroom</i>
Located on or near <b>CORP OF ENGINEERS</b> Property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Any <b>DEATH</b> on the property (except for those deaths caused by natural causes, suicide, or accident unrelated to the condition of the Property)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Unplatted <b>EASEMENTS</b> ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>FAULT</b> Lines?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Previous <b>FIRES</b> ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Any <b>FORECLOSURES</b> pending or threatened with respect to the Property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Urea formaldehyde <b>INSULATION</b> ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>LANDFILL</b> ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Any <b>NOTICES</b> of violation of deed restrictions or governmental ordinances affecting the condition or use of the Property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Lead-based <b>PAINT</b> ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Room additions, structural modification, or other alterations or repairs made without necessary <b>PERMITS</b> or not in compliance with building codes in effect at that time?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Any <b>PROPERTY CONDITION</b> which materially affects the physical health or safety of an individual?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>RADON</b> gas?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
House <b>SETTLING</b> ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>SOIL</b> Movement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Subsurface <b>STRUCTURES</b> , Tanks, or Pits?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Hazardous or <b>TOXIC WASTE</b> affecting the Property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Holes in <b>WALLS</b> ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>WOOD ROT</b> Damage Needing Repair?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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22. If the Property is part of a Property Owner's Association, state the following information:  
 - Association Name: Southview HOA  
 - Association Management Company: \_\_\_\_\_  
 - Association Email: hoa.southview@gmail.com  
 - Association Phone Number: 267-768-7462  
 - Amount of dues or assessments; \$ \_\_\_\_\_  
 - Assessment amount is: Monthly \$ \_\_\_\_\_  
 Quarterly \$ \_\_\_\_\_  
 Annually \$ 300.00  
 - Payment of dues/assessments is:  
 Mandatory  Voluntary  
 - Amount of Unpaid Dues or Assessments, if any: \$ \_\_\_\_\_  
 - Optional Membership: \$ \_\_\_\_\_
23. Has the Property (or the Property Owner's Association of which the Property is a part) been the subject of any pending or concluded litigation?  
 Yes  No  Unknown  
 - If "Yes", attach an explanation \_\_\_\_\_
24. Is the Property in an overlay, proposed overlay, historic or conservation district that may have special restrictions?  
 Yes  No  Unknown  
 If "Yes", explain: \_\_\_\_\_
25. 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  Unknown  
 Other Fiber Optic / FIOS  
 Are any of these paid for by the Property Owner's Association  Yes  No  Unknown  
 If yes, explain: \_\_\_\_\_
26. The water service to the Property is provided by (check as applicable):  City  Well  MUD  Coop  
 Are any of these paid for by the Property Owner's Association  Yes  No  Unknown  
 If yes, explain: \_\_\_\_\_
27. Is Property Owner's Association parking: N/A  
 Assigned  Unassigned \_\_\_\_\_ # Spaces  
 Space Number(s) are: \_\_\_\_\_  
 Carport  Uncovered  Garage
28. Is there any rainwater harvesting system connected to the property?  
 Yes  No  Unknown  
 -Is the system connected to the property's public water supply that is able to be used for indoor potable purposes?  
 Yes  No  Unknown  
 -Is the system larger than 500 gallons?  
 Yes  No  Unknown  
 If Yes; explain: \_\_\_\_\_

29. Any "common area" (facilities such as pools, tennis courts, walkways, or other areas) co-owned in undivided interest with others?  
 Yes  No  
 If yes, explain: \_\_\_\_\_
30. Are there any outstanding mechanics and Material Man's liens or lis pendens against the Property?  
 Yes  No  Unknown

#### INFORMATION ABOUT FOUNDATION

31. Has the Seller ever obtained a written report about the condition of the foundation from any engineer, contractor, inspector, or expert?  Yes  No  Unknown  
 If "Yes", please attach the report \_\_\_\_\_
32. Have repairs been made to the foundation of the Property since its original construction?  Yes  No  Unknown  
 If "Yes", please attach the report \_\_\_\_\_

