



## 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 510 West Ave, Schulenburg, Tx 78956

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

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

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

Item	Y	N	U	Additional Information
Central A/C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> electric <input type="checkbox"/> gas number of units: <u>2</u>
Evaporative Coolers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	number of units: _____
Wall/Window AC Units	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	number of units: _____
Attic Fan(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	if yes, describe: _____
Central Heat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	electric <input checked="" type="checkbox"/> gas number of units: <u>2</u>
Other Heat	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	if yes, describe: _____
Oven	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	number of ovens: _____ electric <input type="checkbox"/> gas <input type="checkbox"/> other: _____
Fireplace & Chimney	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	wood <input type="checkbox"/> gas logs <input type="checkbox"/> mock <input type="checkbox"/> other: _____
Carport	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	attached <input type="checkbox"/> not attached
Garage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	attached <input type="checkbox"/> not attached
Garage Door Openers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	number of units: _____ number of remotes: _____
Satellite Dish & Controls	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	owned <input type="checkbox"/> leased from: _____
Security System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	owned <input type="checkbox"/> leased from: _____
Solar Panels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	owned <input type="checkbox"/> leased from: _____
Water Heater	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	electric <input checked="" type="checkbox"/> gas <input type="checkbox"/> other: <u>2</u> number of units: _____
Water Softener	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	owned <input type="checkbox"/> leased from: _____
Other Leased Items(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	if yes, describe: _____

(TXR-1406) 09-01-19

Initialed by: Buyer: \_\_\_\_\_, \_\_\_\_\_ and Seller: A

Page 1 of 6

Concerning the Property at 510 West Ave, Schulenburg, TX 78956

Underground Lawn Sprinkler	<input checked="" type="checkbox"/>	automatic	manual	areas covered:
Septic / On-Site Sewer Facility	<input checked="" type="checkbox"/>	if yes, attach Information About On-Site Sewer Facility (TXR-1407)		

Water supply provided by: ☒ city ☐ well ☐ MUD ☐ co-op ☐ unknown ☐ other: \_\_\_\_\_

Was the Property built before 1978? ☒ yes ☐ no ☐ unknown

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

Roof Type: Metal Age: 4 1/2 yrs old (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):

Built in microwave not working, waiting for part replacement

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

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

Item	Y	N
Sidewalks	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Walls / Fences	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Windows	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other Structural Components	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input 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
Aluminum Wiring	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Asbestos Components	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diseased Trees: oak wilt	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Endangered Species/Habitat on Property	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Fault Lines	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hazardous or Toxic Waste	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Improper Drainage	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Intermittent or Weather Springs	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Landfill	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lead-Based Paint or Lead-Based Pt. Hazards	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Encroachments onto the Property	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Improvements encroaching on others' property	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Located in Historic District	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Historic Property Designation	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Previous Foundation Repairs	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Previous Roof Repairs	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Previous Other Structural Repairs	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Previous Use of Premises for Manufacture of Methamphetamine	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Condition	Y	N
Radon Gas	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Settling	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Soil Movement	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Subsurface Structure or Pits	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Underground Storage Tanks	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Unplatted Easements	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Unrecorded Easements	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Urea-formaldehyde Insulation	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Water Damage Not Due to a Flood Event	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Wetlands on Property	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Wood Rot	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Active infestation of termites or other wood destroying insects (WDI)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Previous treatment for termites or WDI	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Previous termite or WDI damage repaired	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Previous Fires	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Termite or WDI damage needing repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Single Blockable Main Drain in Pool/Hot Tub/Spa*	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Concerning the Property at \_\_\_\_\_

If the answer to any of the items in Section 3 is yes, explain (attach additional sheets if necessary): \_\_\_\_\_

\*A single blockable main drain may cause a suction entrapment hazard for an individual.

**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 conditions?\*** (Mark Yes (Y) if you are aware and check wholly or partly as applicable. Mark No (N) if you are not aware.)

**Y N**

- ☒ Present flood insurance coverage (if yes, attach TXR 1414).
- ☒ Previous flooding due to a failure or breach of a reservoir or a controlled or emergency release of water from a reservoir.
- ☒ Previous flooding due to a natural flood event (if yes, attach TXR 1414).
- ☒ Previous water penetration into a structure on the Property due to a natural flood event (if yes, attach TXR 1414).
- ☒ Located ☐ wholly ☐ partly in a 100-year floodplain (Special Flood Hazard Area-Zone A, V, A99, AE AO, AH, VE, or AR) (if yes, attach TXR 1414).
- ☒ Located ☐ wholly ☐ partly in a 500-year floodplain (Moderate Flood Hazard Area-Zone X (shaded)).
- ☒ Located ☐ wholly ☐ partly in a floodway (if yes, attach TXR 1414).
- ☒ Located ☐ wholly ☐ partly in a flood pool.
- ☒ Located ☐ wholly ☐ partly in a reservoir.

