



TEXAS ASSOCIATION OF REALTORS®
SELLER'S DISCLOSURE NOTICE

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Section 5.008, 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 10026 Longhorn Skyway
Twin Lake Hills, DS TX 78620

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?
 AUGUST 15, 2005 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			✓

Item	Y	N	U
Gas Lines (Nat/LP)			✓
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: <u>1</u>
Wall/Window AC Units			✓	number of units: _____
Attic Fan(s)			✓	if yes, describe: _____
Evaporative Coolers			✓	number of units: _____
Central Heat	✓			<input type="checkbox"/> electric <input type="checkbox"/> gas number of units: <u>1</u>
Other Heat			✓	if yes, describe: _____
Fireplace & Chimney			✓	<input type="checkbox"/> woodburning _____ (no.) <input type="checkbox"/> mock _____ (no.) other: _____
Carport			✓	<input type="checkbox"/> attached <input type="checkbox"/> not attached
Garage	✓			<input type="checkbox"/> attached <input checked="" type="checkbox"/> not attached
Garage Door Openers			✓	number of units: _____ number of remotes: _____
Satellite Dish & Controls			✓	<input type="checkbox"/> owned <input type="checkbox"/> leased from _____
Security System			✓	<input 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: _____
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

Initialed by: Seller: WKS and Buyer: _____

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Concerning the Property at _____

Water supply provided by: city well MUD co-op unknown other: Deer Creek Water Co

Was the Property built before 1978? yes no unknown

(If yes, complete, sign, and attach TAR-1906 concerning lead-based paint hazards).

Roof Type: Composition Age: New Shingles 9/10/05 (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): NONE

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
Basement		<input checked="" type="checkbox"/>
Ceilings		<input checked="" type="checkbox"/>
Doors		<input checked="" type="checkbox"/>
Driveways		<input checked="" type="checkbox"/>
Electrical Systems		<input checked="" type="checkbox"/>
Exterior Walls		<input checked="" type="checkbox"/>

Item	Y	N
Floors		<input checked="" type="checkbox"/>
Foundation / Slab(s)		<input checked="" type="checkbox"/>
Interior Walls		<input checked="" type="checkbox"/>
Lighting Fixtures	<input checked="" type="checkbox"/>	
Plumbing Systems		<input checked="" type="checkbox"/>
Roof		<input checked="" type="checkbox"/>

Item	Y	N
Sidewalks		<input checked="" type="checkbox"/>
Walls / Fences		<input checked="" type="checkbox"/>
Windows	<input checked="" type="checkbox"/>	
Other Structural Components		<input checked="" type="checkbox"/>

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

one light fixture, with 3 canisters, only seems to work on one (Master Sitting Room). Two windows need slight repairs: 1 Downstairs Living Room
1 - Upstairs Living Room (one slide guide & spring in each)

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
Aluminum Wiring		<input checked="" type="checkbox"/>
Asbestos Components		<input checked="" type="checkbox"/>
Diseased Trees: <input type="checkbox"/> oak wilt <input type="checkbox"/> _____		<input checked="" type="checkbox"/>
Endangered Species/Habitat on Property		<input checked="" type="checkbox"/>
Fault Lines		<input checked="" type="checkbox"/>
Hazardous or Toxic Waste		<input checked="" type="checkbox"/>
Improper Drainage		<input checked="" type="checkbox"/>
Intermittent or Weather Springs	<input checked="" type="checkbox"/>	
Landfill		<input checked="" type="checkbox"/>
Lead-Based Paint or Lead-Based Pt. Hazards		<input checked="" type="checkbox"/>
Encroachments onto the Property		<input checked="" type="checkbox"/>
Improvements encroaching on others' property		<input checked="" type="checkbox"/>
Located in 100-year Floodplain		<input checked="" type="checkbox"/>
Present Flood Insurance Coverage (If yes, attach TAR-1414)		<input checked="" type="checkbox"/>
Previous Flooding into the Structures		<input checked="" type="checkbox"/>
Previous Flooding onto the Property		<input checked="" type="checkbox"/>
Previous Fires		<input checked="" type="checkbox"/>
Previous Foundation Repairs		<input checked="" type="checkbox"/>

Condition	Y	N
Previous Roof Repairs		<input checked="" type="checkbox"/>
Other Structural Repairs		<input checked="" type="checkbox"/>
Radon Gas		<input checked="" type="checkbox"/>
Settling		<input checked="" type="checkbox"/>
Soil Movement		<input checked="" type="checkbox"/>
Subsurface Structure or Pits		<input checked="" type="checkbox"/>
Underground Storage Tanks		<input checked="" type="checkbox"/>
Unplatted Easements		<input checked="" type="checkbox"/>
Unrecorded Easements		<input checked="" type="checkbox"/>
Urea-formaldehyde Insulation		<input checked="" type="checkbox"/>
Water Penetration		<input checked="" type="checkbox"/>
Wetlands on Property	<input checked="" type="checkbox"/>	
Wood Rot		<input checked="" type="checkbox"/>
Active infestation of termites or other wood-destroying insects (WDI)		<input checked="" type="checkbox"/>
Previous treatment for termites or WDI		<input checked="" type="checkbox"/>
Previous termite or WDI damage repaired		<input checked="" type="checkbox"/>
Termite or WDI damage needing repair		<input checked="" type="checkbox"/>

If the answer to any of the items in Section 3 is yes, explain (attach additional sheets if necessary):
Two of the property lines are intermittent wet springs & when they
do run, they
could be called a wetland. They are dry most of the time.

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>Deer Creek Ranch Homeowners Assc.</u>
Manager's name: <u>Bond (Non-paid)</u> Phone: <u>264 3227</u> \$
Fees or assessments are: \$ <u>50.00</u> per <u>set of lots</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 checked="" type="checkbox"/> | <input 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: <u>2 LAKES,</u>
<u>2 PARKS, TENNIS COURT, SWIMMING AREA, WALKING TRAILS</u> |
| <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):

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.

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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

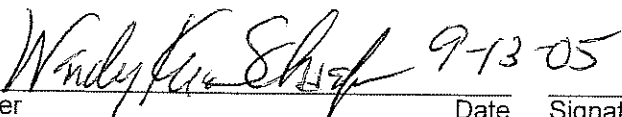
Note: A buyer should not rely on the above-cited reports as a reflection of the current condition of the Property. A buyer should obtain inspections from inspectors chosen by the buyer.

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 _____ Date 9-13-05 Signature of Seller _____ Date _____
 Printed name: Wendy K. Schaefer Printed name: _____

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 _____ Date _____ Signature of Buyer _____ Date _____
 Printed name: _____ Printed name: _____

Dripping Springs Realty, LLC
100 Hwy. 290 West P.O. Box #2
Dripping Springs, TX 78620
Office: 512-894-0123 Fax: 512-894-0872

COMMISSION MEMO

Date: _____

TITLE COMPANY: _____

ATTENTION: _____

Office: _____ Fax: _____

Property Address: _____

Legal Address: _____

Seller(s): _____

Buyer(s): _____

Commission Check made out to Dripping Springs Realty, LLC payable at _____ %

of Sales Price of _____ or \$ _____

Sales Commission Office Credit to _____

as _____ Listing Broker _____ Buyer Broker or _____ Intermediary

Please contract the realtor directly at the following contact number and e-mail for questions and transaction information.

Direct Line: _____ Fax _____

E-Mail _____