



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 27111 Clay Rd

Katy

TX 77493-6534

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? _____ (approximate date) or never occupied the Property

Section 1. The Property has the items marked below: (Mark Yes (Y), No (N), or Unknown (U).)

This notice does not establish the items to be conveyed. The contract will determine which items will & will not convey.

Item	Y	N	U	Item	Y	N	U	Item	Y	N	U
Cable TV Wiring		✓		Liquid Propane Gas:	✓			Pump: <input type="checkbox"/> sump <input type="checkbox"/> grinder		✓	
Carbon Monoxide Det.	✓			-LP Community (Captive)		✓		Rain Gutters	✓		
Ceiling Fans	✓			-LP on Property		✓		Range/Stove	✓		
Cooktop		✓		Hot Tub		✓		Roof/Attic Vents	✓		
Dishwasher	✓			Intercom System		✓		Sauna		✓	
Disposal	✓			Microwave		✓		Smoke Detector		✓	
Emergency Escape Ladder(s)			✓	Outdoor Grill			✓	Smoke Detector – Hearing Impaired		✓	
Exhaust Fans	✓			Patio/Decking		✓		Spa		✓	
Fences	✓			Plumbing System		✓		Trash Compactor		✓	
Fire Detection Equip.				Pool		✓		TV Antenna		✓	
French Drain		✓	✓	Pool Equipment		✓		Washer/Dryer Hookup		✓	
Gas Fixtures	✓			Pool Maint. Accessories		✓		Window Screens		✓	
Natural Gas Lines		✓		Pool Heater		✓		Public Sewer System		✓	

Item	Y	N	U	Additional Information
Central A/C	✓			<input checked="" type="checkbox"/> electric <input type="checkbox"/> gas number of units: <u>ONE</u>
Evaporative Coolers		✓		number of units: <u>NA</u>
Wall/Window AC Units		✓		number of units: <u>NA</u>
Attic Fan(s)		✓		if yes, describe: <u>NA</u>
Central Heat	✓			<input checked="" type="checkbox"/> electric <input type="checkbox"/> gas number of units: <u>ONE</u>
Other Heat		✓		if yes describe:
Oven	✓			number of ovens: <u>1</u> <input type="checkbox"/> electric <input checked="" type="checkbox"/> gas <input type="checkbox"/> other:
Fireplace & Chimney	✓			<input type="checkbox"/> wood <input checked="" type="checkbox"/> gas logs <input type="checkbox"/> mock <input type="checkbox"/> other:
Carport		✓		<input type="checkbox"/> attached <input type="checkbox"/> not attached
Garage	✓			<input type="checkbox"/> attached <input type="checkbox"/> not attached
Garage Door Openers	✓			number of units: <u>ONE</u> number of remotes: <u>1</u>
Satellite Dish & Controls	✓			<input type="checkbox"/> owned <input type="checkbox"/> leased from
Security System		✓		<input type="checkbox"/> owned <input type="checkbox"/> leased from
Solar Panels		✓		<input type="checkbox"/> owned <input type="checkbox"/> leased from
Water Heater		✓		<input type="checkbox"/> electric <input type="checkbox"/> gas <input type="checkbox"/> other: _____
Water Softener		✓		number of units: _____
Other Leased Item(s)		✓		<input type="checkbox"/> owned <input type="checkbox"/> leased from
				if yes, describe: _____

(TXR-1406) 07-08-22

Initiated by: Buyer: _____ and Seller: Mrs. [Signature]

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Underground Lawn Sprinkler	<input checked="" type="checkbox"/>	<input type="checkbox"/>	□ automatic □ manual areas covered: if yes, attach Information About On-Site Sewer Facility (TXR-1407)
Septic / On-Site Sewer Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Water supply provided by: □ city <input checked="" type="checkbox"/> well □ MUD □ co-op □ unknown □ other: Was the Property built before 1978? □ yes <input checked="" type="checkbox"/> no □ unknown
(If yes, complete, sign, and attach TXR-1906 concerning lead-based paint hazards).			
Roof Type: <u>composite</u>	Age: _____ (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 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		
Ceilings		<input checked="" type="checkbox"/>	Foundation / Slab(s)		<input checked="" type="checkbox"/>	Walls / Fences		
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		
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"/>	Radon Gas		<input checked="" type="checkbox"/>
Asbestos Components		<input checked="" type="checkbox"/>	Settling		<input checked="" type="checkbox"/>
Diseased Trees: □ oak wilt <input type="checkbox"/>		<input checked="" type="checkbox"/>	Soil Movement		<input checked="" type="checkbox"/>
Endangered Species/Habitat on Property		<input checked="" type="checkbox"/>	Subsurface Structure or Pits		<input checked="" type="checkbox"/>
Fault Lines		<input checked="" type="checkbox"/>	Underground Storage Tanks		<input checked="" type="checkbox"/>
Hazardous or Toxic Waste		<input checked="" type="checkbox"/>	Unplatted Easements		<input checked="" type="checkbox"/>
Improper Drainage		<input checked="" type="checkbox"/>	Unrecorded Easements		<input checked="" type="checkbox"/>
Intermittent or Weather Springs		<input checked="" type="checkbox"/>	Urea-formaldehyde Insulation		<input checked="" type="checkbox"/>
Landfill		<input checked="" type="checkbox"/>	Water Damage Not Due to a Flood Event		<input checked="" type="checkbox"/>
Lead-Based Paint or Lead-Based Pt. Hazards		<input checked="" type="checkbox"/>	Wetlands on Property		<input checked="" type="checkbox"/>
Encroachments onto the Property		<input checked="" type="checkbox"/>	Wood Rot		<input checked="" type="checkbox"/>
Improvements encroaching on others' property		<input checked="" type="checkbox"/>	Active infestation of termites or other wood destroying insects (WDI)		<input checked="" type="checkbox"/>
Located in Historic District		<input checked="" type="checkbox"/>	Previous treatment for termites or WDI		<input checked="" type="checkbox"/>
Historic Property Designation		<input checked="" type="checkbox"/>	Previous termite or WDI damage repaired		<input checked="" type="checkbox"/>
Previous Foundation Repairs		<input checked="" type="checkbox"/>	Previous Fires		<input checked="" type="checkbox"/>
Previous Roof Repairs		<input checked="" type="checkbox"/>	Termite or WDI damage needing repair		<input checked="" type="checkbox"/>
Previous Other Structural Repairs		<input checked="" type="checkbox"/>	Single Blockable Main Drain in Pool/Hot Tub/Spa*		<input checked="" type="checkbox"/>
Previous Use of Premises for Manufacture of Methamphetamine		<input checked="" type="checkbox"/>			