If the answer to any of the above is yes, explain (attach additional sheets as necessary): \_\_\_\_\_

*\*For purposes of this notice:*

*"100-year floodplain" means any area of land that: (A) is identified on the flood insurance rate map as a special flood hazard area, which is designated as Zone A, V, A99, AE, AO, AH, VE, or AR on the map; (B) has a one percent annual chance of flooding, which is considered to be a high risk of flooding; and (C) may include a regulatory floodway, flood pool, or reservoir.*

*"500-year floodplain" means any area of land that: (A) is identified on the flood insurance rate map as a moderate flood hazard area, which is designated on the map as Zone X (shaded); and (B) has a two-tenths of one percent annual chance of flooding, which is considered to be a moderate risk of flooding.*

*"Flood pool" means the area adjacent to a reservoir that lies above the normal maximum operating level of the reservoir and that is subject to controlled inundation under the management of the United States Army Corps of Engineers.*

*"Flood insurance rate map" means the most recent flood hazard map published by the Federal Emergency Management Agency under the National Flood Insurance Act of 1968 (42 U.S.C. Section 4001 et seq.).*

*"Floodway" means an area that is identified on the flood insurance rate map as a regulatory floodway, which includes the channel of a river or other watercourse and the adjacent land areas that must be reserved for the discharge of a base flood, also referred to as a 100-year flood, without cumulatively increasing the water surface elevation more than a designated height.*

*"Reservoir" means a water impoundment project operated by the United States Army Corps of Engineers that is intended to retain water or delay the runoff of water in a designated surface area of land.*

Concerning the Property at \_\_\_\_\_

**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): \_\_\_\_\_

\*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): \_\_\_\_\_

**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): \_\_\_\_\_

Concerning the Property at 510 West Ave, Schulenburg, Tx 78956

Section 9. Seller ☒ has ☐ has not attached a survey of the Property.

Section 10. 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
12/26/20	Home Inspection	Wenske Home Inspections	15

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

☒ Homestead ☐ Senior Citizen ☐ Disabled  
☐ Wildlife Management ☐ Agricultural ☐ Disabled Veteran  
☐ Other: ☐ Unknown

Section 12. Have you (Seller) ever filed a claim for damage, other than flood damage, to the Property with any insurance provider? ☐ yes ☒ no

Section 13. 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 14. 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.

Signature of Seller Stacey Norris Date 6/3/22 Signature of Seller \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: Stacey Norris Printed Name: \_\_\_\_\_

(TXR-1406) 09-01-19

Initialed by: Buyer: \_\_\_\_\_, \_\_\_\_\_ and Seller: SN, \_\_\_\_\_

Page 5 of 6

Concerning the Property at 510 west Ave, Schulenburg, TX 78956

**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 <https://publicsite.dps.texas.gov/SexOffenderRegistry>. 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: <u>City of Schulenburg</u>	phone #: _____
Sewer: <u>City of Schulenburg</u>	phone #: _____
Water: <u>City of Schulenburg</u>	phone #: _____
Cable: _____	phone #: _____
Trash: <u>City of Schulenburg</u>	phone #: _____
Natural Gas: <u>Center Point</u>	phone #: _____
Phone Company: _____	phone #: _____
Propane: _____	phone #: _____
Internet: _____	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.

<u>Stacy Nor</u> <u>6/3/22</u>	Signature of Buyer	Date	<u>Stacy Norris</u>	Signature of Buyer	Date
Printed Name: <u>Stacy Norris</u>	Printed Name: _____				



APPROVED BY THE TEXAS REAL ESTATE COMMISSION  
**ADDENDUM FOR SELLER'S DISCLOSURE OF INFORMATION  
ON LEAD-BASED PAINT AND LEAD-BASED PAINT HAZARDS  
AS REQUIRED BY FEDERAL LAW**

10-10-11

CONCERNING THE PROPERTY AT 510 West Ave, Schulenburg, Tx 78956  
(Street Address and City)

**A. LEAD WARNING STATEMENT:** "Every purchaser of any interest in residential real property on which a residential dwelling was built prior to 1978 is notified that such property may present exposure to lead from lead-based paint that may place young children at risk of developing lead poisoning. Lead poisoning in young children may produce permanent neurological damage, including learning disabilities, reduced intelligence quotient, behavioral problems, and impaired memory. Lead poisoning also poses a particular risk to pregnant women. The seller of any interest in residential real property is required to provide the buyer with any information on lead-based paint hazards from risk assessments or inspections in the seller's possession and notify the buyer of any known lead-based paint hazards. A risk assessment or inspection for possible lead-paint hazards is recommended prior to purchase."

**NOTICE:** Inspector must be properly certified as required by federal law.

**B. SELLER'S DISCLOSURE:**

1. PRESENCE OF LEAD-BASED PAINT AND/OR LEAD-BASED PAINT HAZARDS (check one box only):

- ☐ (a) Known lead-based paint and/or lead-based paint hazards are present in the Property (explain): \_\_\_\_\_
- ☒ (b) Seller has no actual knowledge of lead-based paint and/or lead-based paint hazards in the Property.

2. RECORDS AND REPORTS AVAILABLE TO SELLER (check one box only):

- ☐ (a) Seller has provided the purchaser with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the Property (list documents): \_\_\_\_\_
- ☒ (b) Seller has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the Property.

