



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.**

**404 S LaSalle St
Navasota,**

CONCERNING THE PROPERTY AT _____

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).)

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

Item	Y	N	U
Cable TV Wiring		<input checked="" type="checkbox"/>	
Carbon Monoxide Det.		<input checked="" type="checkbox"/>	
Ceiling Fans		<input checked="" type="checkbox"/>	
Cooktop		<input checked="" type="checkbox"/>	
Dishwasher		<input checked="" type="checkbox"/>	
Disposal		<input checked="" type="checkbox"/>	
Emergency Escape Ladder(s)		<input checked="" type="checkbox"/>	
Exhaust Fans	<input checked="" type="checkbox"/>		
Fences		<input checked="" type="checkbox"/>	
Fire Detection Equip.		<input checked="" type="checkbox"/>	
French Drain		<input checked="" type="checkbox"/>	
Gas Fixtures		<input checked="" type="checkbox"/>	
Natural Gas Lines			

Item	Y	N	U
Liquid Propane Gas:		<input checked="" type="checkbox"/>	
-LP Community (Captive)		<input checked="" type="checkbox"/>	
-LP on Property		<input checked="" type="checkbox"/>	
Hot Tub		<input checked="" type="checkbox"/>	
Intercom System		<input checked="" type="checkbox"/>	
Microwave		<input checked="" type="checkbox"/>	
Outdoor Grill	<input checked="" type="checkbox"/>		
Patio/Decking		<input checked="" type="checkbox"/>	
Plumbing System	<input checked="" type="checkbox"/>		
Pool		<input checked="" type="checkbox"/>	
Pool Equipment		<input checked="" type="checkbox"/>	
Pool Maint. Accessories		<input checked="" type="checkbox"/>	
Pool Heater		<input checked="" type="checkbox"/>	

Item	Y	N	U
Pump: <input type="checkbox"/> sump <input type="checkbox"/> grinder		<input checked="" type="checkbox"/>	
Rain Gutters		<input checked="" type="checkbox"/>	
Range/Stove		<input checked="" type="checkbox"/>	
Roof/Attic Vents		<input checked="" type="checkbox"/>	
Sauna		<input checked="" type="checkbox"/>	
Smoke Detector		<input checked="" type="checkbox"/>	
Smoke Detector - Hearing Impaired		<input checked="" type="checkbox"/>	
Spa		<input checked="" type="checkbox"/>	
Trash Compactor		<input checked="" type="checkbox"/>	
TV Antenna		<input checked="" type="checkbox"/>	
Washer/Dryer Hookup	<input checked="" type="checkbox"/>		
Window Screens	<input checked="" type="checkbox"/>		
Public Sewer System	<input checked="" type="checkbox"/>		

Item	Y	N	U	Additional Information
Central A/C		<input checked="" type="checkbox"/>		<input type="checkbox"/> electric <input type="checkbox"/> gas number of units: _____
Evaporative Coolers		<input checked="" type="checkbox"/>		number of units: _____
Wall/Window AC Units	<input checked="" type="checkbox"/>			number of units: <u>1 @ IN BEDROOM</u>
Attic Fan(s)		<input checked="" type="checkbox"/>		if yes, describe: _____
Central Heat		<input checked="" type="checkbox"/>		<input type="checkbox"/> electric <input type="checkbox"/> gas number of units: _____
Other Heat		<input checked="" type="checkbox"/>		if yes, describe: _____
Oven		<input checked="" type="checkbox"/>		number of ovens: _____ <input type="checkbox"/> electric <input type="checkbox"/> gas <input type="checkbox"/> other: _____
Fireplace & Chimney	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> wood <input type="checkbox"/> gas logs <input type="checkbox"/> mock <input type="checkbox"/> other: <u>NEEDS INSPECTION</u>
Carport	<input checked="" type="checkbox"/>			<input type="checkbox"/> attached <input checked="" type="checkbox"/> not attached
Garage	<input checked="" type="checkbox"/>			<input type="checkbox"/> attached <input checked="" type="checkbox"/> not attached
Garage Door Openers		<input checked="" type="checkbox"/>		number of units: _____ number of remotes: _____
Satellite Dish & Controls		<input checked="" type="checkbox"/>		<input type="checkbox"/> owned <input type="checkbox"/> leased from _____
Security System		<input checked="" type="checkbox"/>		<input type="checkbox"/> owned <input type="checkbox"/> leased from _____
Water Heater	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> electric <input type="checkbox"/> gas <input type="checkbox"/> other: _____ number of units: _____
Water Softener		<input checked="" type="checkbox"/>		<input type="checkbox"/> owned <input type="checkbox"/> leased from _____
Underground Lawn Sprinkler		<input checked="" type="checkbox"/>		<input type="checkbox"/> automatic <input type="checkbox"/> manual areas covered: _____
Septic / On-Site Sewer Facility		<input checked="" type="checkbox"/>		if yes, attach Information About On-Site Sewer Facility (TAR-1407)

(TAR-1406) 01-01-16

Navasota Realty 502 S. LaSalle, Suite C Navasota, TX 77868
Navasota Realty

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

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Page 1 of 5
Lyon - Forgings 247