(TXR-1406) 07-08-22

Initiated by: Buyer: _____

and Seller: MCG dk

Section 6. 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): *1. TAX DAY Flood 2016 2. Hurricane HARVEY 2017*

*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).

Section 7. 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): *We have flood insurance but did not take out any federal assistance loans for repairs.*

Section 8. Are you (Seller) aware of any of the following? (Mark Yes (Y) if you are aware. Mark No (N) if you are not aware.)

Y N

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

Homeowners' associations or maintenance fees or assessments. If yes, complete the following:

Name of association: _____

Manager's name: _____ Phone: _____

Fees or assessments are: \$ _____ per _____ and are: mandatory voluntary

Any unpaid fees or assessment for the Property? yes (\$ _____) no

If the Property is in more than one association, provide information about the other associations below or attach information to this notice.

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? yes no If yes, describe: _____

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

Any lawsuits or other legal proceedings directly or indirectly affecting the Property. (Includes, but is not limited to: divorce, foreclosure, heirship, bankruptcy, and taxes.)

Any death on the Property except for those deaths caused by: natural causes, suicide, or accident unrelated to the condition of the Property.

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

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).

Any rainwater harvesting system located on the Property that is larger than 500 gallons and that uses a public water supply as an auxiliary water source.

The Property is located in a propane gas system service area owned by a propane distribution system retailer.

Any portion of the Property that is located in a groundwater conservation district or a subsidence district.

If the answer to any of the items in Section 8 is yes, explain (attach additional sheets if necessary): _____

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Initiated by: Buyer: _____ and Seller: *MLB, DK*

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Section 9. 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 10. Check any tax exemption(s) which you (Seller) currently claim for the Property:

<input checked="" type="checkbox"/> Homestead	<input checked="" type="checkbox"/> Senior Citizen	<input type="checkbox"/> Disabled
<input type="checkbox"/> Wildlife Management	<input type="checkbox"/> Agricultural	<input type="checkbox"/> Disabled Veteran
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Unknown

Section 11. Have you (Seller) ever filed a claim for damage, other than flood damage, to the Property with any insurance provider? yes no

Section 12. 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: _____

Section 13. Does the Property have working smoke detectors installed in accordance with the smoke detector requirements of Chapter 766 of the Health and Safety Code?* unknown no yes. 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 installation. The parties may agree who will bear the cost of installing the smoke detectors and which brand of smoke detectors to install.

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.

Mervin R. Billings, III
Signature of Seller

2/16/23
Date

Denise E. Billings
Signature of Seller

2-16-23
Date

Printed Name: Mervin R. Billings III

Printed Name: Denise E. Billings

(TXR-1406) 07-08-22

Initiated by: Buyer: _____

and Seller: M.R.B. 

This form is authorized for use by Tricia L. Turner, a subscriber of the Houston Realtors Information Service, Inc.

ADDITIONAL NOTICES TO BUYER:

- (1) 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.
- (2) 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.
- (3) If the Property is located in a seacoast territory of this state designated as a catastrophe area by the Commissioner of the Texas Department of Insurance, the Property may be subject to additional requirements to obtain or continue windstorm and hail insurance. A certificate of compliance may be required for repairs or improvements to the Property. For more information, please review *Information Regarding Windstorm and Hail Insurance for Certain Properties* (TXR 2518) and contact the Texas Department of Insurance or the Texas Windstorm Insurance Association.
- (4) 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.
- (5) If you are basing your offers on square footage, measurements, or boundaries, you should have those items independently measured to verify any reported information.