**C. BUYER'S RIGHTS** (check one box only):

- ☐ 1. Buyer waives the opportunity to conduct a risk assessment or inspection of the Property for the presence of lead-based paint or lead-based paint hazards.
- ☐ 2. Within ten days after the effective date of this contract, Buyer may have the Property inspected by inspectors selected by Buyer. If lead-based paint or lead-based paint hazards are present, Buyer may terminate this contract by giving Seller written notice within 14 days after the effective date of this contract, and the earnest money will be refunded to Buyer.

**D. BUYER'S ACKNOWLEDGMENT** (check applicable boxes):

- ☐ 1. Buyer has received copies of all information listed above.
- ☐ 2. Buyer has received the pamphlet *Protect Your Family from Lead in Your Home*.

**E. BROKERS' ACKNOWLEDGMENT:** Brokers have informed Seller of Seller's obligations under 42 U.S.C. 4852d to:

(a) provide Buyer with the federally approved pamphlet on lead poisoning prevention; (b) complete this addendum; (c) disclose any known lead-based paint and/or lead-based paint hazards in the Property; (d) deliver all records and reports to Buyer pertaining to lead-based paint and/or lead-based paint hazards in the Property; (e) provide Buyer a period of up to 10 days to have the Property inspected; and (f) retain a completed copy of this addendum for at least 3 years following the sale. Brokers are aware of their responsibility to ensure compliance.

**F. CERTIFICATION OF ACCURACY:** The following persons have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

Buyer \_\_\_\_\_ Date \_\_\_\_\_

Seller [Signature] 6/3/22 Date

Buyer \_\_\_\_\_ Date \_\_\_\_\_

Seller \_\_\_\_\_ Date

Other Broker \_\_\_\_\_ Date \_\_\_\_\_

[Signature] 6/3/2022  
Listing Broker  
Katy Michalke Date

The form of this addendum has been approved by the Texas Real Estate Commission for use only with similarly approved or promulgated forms of contracts. Such approval relates to this contract form only. TREC forms are intended for use only by trained real estate licensees. No representation is made as to the legal validity or adequacy of any provision in any specific transactions. It is not suitable for complex transactions. Texas Real Estate Commission, P.O. Box 12188, Austin, TX 78711-2188, 512-936-3000 (<http://www.trec.texas.gov>)

(TXR 1906) 10-10-11

TREC No. OP-L



**ADDENDUM CONTAINING NOTICE OF OBLIGATION  
TO PAY IMPROVEMENT DISTRICT  
ASSESSMENT TO Fayette County, TEXAS**

(insert name of municipality or county levying assessment)

**CONCERNING THE FOLLOWING PROPERTY**510 West Ave, Schulenburg, Tx 78956

(insert property address)

As the purchaser of the real property described above, you are obligated to pay assessments to Fayette County, Texas, for the costs of a portion of a public improvement or

(insert name of municipality or county, as applicable)

services project (the "Authorized Improvements") undertaken for the benefit of the property within Fayette County Groundwater Conservation District (the "District") created under Local Government Code

(insert name of public improvement district)

(insert Subchapter A, Chapter 372, Local

Government Code, or Chapter 382, Local Government Code, as applicable)

AN ASSESSMENT HAS BEEN LEVIED AGAINST YOUR PROPERTY FOR THE AUTHORIZED IMPROVEMENTS, WHICH MAY BE PAID IN FULL AT ANY TIME. IF THE ASSESSMENT IS NOT PAID IN FULL, IT WILL BE DUE AND PAYABLE IN ANNUAL INSTALLMENTS THAT WILL VARY FROM YEAR TO YEAR DEPENDING ON THE AMOUNT OF INTEREST PAID, COLLECTION COSTS, ADMINISTRATIVE COSTS, AND DELINQUENCY COSTS.

The exact amount of the assessment may be obtained from \_\_\_\_\_

Fayette County

(insert name of municipality or county, as applicable)

The exact amount of each annual installment will be approved each year by Fayette County Commissioner's

(insert name of city council or county

Court

commissioners court, as applicable)

in the annual service plan update for the district. More information about the assessments, including the amounts and due dates, may be obtained from Fayette County

(insert name of municipality

or county, as applicable)

Your failure to pay any assessment or any annual installment may result in penalties and interest being added to what you owe or in a lien on and the foreclosure of your property.

Signature of Seller

6/3/22

Date

Signature of Seller

Date

The undersigned purchaser acknowledges receipt of this notice before the effective date of a binding contract for the purchase of the real property at the address described above.

Signature of Buyer

Date

Signature of Buyer

Date



This form has been approved by the Texas Real Estate Commission for use with similarly approved or promulgated contract forms. Such approval relates to this form only. TREC forms are intended for use only by trained real estate license holders. No representation is made as to the legal validity or adequacy of any provision in any specific transactions. It is not suitable for complex transactions. Texas Real Estate Commission, P.O. Box 12188, Austin, TX 78711-2188, (512) 936-3000 (<http://www.trec.texas.gov>) TREC No. 53-0.



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

Date: June 3, 2022

GF No. \_\_\_\_\_

Name of Affiant(s): Stacey Norris

Address of Affiant: P.O. Box 52, La Grange, TX 78945

Description of Property: 510 West Ave, Schulenburg, TX 78956, House on .26 acre lot

County Fayette, Texas

"Title Company" as used herein is the Title Insurance Company whose policy of title insurance is issued in reliance upon the statements contained herein.

