



TEXAS ASSOCIATION OF REALTORS®
SELLER'S DISCLOSURE NOTICE
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Section 5.006, Property Code requires a seller of residential property of not more than one dwelling unit to deliver a Seller's Disclosure Notice to a buyer on or before the effective date of a contract. This form complies with and contains additional disclosures which exceed the minimum disclosures required by the Code.

CONCERNING THE PROPERTY AT 16208 Crystal Hills Dr.

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 BUYER MAY WISH TO OBTAIN. IT IS NOT A WARRANTY OF ANY KIND BY SELLER, SELLER'S AGENTS, OR ANY OTHER AGENT.

Seller is is not occupying the Property. If unoccupied (by Seller), how long since Seller has occupied the Property?
 _____ or never occupied the Property

Section 1. The Property has the items (marked below; (Mark Yes (Y), No (N), or Unknown (U).)
Note: This notice does not establish which items will or will not be conveyed.
The terms of a contract will determine which items will and will not be conveyed.

Item	Y	N	U
Cable TV Wiring	✓		
Carbon Monoxide Det.			✓
Ceiling Fans	✓		
Cooktop	✓		
Dishwasher	✓		
Disposal	✓		
Exhaust Fans	✓		
Fences		✓	
Fire Detection Equip.	✓		
French Drain			✓
Gas Fixtures (fireplace)	✓		

Item	Y	N	U
Gas Lines (Nat/LP) - fireplace	✓		
Hot Tub			✓
Intercom System			✓
Microwave	✓		
Outdoor Grill			✓
Oven	✓		
Patio/Decking	✓		
Plumbing System	✓		
Pool			✓
Pool Equipment			✓
Pool Maint. Accessories	✓		

Item	Y	N	U
Pool Heater			
Public Sewer System			
Rain Gutters			
Range/Stove			
Roof/Attic Vents			✓
Sauna			✓
Spa			✓
Trash Compactor			✓
TV Antenna			✓
Washer/Dryer Hookup			
Window Screens			

Item	Y	N	U	Additional Information
Central A/C	✓			<input checked="" type="checkbox"/> electric <input type="checkbox"/> gas number of units:
Wall/Window AC Units		✓		number of units:
Attic Fan(s)			✓	if yes, describe:
Evaporative Coolers			✓	number of units:
Central Heat	✓			<input checked="" type="checkbox"/> electric <input type="checkbox"/> gas number of units: 1, with 2 controls (upstairs)
Other Heat			✓	if yes, describe:
Fireplace & Chimney	✓			<input type="checkbox"/> woodburning (no.) <input checked="" type="checkbox"/> mock gas (no.) other:
Carport		✓		<input type="checkbox"/> attached <input type="checkbox"/> not attached
Garage	✓			<input checked="" type="checkbox"/> attached <input type="checkbox"/> not attached
Garage Door Openers	✓			number of units: 1 number of remotes: 2
Satellite Dish & Controls	✓			<input checked="" type="checkbox"/> owned <input type="checkbox"/> leased from
Security System	✓			<input checked="" type="checkbox"/> owned <input type="checkbox"/> leased from
Water Heater	✓			<input checked="" type="checkbox"/> electric <input type="checkbox"/> gas <input type="checkbox"/> other: number of units: 1
Water Softener	✓			<input checked="" type="checkbox"/> owned <input type="checkbox"/> leased from
Underground Lawn Sprinkler	✓			<input type="checkbox"/> automatic <input type="checkbox"/> manual areas covered:
Septic / On-Site Sewer Facility	✓			if yes, attach Information About On-Site Sewer Facility (TAR-1407)

(TAR-1406) 4-26-04 Initialled by: Seller: [Signature] and Buyer: [Signature] Page 1 of 4
13000 West Loop South, Suite 100, Houston, TX 77025
Phone: 512.894.0113 Fax: 512.894.0812
Member Since: 1970

16208 Crystal Hills Dr.

Concerning the Property at

Water supply provided by: city well MUD co-op unknown other: privately owned by POA
Was the Property built before 1978? yes no unknown ECC Resources

(If yes, complete, sign, and attach TAR-1906 concerning lead-based paint hazards).
Roof Type: Shingle-Composite Age: 3 years + 10 months on 3/7/05 (approximate)
Is there an overlay roof covering on the Property (shingles or roof covering placed over existing shingles or roof covering)?
 yes no unknown

Are you (Seller) aware of any of the items listed in this Section 1 that are not in working condition, that have defects, or are in need of repair? yes no If yes, describe (attach additional sheets if necessary):

Section 2. Are you (Seller) aware of any defects or malfunctions in any of the following?: (Mark Yes (Y) if you are aware and No (N) if you are not aware.)