- (6) The following providers currently provide service to the Property:

Electric: Reliant
 Sewer: NA
 Water: NA
 Cable: NA
 Trash: Texas Disposal
 Natural Gas: NA
 Phone Company: Consolidated
 Propane: Katy Butane
 Internet: Starlink

phone #: 1-800-332-7143
 phone #: _____
 phone #: _____
 phone #: _____
 phone #: 1-800-375-8375
 phone #: _____
 phone #: 1-866-240-8889
 phone #: 281-391-3439
 phone #: _____

- (7) 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: _____

(TXR-1406) 07-08-22

Initiated by: Buyer: _____

and Seller: MKB, dt

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INFORMATION ABOUT ON-SITE SEWER FACILITY

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CONCERNING THE PROPERTY AT 27111 Clay Rd

Katy

TX 77493-6534

A. DESCRIPTION OF ON-SITE SEWER FACILITY ON PROPERTY:

(1) Type of Treatment System: Septic Tank Aerobic Treatment Unknown

(2) Type of Distribution System: 3 Sprinkler Heads Unknown

(3) Approximate Location of Drain Field or Distribution System: Unknown

(4) Installer: Southern Septic Systems Unknown

(5) Approximate Age: 25 years Unknown

B. MAINTENANCE INFORMATION:

(1) Is Seller aware of any maintenance contract in effect for the on-site sewer facility? Yes No
If yes, name of maintenance contractor: ACE Environmental
Phone: 936-419-6455 contract expiration date: _____
(Maintenance contracts must be in effect to operate aerobic treatment and certain non-standard" on-site sewer facilities.)

(2) Approximate date any tanks were last pumped? _____

(3) Is Seller aware of any defect or malfunction in the on-site sewer facility? Yes No
If yes, explain: _____

(4) Does Seller have manufacturer or warranty information available for review? Yes No

C. PLANNING MATERIALS, PERMITS, AND CONTRACTS:

(1) The following items concerning the on-site sewer facility are attached:
 planning materials permit for original installation final inspection when OSSF was installed
 maintenance contract manufacturer information warranty information 2 yr Warranty

(2) "Planning materials" are the supporting materials that describe the on-site sewer facility that are submitted to the permitting authority in order to obtain a permit to install the on-site sewer facility.

(3) It may be necessary for a buyer to have the permit to operate an on-site sewer facility transferred to the buyer.

(TXR 1407) 1-7-04

Initiated for Identification by Buyer: _____

and Seller

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D. INFORMATION FROM GOVERNMENTAL AGENCIES: Pamphlets describing on-site sewer facilities are available from the Texas Agricultural Extension Service. Information in the following table was obtained from Texas Commission on Environmental Quality (TCEQ) on 10/24/2002. The table estimates daily wastewater usage rates. Actual water usage data or other methods for calculating may be used if accurate and acceptable to TCEQ.

<u>Facility</u>	<u>Usage (gal/day) without water- saving devices</u>	<u>Usage (gal/day) with water- saving devices</u>
Single family dwelling (1-2 bedrooms; less than 1,500 sf)	225	180
Single family dwelling (3 bedrooms; less than 2,500 sf)	300	240
Single family dwelling (4 bedrooms; less than 3,500 sf)	375	300
Single family dwelling (5 bedrooms; less than 4,500 sf)	450	360
Single family dwelling (6 bedrooms; less than 5,500 sf)	525	420
Mobile home, condo, or townhouse (1-2 bedroom)	225	180
Mobile home, condo, or townhouse (each add'l bedroom)	75	60

This document is not a substitute for any inspections or warranties. This document was completed to the best of Seller's knowledge and belief on the date signed. Seller and real estate agents are not experts about on-site sewer facilities. Buyer is encouraged to have the on-site sewer facility inspected by an inspector of Buyer's choice.

Mervin R. Billings, III 2/16/23
Signature of Seller Mervin R. Billings III Date

Denise E. Billings 2-16-23
Signature of Seller Denise E. Billings Date

Receipt acknowledged by:

Signature of Buyer _____ Date

Signature of Buyer _____ Date



NOTICE OF INFORMATION FROM OTHER SOURCES

USE OF THIS FORM BY PERSONS WHO ARE NOT MEMBERS OF THE TEXAS ASSOCIATION OF REALTORS® IS NOT AUTHORIZED.
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To: _____ *Buyer(s)*

From: _____ *eXp Realty, LLC* (Broker)

Property Address: 27111 Clay Rd *Katy* *TX 77493-6534*

Date: _____

(1) Broker obtained the attached information, identified as

Square footage, features, school zones, utility costs and all other information about the home.

from
Tax records, school district website, and seller.

(2) Broker has relied on the attached information and does not know and has no reason to know that the

information is false or inaccurate except:

Please confirm school information, square footage & all other information with independent sources. All information is supplied as a courtesy & was procured from other sources and although usually correct, can change or be inaccurate.

(3) **Broker does not warrant or guarantee the accuracy of the attached information. Do not rely on the attached information without verifying its accuracy.**

eXp Realty, LLC

Broker Authentisign

By: Tricia Turner

Receipt of this notice is acknowledged by:

Signature _____ Date _____

Signature _____ Date _____