

T-47.1 RESIDENTIAL REAL PROPERTY DECLARATION IN LIEU OF AFFIDAVIT

(Provided in accordance with Texas Civil Practice and Remedies Code Section 132.001)

Date: 07/20/2026 GF No. _____
Declarant: Naresh Chintalapudi
Description of Property: UNION PARK PHASE 2C BLK DD LOT 13
County Denton, Texas
Date of Survey: 03-24-2020

"Title Company" as used herein is the Title Insurance Company whose policy of title insurance is issued in reliance upon the statements contained herein.

The undersigned declares as follows:

1. I am an owner of the Property. (Or state other basis for knowledge of the Property, such as lease, management, neighbor, etc. For example, "Declarant is the manager of the Property for the record title owners.")
2. I am familiar with the property and the improvements located on the Property.
3. I am closing a transaction requiring title insurance and the proposed insured owner or lender has requested area and boundary coverage in the title insurance policy(ies) to be issued in this transaction. I understand that the Title Company may make exceptions to the coverage of the title insurance as Title Company may deem appropriate. I understand that the owner of the property, if the current transaction is a sale, may request a similar amendment to the area and boundary coverage in the Owner's Policy of Title Insurance upon payment of the promulgated premium.
4. To the best of my actual knowledge and belief, since the Date of the Survey, there have been no:
 - a. construction projects such as new structures, additional buildings, rooms, garages, swimming pools, decks, or other permanent improvements or fixtures;
 - b. changes in the location of boundary fences or boundary walls;
 - c. construction projects on immediately adjoining property(ies) which construction occurred on or near the boundary of the Property;
 - d. conveyances, replattings, easement grants and/or easement dedications (such as a utility line) by any party affecting the Property.

EXCEPT for the following (If None, Insert "None" Below):

None

5. I understand that Title Company is relying on the truthfulness of the statements made in this Declaration to provide the area and boundary coverage and upon the evidence of the existing real property survey of the Property. This Declaration is not made for the benefit of any other parties and does not constitute a warranty or guarantee of the location of improvements.

6. I understand that I have no liability to Title Company should the information in this Declaration be incorrect other than information that I personally know to be incorrect and which I do not disclose to the Title Company.
7. ALL STATEMENTS IN THIS DECLARATION ARE TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY PERSON INTENTIONALLY MAKING A FALSE STATEMENT MAY BE LIABLE FOR ACTUAL AND/OR PUNITIVE DAMAGES.

My name is <u>NARESH CHINTALAPUDI</u> My date of birth is <u>05-25-1991</u> and my address is <u>7025 Central Ct</u> <u>Aubrey, Texas, 76227</u> I declare under penalty of perjury that the foregoing is true and correct. Executed in <u>Denton</u> County, State of <u>Texas</u>, on the <u>20</u> day of <u>July</u>, <u>2026</u>. Signed: <u>Ch. Nay</u> _____ Declarant	My name is _____ My date of birth is _____ and my address is _____ _____ I declare under penalty of perjury that the foregoing is true and correct. Executed in _____ County, State of _____, on the ____ day of _____, _____. Signed: _____ _____ Declarant
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Acknowledgment by Individual

State of Texas County of Denton
 On this 20th day of July, 2026. Before me, Catherine McNeil
Name of Notary Public

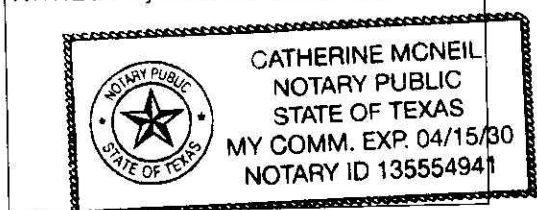
the undersigned Notary Public, personally appeared

Navesh Chintalapudi
 Name of Signer(s)

- ☐ Proved to me on the oath of _____
☐ Personally known to me
☒ Proved to me on the basis of satisfactory evidence Driver's License - Texas
(Description of ID)

to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged that he/she/they executed it.

WITNESS my hand and official seal.



Notary Seal

Catherine McNeil
(Signature of Notary Public)

My commission expires 4/15/2030

Optional: A thumbprint is only needed if state statutes require a thumbprint.

For Bank Purposes Only

To be completed by banker if the document being notarized is retained by Wells Fargo.

Description of Attached Document

Type or Title of Document

Document Date

Number of Pages

Signer(s) Other Than Named Above

Account Number (if applicable)

Right Thumbprint
of Signer

Top of thumb here