Item	Y	N	Item	Y	N	Item	Y	N
Basement		<input checked="" type="checkbox"/>	Floors		<input checked="" type="checkbox"/>	Sidewalks		<input checked="" type="checkbox"/>
Ceilings		<input checked="" type="checkbox"/>	Foundation / Slab(s)		<input checked="" type="checkbox"/>	Walls / Fences		<input checked="" type="checkbox"/>
Doors		<input checked="" type="checkbox"/>	Interior Walls		<input checked="" type="checkbox"/>	Windows		<input checked="" type="checkbox"/>
Driveways		<input checked="" type="checkbox"/>	Lighting Fixtures		<input checked="" type="checkbox"/>	Other Structural Components		<input checked="" type="checkbox"/>
Electrical Systems		<input checked="" type="checkbox"/>	Plumbing Systems		<input checked="" type="checkbox"/>			
Exterior Walls		<input checked="" type="checkbox"/>	Roof		<input checked="" type="checkbox"/>			

If the answer to any of the items in Section 2 is yes, explain (attach additional sheets if necessary):

Section 3. Are you (Seller) aware of any of the following conditions: (Mark Yes (Y) if you are aware and No (N) if you are not aware.)

Condition	Y	N	Condition	Y	N
Aluminum Wiring		<input checked="" type="checkbox"/>	Previous Roof Repairs		<input checked="" type="checkbox"/>
Asbestos Components		<input checked="" type="checkbox"/>	Other Structural Repairs		<input checked="" type="checkbox"/>
Diseased Trees: <input type="checkbox"/> oak wilt <input type="checkbox"/>		<input checked="" type="checkbox"/>	Radon Gas		<input checked="" type="checkbox"/>
Endangered Species/Habitat on Property		<input checked="" type="checkbox"/>	Settling		<input checked="" type="checkbox"/>
Fault Lines		<input checked="" type="checkbox"/>	Soil Movement		<input checked="" type="checkbox"/>
Hazardous or Toxic Waste		<input checked="" type="checkbox"/>	Subsurface Structure or Pits		<input checked="" type="checkbox"/>
Improper Drainage <u>slight, low slope</u>		<input checked="" type="checkbox"/>	Underground Storage Tanks		<input checked="" type="checkbox"/>
Intermittent or Weather Springs		<input checked="" type="checkbox"/>	Unplatted Easements		<input checked="" type="checkbox"/>
Landfill		<input checked="" type="checkbox"/>	Unrecorded Easements		<input checked="" type="checkbox"/>
Lead-Based Paint or Lead-Based Pt. Hazards		<input checked="" type="checkbox"/>	Urea-formaldehyde Insulation		<input checked="" type="checkbox"/>
Encroachments onto the Property		<input checked="" type="checkbox"/>	Water Penetration		<input checked="" type="checkbox"/>
Improvements encroaching on others' property		<input checked="" type="checkbox"/>	Wetlands on Property		<input checked="" type="checkbox"/>
Located in 100-year Floodplain		<input checked="" type="checkbox"/>	Wood Rot		<input checked="" type="checkbox"/>
Present Flood Insurance Coverage (If yes, attach TAR-1414)		<input checked="" type="checkbox"/>	Active infestation of termites or other wood-destroying insects (WDI)		<input checked="" type="checkbox"/>
Previous Flooding into the Structures		<input checked="" type="checkbox"/>	Previous treatment for termites or WDI		<input checked="" type="checkbox"/>
Previous Flooding onto the Property		<input checked="" type="checkbox"/>	Previous termite or WDI damage repaired		<input checked="" type="checkbox"/>
Previous Fires		<input checked="" type="checkbox"/>	Termite or WDI damage needing repair		<input checked="" type="checkbox"/>
Previous Foundation Repairs		<input checked="" type="checkbox"/>			

(TAR-1406) 4-26-04

Initialed by: Seller: [Signature] and Buyer: [Signature]

16208 Crystal Hills Dr.

Concerning the Property at _____

If the answer to any of the items in Section 3 is yes, explain (attach additional sheets if necessary): In January 2005 a neighbor helping to put a new water softener hose through the garage wall used a saw saw termites so we began termite treatment within a few days. An inspection ABC Pest & Lawn Services reported no signs of termites, and at 30 day inspection "no additional signs of termites". Five year treatment agreement is paid in full. Can forward to new owner for ref.

Section 4. Are you (Seller) aware of any item, equipment, or system in or on the Property that is in need of repair, which has not been previously disclosed in this notice? yes no If yes, explain (attach additional sheets if necessary): _____

Section 5. Are you (Seller) aware of any of the following (Mark Yes (Y) if you are aware. Mark No (N) if you are not aware.)