#### INFORMATION ABOUT DRAINAGE

33. Has the Seller ever obtained a written report about any improper drainage condition from any engineer, contractor, inspector, or expert?  Yes  No  Unknown  
 If "Yes", identify the report by stating the date of the report, the person or company who made the report, and its content:  
 \_\_\_\_\_  
 \_\_\_\_\_
34. 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: \_\_\_\_\_  
 \_\_\_\_\_
35. Does the Seller know of any currently defective condition to the drainage of the Property?  Yes  No  Unknown  
 If "Yes", explain: \_\_\_\_\_  
 \_\_\_\_\_
36. Have there been any previous incidents of flooding or other water penetration into the house, garage, or accessory buildings of the Property?  Yes  No  Unknown  
 If "Yes", when did the incident(s) occur and describe the extent of flooding or water penetration: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### INFORMATION ABOUT TERMITES / WOOD DESTROYING INSECTS

37. Has the Seller ever obtained a written report about active termites or other wood destroying insects?  
 Yes  No  Unknown  
 If "Yes", identify the report by stating the date of the report, the person or company who made the report, and its contents: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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	YES	NO	UNKNOWN	IF "YES", EXPLAIN
Property covered by flood insurance? (If "Yes", attach "Information About Special Flood Hazard Area". TAR 1414)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Located in 100 year FLOOD PLAIN?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Located in Floodway?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Located in a city flood plain?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Tax or judgment liens?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
In an ETJ district? (Extra Territorial Jurisdiction)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Diseased TREES?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Liquid Propane Gas?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
- LP Community (Captive)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
- LP on Property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

### Swimming Pool/Spa Information

Swimming Pool/Spa Equipment	Yes/No	N/A	WORKING CONDITION	HAS BEEN REPLACED	DATE REPLACED Month/Year	IN NEED OF REPAIR	DATE / DESCRIPTION OF COMPLETED OR NEEDED REPAIRS
Pool Type <input type="checkbox"/> Above Ground <input checked="" type="checkbox"/> In Ground <input type="checkbox"/> Fiberglass Insert <input checked="" type="checkbox"/> Gunite <input type="checkbox"/> Vinyl Liner		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Swimming Pool Built-In Cleaning Equipment? <input type="checkbox"/> Chlorine <input checked="" type="checkbox"/> Salt Water		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Swimming Pool Heater <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Solar		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Water Feature		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Spa <input type="checkbox"/> Attached to Pool <input type="checkbox"/> Separate <input type="checkbox"/> Heated <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Solar		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

Miscellaneous Swimming Pool Information	YES	NO	UNKNOWN	IF "YES", EXPLAIN
Single Blockable Main Drain in Pool/Hot Tub/Spa*? *A Single Blockable Main Drain may cause suction entrapment hazard for an individual.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Above-Ground Impediment to Swimming Pool?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Under-Ground Impediment to Swimming Pool?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
In-Ground Swimming Pool Previously on Property that is now filled in?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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38. Has the Property been treated for termites or other wood destroying insects?  
 Yes  No  Unknown  
 If "Yes", please state the date of treatment: \_\_\_\_\_
39. 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: \_\_\_\_\_
40. Do active termites or other wood destroying insects currently infest the Property?  
 Yes  No  Unknown  
 If "Yes", explain: \_\_\_\_\_
41. Is there any existing termite damage in need of repair?  
 Yes  No  Unknown  
 If "Yes", explain: \_\_\_\_\_
42. Is the Property currently covered by a termite policy?  
 Yes  No  Unknown  POA Maintained  
 If "Yes", identify the policy by stating:  
 Name of Company issuing the policy: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_  
 Date of policy renewal: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

**INFORMATION ABOUT ENVIRONMENTAL CONDITIONS**

43. Is the Seller aware of any repairs or treatment, other than routine maintenance, for the following environmental conditions?  
 The presence or removal of asbestos?  Yes  No  
 The presence of radon gas?  Yes  No  
 The presence or treatment of mold?  Yes  No  
 The presence of lead based paint?  Yes  No  
 If "Yes", explain: \_\_\_\_\_
44. If the answer to any part of Question #43 is "Yes", has the Seller ever obtained a written report for addressing such environmental hazards? *N/A*  
 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 contents.)
45. Is the Seller aware of previous use of premises for manufacture of Methamphetamine?  
 Yes  No

46. 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  Unknown  
 If "Yes", explain: \_\_\_\_\_