Before me, the undersigned notary for the State of Texas, personally appeared Affiant(s) who after by me being sworn, stated:

1. We are the owners of the Property. (Or state other basis for knowledge by Affiant(s) of the Property, such as lease, management, neighbor, etc. For example, "Affiant is the manager of the Property for the record title owners."): **I am the owner of the property.**

2. We are familiar with the property and the improvements located on the Property.

3. We are closing a transaction requiring title insurance and the proposed insured owner or lender has requested area and boundary coverage in the title insurance policy(ies) to be issued in this transaction. We understand that the Title Company may make exceptions to the coverage of the title insurance as Title Company may deem appropriate. We understand that the owner of the property, if the current transaction is a sale, may request a similar amendment to the area and boundary coverage in the Owner's Policy of Title Insurance upon payment of the promulgated premium.

4. To the best of our actual knowledge and belief, since 1/14/2021 there have been no:

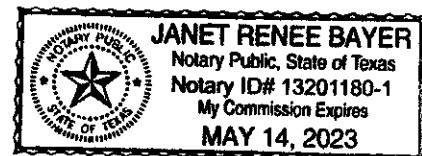
- a. construction projects such as new structures, additional buildings, rooms, garages, swimming pools or other permanent improvements or fixtures;
- b. changes in the location of boundary fences or boundary walls;
- c. construction projects on immediately adjoining property(ies) which encroach on the Property;
- d. conveyances, replattings, easement grants and/or easement dedications (such as a utility line) by any party affecting the Property.

EXCEPT for the following (If None, Insert "None" Below:) Replace Fence

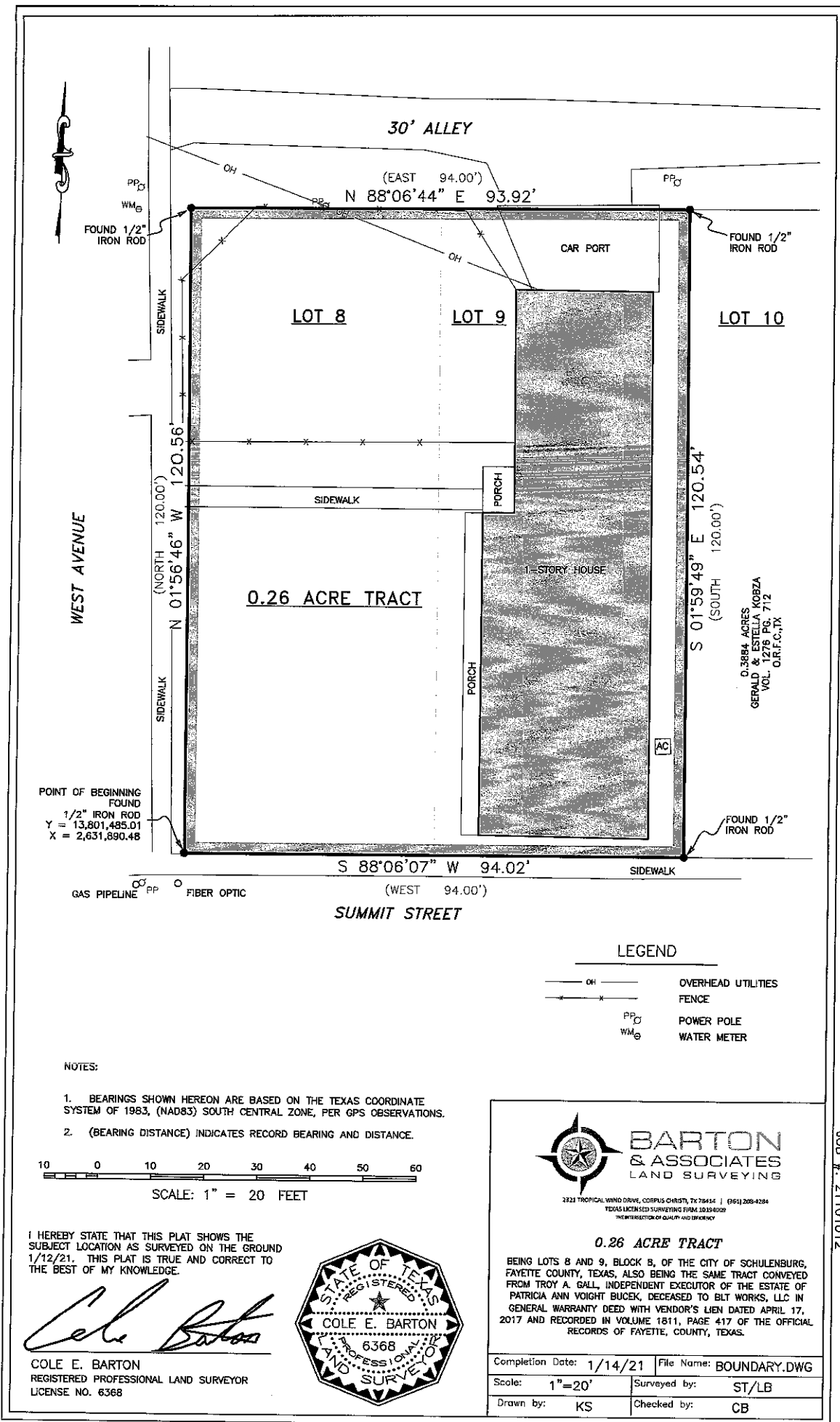
5. We understand that Title Company is relying on the truthfulness of the statements made in this affidavit to provide the area and boundary coverage and upon the evidence of the existing real property survey of the Property. This Affidavit is not made for the benefit of any other parties and this Affidavit does not constitute a warranty or guarantee of the location of improvements.