- | | |
|--|--|
| <u>Y</u> <u>N</u> | |
| <input type="checkbox"/> <input checked="" type="checkbox"/> | Room additions, structural modifications, or other alterations or repairs made without necessary permits or not in compliance with building codes in effect at the time. |
| <input checked="" type="checkbox"/> <input type="checkbox"/> | Homeowners' associations or maintenance fees or assessments. If yes, complete the following:
Name of association: <u>Goldenwood West Property Owners' Association</u>
Manager's name: _____ Phone: _____
Fees or assessments are: \$ <u>20.</u> per <u>month</u> and are: <input checked="" type="checkbox"/> mandatory <input type="checkbox"/> voluntary
Any unpaid fees or assessment for the Property? <input type="checkbox"/> yes (\$ _____) <input checked="" type="checkbox"/> no
If the Property is in more than one association, provide information about the other associations below or attach information to this notice. |
| <input type="checkbox"/> <input checked="" type="checkbox"/> | Any common area (facilities such as pools, tennis courts, walkways, or other) co-owned in undivided interest with others. If yes, complete the following:
Any optional user fees for common facilities charged? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, describe: _____ |
| <input type="checkbox"/> <input checked="" type="checkbox"/> | Any notices of violations of deed restrictions or governmental ordinances affecting the condition or use of the Property. |
| <input type="checkbox"/> <input checked="" type="checkbox"/> | Any lawsuits or other legal proceedings directly or indirectly affecting the Property. |
| <input type="checkbox"/> <input checked="" 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"/> | Any condition on the Property which materially affects the health or safety of an individual. |
| <input type="checkbox"/> <input checked="" type="checkbox"/> | Any repairs or treatments, other than routine maintenance, made to the Property to remediate environmental hazards such as asbestos, radon, lead-based paint, urea-formaldehyde, or mold.
If yes, attach any certificates or other documentation identifying the extent of the remediation (for example, certificate of mold remediation or other remediation). |

If the answer to any of the items in Section 5 is yes, explain (attach additional sheets if necessary): "Goldenwood West Covenants, Conditions and Restrictions" available.

Section 6. Do you (Seller) have a survey of the Property available for review? yes no If yes, a copy of the survey is is not attached.

(TAR-1406) 4-26-04

Initialed by: Seller: [Signature] and Buyer: [Signature]

16208

Crystal Hills Dr.

Concerning the Property at _____

Section 7: Within the last 4 years, have you (Seller) received any written inspection reports from persons who regularly provide inspections and who are either licensed as inspectors or otherwise permitted by law to perform inspections? yes no If yes, attach copies and complete the following:

Inspection Date	Type	Name of Inspector	No. of Pages
1/02	Property Inspection	Jim Wood	7
1/15/02	Texas Office Word Destroying Inspection	Chet W. Miles	2

Note: 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 chosen by the buyer.

Section 8. Check any tax exemption(s) which you (Seller) currently claim for the Property:

- Homestead Senior Citizen Disabled Disabled Veteran Agricultural Wildlife Management
- Other: _____ Unknown

Section 9. Have you (Seller) ever received proceeds for a claim for damage to the Property (for example, an insurance claim or a settlement or award in a legal proceeding) and not used the proceeds to make the repairs for which the claim was made? yes no If yes, explain: _____

Seller acknowledges that the statements in this notice are true to the best of Seller's belief and that no person, including the broker(s), has instructed or influenced Seller to provide inaccurate information or to omit any material information.

Signature of Seller: [Signature] Date: 3-2-05
 Printed name: _____ Signature of Seller: Kathleen M. May Date: 3-2-05
 Printed name: Kathleen M. May

NOTICES TO BUYER:

The Texas Department of Public Safety maintains a database that the public 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.

If you are basing your offers on square footage, measurements, or boundaries, you should have those items independently measured to verify any reported information.

This Seller's Disclosure Notice was completed by Seller as of the date signed. The brokers have relied on this notice as true and correct and have no reason to believe it to be false or inaccurate. YOU ARE ENCOURAGED TO HAVE AN INSPECTOR OF YOUR CHOICE INSPECT THE PROPERTY.

The undersigned Buyer acknowledges receipt of the foregoing notice.

Signature of Buyer: [Signature] Date: 5/12/05
 Printed name: MARVIN MURPHY Signature of Buyer: Monika Karde-Murphy Date: 5-12-05
 Printed name: _____

(TAR-1406) 4-26-04 Initialed by: Seller: [Signature] and Buyer: [Signature]