## T-47 RESIDENTIAL REAL PROPERTY AFFIDAVIT (MAY BE MODIFIED AS APPROPRIATE FOR COMMERCIAL TRANSACTIONS)

Date: 07/06/2023	GF No.	
Name of Affiant(s): DAVIS MAXA		
Address of Affiant: 404 Cowal DR.	N. SPICEWOOD ITX PRINCE	
Description of Property: LOT 39 . 66 ACRE County OF TRAVIS , HUSTIN , To	N. SPICEWOOD, TX. 78669 OF LOT 39 LOW THEODORE HEIGHTS, 1806 FORTVI	EW
	rance Company whose policy of title insurance is issued in reliance u	
Before me, the undersigned notary for the State of Affiant(s) who after by me being sworn, stated:	Texas personally appearance.	ared
as lease, management, neighbor, etc. For example	Or state other basis for knowledge by Affiant(s) of the Property, se, "Affiant is the manager of the Property for the record title owners	e ")·
2. We are familiar with the property and the imp	provements located on the Property.	
area and boundary coverage in the title insurance Company may make exceptions to the coverage understand that the owner of the property, if the	policy(ies) to be issued in this transaction. We understand that the Te of the title insurance as Title Company may deem appropriate current transaction is a sale, may request a similar amendment to Title Insurance upon payment of the promulgated premium.	Fitle We
<ul><li>b. changes in the location of boundary fences or</li><li>c. construction projects on immediately adjoining</li></ul>	there have been stures, additional buildings, rooms, garages, swimming pools or or boundary walls; and property (ies) which encroach on the Property; and/or easement dedications (such as a utility line) by any party.	
EXCEPT for the following (If None, Insert "None" Be	low:) NONE	
provide the area and boundary coverage and upor	elying on the truthfulness of the statements made in this affidavit the evidence of the existing real property survey of the Property. It parties and this Affidavit does not constitute a warranty or guarantee	This
6. We understand that we have no liability in this Affidavit be incorrect other than information the Title Company	to Title Company that will issue the policy(ies) should the informate that we personally know to be incorrect and which we do not disclose SARAH D SCHILLER Notary ID #134187173 My Commission Expires February 7, 2027	tion e to
SWORN AND SUBSCRIBED this (0 th day of Notary Public	July ,202	<u>3</u>

(TAR-1907) 02-01-2010

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