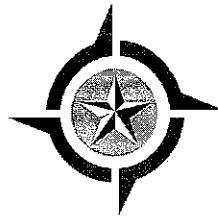
6. We understand that we have no liability to Title Company that will issue the policy(ies) should the information in this Affidavit be incorrect other than information that we personally know to be incorrect and which we do not disclose to the Title Company.

Stacey Norris



SWORN AND SUBSCRIBED this 3<sup>rd</sup> day of June, 2022  
Janet Renee Bayer  
Notary Public





# BARTON & ASSOCIATES LAND SURVEYING

2321 TROPICAL WIND DRIVE, CORPUS CHRISTI, TX 78414 | (361) 208-4284  
TEXAS LICENSED SURVEYING FIRM 10194009  
THE INTERSECTION OF QUALITY AND EFFICIENCY

## 0.26 ACRE TRACT

### Field Notes Description

Being Lots 8 and 9, Block 8, of the City of Schulenburg, Fayette County, Texas, also being the same tract conveyed from Troy A. Gall, Independent Executor of the Estate of Patricia Ann Voight Bucek, Deceased to BLT Works, LLC in General Warranty Deed with Vendor's Lien dated April 17, 2017 and recorded in Volume 1811, Page 417 of the Official Records of Fayette, County, Texas.

Being more fully described by metes and bounds as follows:

**BEGINNING:** at a 1/2" iron rod, (Y = 13,801,485.01, X = 2,631,890.48), found at the intersection of the north right of way line of Summit Street and east right of way line of West Avenue, for the southwest corner of this herein described tract;

**THENCE:** N 01°56'46" W -120.56 feet along the east right of way line of said West Avenue and the west line of this herein described tract to a 1/2" iron rod found, at the intersection of the east right of way line of said West Avenue and the south line of an existing 30' alley, for the northwest corner of this herein described tract;


**THENCE:** N 88°06'44" E - 93.92 feet along the south line of said alley and the north line of this herein described tract to a 1/2" iron rod found at the northwest corner of a 0.3884 acre tract (Lot 10) conveyed to Gerald and Estella Kobza in Volume 1276, Page 712 of the Official Records of Fayette County, Texas, for the northeast corner of this herein described tract;

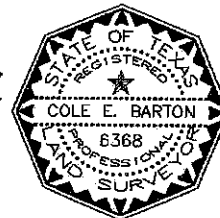
**THENCE:** S 01°59'49" E -120.54 feet along the west line of said 0.3884 acre tract and the east line of this herein described tract to a 1/2" iron rod found, at the southwest corner of said 0.3884 acre tract and in the north right of way line of said Summit Street, for the southeast corner of this herein described tract;

**THENCE:** S 88°06'07" W -94.02 feet along the north right of way line of said Summit Street and the south line of this herein described tract, to the **POINT OF BEGINNING**, containing within these metes and bounds a 0.26 acre tract, more or less.

NOTE: A Survey Plat representing a graphic image of this description styled as "0.26 ACRE TRACT," accompanies this document. This Field Notes Description constitutes a legal document, and, unless it appears in its entirety, in its original form, including preamble, seal and signature, surveyor assumes no responsibility or liability for its correctness. It is strongly recommended, for the continuity of future surveys, that this document be incorporated in *all* future conveyances, *without any revisions or deletions*. This description and the accompanying Survey Plat were prepared from record data furnished by the client and was done without the benefit of a Title Report. Surveyor has made no investigation or search for easements or other matters of record that a Title Report would disclose and this survey does not represent a warranty of title or a guarantee of ownership

January 14, 2021  
Job No. 21101012  
KS

  
COLE E. BARTON  
R.P.L.S. No. 6368





# Wenske Home Inspections

Real Estate Inspections  
TREC#8537

WPI Inspections  
TPCL37346PTL

Stacey Norris  
510 West Ave.  
Schulenburg, TX 78956

402 Buckeye Trail  
La Grange, TX 78945

979-966-2624  
[wenske@verizon.net](mailto:wenske@verizon.net)

**Wenske Home Inspections**  
402 Buckeye Trail  
La Grange, TX 78945

Phone: 979-966-2624  
Fax:  
Email: wenske@verizon.net

## PROPERTY INSPECTION REPORT

Prepared For: Stacey Norris

(Name of Client)

Concerning: 510 West Ave., Schulenburg, TX 78956

(Address or Other Identification of Inspected Property)

By: Harvey Wenske, Lic #8537

(Name and License Number of Inspector)

12/26/2020

(Date)

(Name, License Number of Sponsoring Inspector)

### PURPOSE, LIMITATIONS AND INSPECTOR / CLIENT RESPONSIBILITIES

This property inspection report may include an inspection agreement (contract), addenda, and other information related to property conditions. If any item or comment is unclear, you should ask the inspector to clarify the findings. It is important that you carefully read ALL of this information.