**ACKNOWLEDGEMENT BY SELLER**

47. I, the Seller, state that the information in this disclosure is complete and accurate to the best of my knowledge and belief.  
*NAS* *JEL*  
 Seller(s) Initials Seller(s) Initials
48. I, the Seller, understand the information in this statement will be disseminated by Listing Broker to prospective buyers and other brokers.  
*NAS* *JEL*  
 Seller(s) Initials Seller(s) Initials
49. 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.  
*NAS* *JEL*  
 Seller(s) Initials Seller(s) Initials

**DISCLOSURES**

**Municipal Utility District Disclosures**

Check All That Apply:  
 (Attach additional MUD Disclosure Notice provided by Chapter 49, Texas Water Code)

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

**On-Site Sewer Facility** *N/A*

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

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**SMOKE DETECTION EQUIPMENT**

50. 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 the installation. The parties may agree who will bear the cost of installing the smoke detectors and which brand of smoke detectors to install.

**INFORMATION ABOUT FLOODING AND FLOOD INSURANCE**

51. 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.

NO Present flood insurance coverage

NO Previous flooding due to a failure or breach of a reservoir or a controlled or emergency release of water from a reservoir

NO Previous water penetration into a structure on the property due to a natural flood event

Write Yes (Y) if you are aware, and check wholly or partly as applicable, write No (N) if you are not aware.

NO Located  wholly  partly in a 100-year floodplain (Special Flood Hazard Area-Zone A, V, A99, AE, AO, AH, VE, or AR)

NO Located  wholly  partly in a 500-year floodplain (Moderate Flood Hazard Area-Zone X (shaded))

NO Located  wholly  partly in a floodway

NO Located  wholly  partly in a flood pool

NO Located  wholly  partly in a reservoir

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

\*For purposes of this notice:

"100-year floodplain" means any area of land that:

(A) is identified on the flood insurance rate map as a special flood hazard area, which is designated as Zone A, V, A99, AE, AO, VE, or AR on the map;

(B) has a one percent annual chance of flooding, which is considered to be a high risk of flooding; and

(C) may include a regulatory floodway, flood pool, or reservoir.

"500-year floodplain" means any area of land that:

(A) is identified on the flood insurance rate map as a moderate flood hazard area, which is designated on the map as Zone X (shaded); and

(B) has a two-tenths of one percent annual chance of flooding, which is considered to be a moderate risk of flooding.

"Flooding Pool" means the area adjacent to a reservoir that lies above the normal maximum operating level of the reservoir and that is subject to controlled inundation under the management of the United States Army Corps of Engineers.

"Flood insurance rate map" means the most recent flood hazard map published by the Federal Emergency Management Agency under the National Flood Insurance Act of 1968 (42 U.S.C. Section 4001 et seq.)

"Floodway" means an area that is identified on the flood insurance rate map as a regulatory floodway, which includes the channel of a river or other watercourse and the adjacent land areas that must be reserved for the discharge of a base flood, also referred to as a 100-year flood, without cumulatively increasing the water surface elevation of more than a designated height.

"Reservoir" means a water impoundment project operated by the United States Army Corps of Engineers that is intended to retain water or delay the runoff of water in a designated surface area of land.

52. Have you (Seller) ever filed a claim for flood damage to the property with any insurance provider, including the National Flood Insurance Program (NFIP)?\*  Yes  No. If yes, explain (attach additional sheets as necessary):

\*Homes in high risk flood zones with mortgages from federally regulated or insured lenders are required to have flood insurance. Even when not required, the Federal Emergency Management Agency (FEMA) encourages homeowners in high risk, moderate risk, and low risk flood zones to purchase flood insurance that covers the structure(s) and the personal property within the structure(s).

53. Have you (Seller) ever received assistance from FEMA or the U.S Small Business Administration (SBA) for flood damage to the property  Yes  No. If yes, explain (attach additional sheets as necessary):

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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.

Jason E. Jovan 1/11/2022 Nicholas D. Abney 1/11/2022
SELLER (SIGN AS NAME APPEARS ON TITLE) DATE SELLER (SIGN AS NAME APPEARS ON TITLE) DATE

NOTICE 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 of 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, measurement 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.
6. This Property may be located near a military installation and 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.

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

BUYER \_\_\_\_\_ DATE \_\_\_\_\_ BUYER \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_ PRINT NAME \_\_\_\_\_

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