This inspection is subject to the rules ("Rules") of the Texas Real Estate Commission ("TREC"), which can be found at [www.trec.texas.gov](http://www.trec.texas.gov).

The TREC Standards of Practice (Sections 535.227-535.233 of the Rules) are the minimum standards for inspections by TREC-licensed inspectors. An inspection addresses only those components and conditions that are present, visible, and accessible at the time of the inspection. While there may be other parts, components or systems present, only those items specifically noted as being inspected were inspected. The inspector is NOT required to turn on decommissioned equipment, systems, utility services or apply an open flame or light a pilot to operate any appliance. The inspector is NOT required to climb over obstacles, move furnishings or stored items. The inspection report may address issues that are code-based or may refer to a particular code; however, this is NOT a code compliance inspection and does NOT verify compliance with manufacturer's installation instructions. The inspection does NOT imply insurability or warrantability of the structure or its components. Although some safety issues may be addressed in this report, this inspection is NOT a safety/code inspection, and the inspector is NOT required to identify all potential hazards.

In this report, the inspector shall indicate, by checking the appropriate boxes on the form, whether each item was inspected, not inspected, not present or deficient and explain the findings in the corresponding section in the body of the report form. The inspector must check the Deficient (D) box if a condition exists that adversely and materially affects the performance of a system or component or constitutes a hazard to life, limb or property as specified by the TREC Standards of Practice. General deficiencies include inoperability, material distress, water penetration, damage, deterioration, missing components, and unsuitable installation. Comments may be provided by the inspector whether or not an item is deemed deficient. The inspector is not required to prioritize or emphasize the importance of one deficiency over another.

Some items reported may be considered life-safety upgrades to the property. For more information, refer to Texas Real Estate Consumer Notice Concerning Recognized Hazards or Deficiencies below.

THIS PROPERTY INSPECTION IS NOT A TECHNICALLY EXHAUSTIVE INSPECTION OF THE STRUCTURE, SYSTEMS OR COMPONENTS. The inspection may not reveal all deficiencies. A real estate inspection helps to reduce some of the risk involved in purchasing a home, but it cannot eliminate these risks, nor can the inspection anticipate future events or changes in performance due to changes in use or occupancy. It is recommended that you obtain as much information as is available about this property, including any seller's disclosures, previous inspection reports, engineering reports, building/remodeling permits, and reports performed for or by relocation companies, municipal inspection departments, lenders, insurers, and appraisers. You should also attempt to determine whether repairs, renovation, remodeling, additions, or other such activities have taken place at this property. It is not the inspector's responsibility to confirm that information obtained from these sources is complete or accurate or that this inspection is consistent with the opinions expressed in previous

Promulgated by the Texas Real Estate Commission (TREC) P.O. Box 12188, Austin, TX 78711-2188 (512) 936-3000  
(<http://www.trec.texas.gov>).

or future reports.

ITEMS IDENTIFIED IN THE REPORT DO NOT OBLIGATE ANY PARTY TO MAKE REPAIRS OR TAKE OTHER ACTIONS, NOR IS THE PURCHASER REQUIRED TO REQUEST THAT THE SELLER TAKE ANY ACTION. When a deficiency is reported, it is the client's responsibility to obtain further evaluations and/or cost estimates from qualified service professionals. Any such follow-up should take place prior to the expiration of any time limitations such as option periods. Evaluations by qualified tradesmen may lead to the discovery of additional deficiencies which may involve additional repair costs. Failure to address deficiencies or comments noted in this report may lead to further damage of the structure or systems and add to the original repair costs. The inspector is not required to provide follow-up services to verify that proper repairs have been made.

Property conditions change with time and use. For example, mechanical devices can fail at any time, plumbing gaskets and seals may crack if the appliance or plumbing fixture is not used often, roof leaks can occur at any time regardless of the apparent condition of the roof, and the performance of the structure and the systems may change due to changes in use or occupancy, effects of weather, etc. These changes or repairs made to the structure after the inspection may render information contained herein obsolete or invalid. This report is provided for the specific benefit of the client named above and is based on observations at the time of the inspection. If you did not hire the inspector yourself, reliance on this report may provide incomplete or outdated information. Repairs, professional opinions or additional inspection reports may affect the meaning of the information in this report. It is recommended that you hire a licensed inspector to perform an inspection to meet your specific needs and to provide you with current information concerning this property.

#### **TEXAS REAL ESTATE CONSUMER NOTICE CONCERNING HAZARDS OR DEFICIENCIES**

Each year, Texans sustain property damage and are injured by accidents in the home. While some accidents may not be avoidable, many other accidents, injuries, and deaths may be avoided through the identification and repair of certain hazardous conditions. Examples of such hazards include:

- malfunctioning, improperly installed or missing ground fault circuit protection (GFCI) devices for electrical receptacles in garages, bathroom, kitchens, and exterior areas;
- malfunctioning arc fault protection (AFCI) devices;
- ordinary glass in locations where modern construction techniques call for safety glass;
- malfunctioning or lack of fire safety features such as, smoke alarms, fire-rated doors in certain locations, and functional emergency escape and rescue openings in bedrooms;
- malfunctioning carbon monoxide alarms;
- excessive spacing between balusters on stairways and porches;
- improperly installed appliances;
- improperly installed or defective safety devices;
- lack of electrical bonding and grounding; and
- lack of bonding on gas piping, including corrugated stainless steel tubing (CSST).

To ensure that consumers are informed of hazards such as these, the Texas Real Estate Commission (TREC) has adopted Standards of Practice requiring licensed inspectors to report these conditions as "Deficient" when performing an inspection for a buyer or seller, if they can be reasonably determined.

These conditions may not have violated building codes or common practices at the time of the construction of the home, or they may have been "grandfathered" because they were present prior to the adoption of codes prohibiting such conditions. While the TREC Standards of Practice do not require inspectors to perform a code compliance inspection, TREC considers the potential for injury or property loss from the hazards addressed in the Standards of Practice to be significant enough to warrant this notice.

Contract forms developed by TREC for use by its real estate licensees also inform the buyer of the right to have the home inspected and can provide an option clause permitting the buyer to terminate the contract within a specified time. Neither the Standards of Practice nor the TREC contract forms requires a seller to remedy conditions revealed by an inspection. The decision to correct a hazard or any deficiency identified in an inspection report is left to the parties to the contract for the sale or purchase of the home.

**INFORMATION INCLUDED UNDER "ADDITIONAL INFORMATION PROVIDED BY INSPECTOR", OR PROVIDED AS AN ATTACHMENT WITH THE STANDARD FORM, IS NOT REQUIRED BY THE COMMISSION AND MAY CONTAIN CONTRACTUAL TERMS BETWEEN THE INSPECTOR AND YOU, AS THE CLIENT. THE COMMISSION DOES NOT REGULATE CONTRACTUAL TERMS BETWEEN PARTIES. IF YOU DO NOT UNDERSTAND THE EFFECT OF ANY CONTRACTUAL TERM CONTAINED IN THIS SECTION OR ANY ATTACHMENTS, CONSULT AN ATTORNEY.**

**ADDITIONAL INFORMATION PROVIDED BY INSPECTOR**

Present at Inspection: ☒ Buyer ☐ Selling Agent ☐ Listing Agent ☐ Occupant  
Building Status: ☒ Vacant ☐ Owner Occupied ☐ Tenant Occupied ☐ Other  
Weather Conditions: ☐ Fair ☐ Cloudy ☐ Rain Temp: \_\_\_\_\_  
Utilities On: ☐ Yes ☐ No Water ☐ No Electricity ☐ No Gas  
Special Notes: \_\_\_\_\_

**INACCESSIBLE OR OBSTRUCTED AREAS**

☐ Sub Flooring ☐ Attic Space is Limited - Viewed from Accessible Areas  
☐ Floors Covered ☐ Plumbing Areas - Only Visible Plumbing Inspected  
☐ Walls/Ceilings Covered or Freshly Painted ☒ Siding Over Older Existing Siding  
☐ Behind/Under Furniture and/or Stored Items ☐ Crawl Space is limited - Viewed From Accessible Areas

☒ Mold/Mildew investigations are NOT included with this report; it is beyond the scope of this inspection at the present time. Any reference of water intrusion is recommended that a professional investigation be obtained.


**NOTICE: THIS REPORT IS PAID FOR BY AND PREPARED FOR THE CLIENT NAMED ABOVE.  
THIS REPORT IS NOT VALID WITHOUT THE SIGNED SERVICE AGREEMENT AND IS NOT TRANSFERABLE.**


I am aware this is a limited visual property condition inspection only of accessible areas. This is a subjective report of the condition of the property only as of the day of the inspection. Cosmetic defects may not be noted. The inspector is not required to point out potential problems with inspected items, or inspect for quality of workmanship, or normal wear and tear. An A/C load study was not performed. Inspector will not find everything wrong with this property. If buyer does not accept this risk, he agrees to call in specialists to perform the inspections. The inspector is not an expert with respect to the items inspected. Where a comment is made, we recommend and buyer agrees to contact a qualified specialist to assess extent of defect/deficiency before going to close. This report does not guarantee dwelling adheres to any electrical, mechanical, plumbing, or building codes.

This inspection is made for the benefit of the named party and any lender relying hereon and shall not extend to the heirs, successors or assigns of the named party and is further subject to and accepted with the agreement that the liability of the inspector is limited to the fee charged for this report.

Any dispute between the party for whom this service is rendered and the undersigned inspector related to the contract which is not resolved through informal discussion will be submitted to a mutually acceptable mediation service or provider. The parties to the mediation shall bear the mediation costs equally.

I have read, understand and agree to the above terms.

X   
(Client) REPORT NOT VALID WITHOUT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

X   
(Inspector) \_\_\_\_\_ DATE \_\_\_\_\_

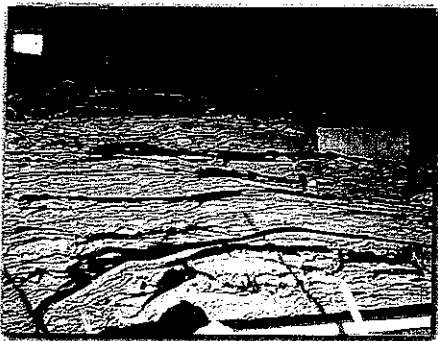
I=Inspected	NI=Not Inspected	NP=Not Present	D=Deficient
I	NI	NP	D

## I. STRUCTURAL SYSTEMS

☒ ☐ ☐ ☐

### A. Foundations

Type of Foundation(s): Pier & Beam - Crawlspace



Comments:

#### Signs of Structural Movement or Settling

- ☒ Floors are slightly unlevel which is typical with pier and beam foundations.

**Performance Opinion:** (An opinion on performance is mandatory)

**Note:** Weather conditions, drainage, leakage and other adverse factors are able to effect structures, and differential movements are likely to occur. The inspectors opinion is based on visual observations of accessible and unobstructed areas of the structure at the time of the inspection. Future performance of the structure cannot be predicted or warranted.

- ☒ Structural movement and/or settling noted; however, the foundation is supporting the structure at this time.

**SUGGESTED FOUNDATION MAINTENANCE & CARE** - Proper drainage and moisture maintenance to all types of foundations due to the expansive nature of the area load bearing soils. Drainage must be directed away from all sides of the foundation with grade slopes. In most cases, floor coverings and/or stored articles prevent recognition of signs of settlement - cracking in all but the most severe cases. It is important to note, this was not a structural engineering survey nor was any specialized testing done of any sub-slab plumbing systems during this limited visual inspection, as these are specialized processes requiring excavation. In the event that structural movement is noted, client is advised to consult with a Structural Engineer who can isolate and identify causes, and determine what corrective steps, if any, should be considered to either correct and/or stop structural movement.

☒ ☐ ☐ ☐

### B. Grading and Drainage

Comments:

Note: Any area where the ground or grade does not slope away from the structure is to be considered an area of improper drainage. Six inches per 10 feet.

☒ ☐ ☐ ☐

### C. Roof Covering Materials

Type(s) of Roof Covering: Metal

Viewed From: Edge of Roof



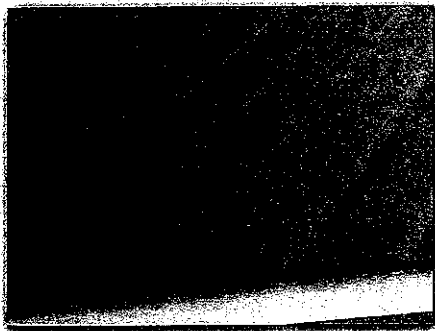
I=Inspected

NI=Not Inspected

NP=Not Present

D=Deficient

I	NI	NP	D
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Comments:

☒ ☐ ☐ ☐

**D. Roof Structures and Attics**

*Viewed From:* Entered the Attic

*Approximate Average Depth of Insulation:* 8"



*Approximate Average Thickness of Vertical Insulation:*

*Comments:*

☒ ☐ ☐ ☒

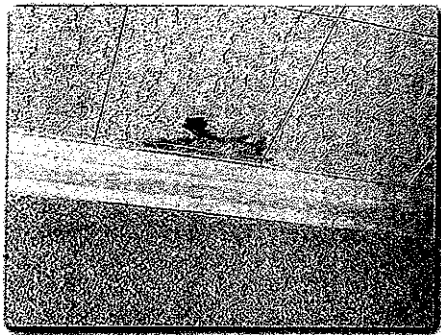
**E. Walls (Interior and Exterior)**

*Comments:*

**Interior Walls:**

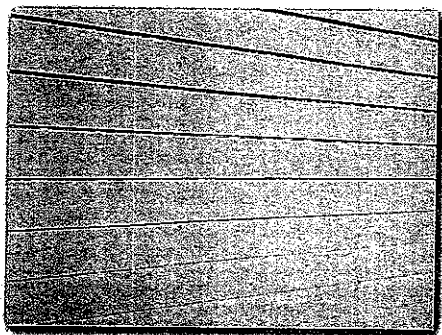
☒ Water stains on walls and/or ceilings. Water leaks seem to be old and are probably from before the metal roof was installed.

I=Inspected	NI=Not Inspected	NP=Not Present	D=Deficient
I	NI	NP	D



Exterior Walls:

Siding Materials: ☐ Brick ☐ Stone ☐ Wood ☐ Wood byproducts ☐ Stucco  
☒ Vinyl ☐ Aluminum ☐ Asbestos ☐ Cement Board ☐ Other



☒ Two holes found in the vinyl siding. Repair recommended to prevent water penetration into the wall structure.



Fixed  
3/21

☒ ☐ ☐ ☐ F. Ceilings and Floors  
Comments:

I=Inspected

NI=Not Inspected

NP=Not Present

D=Deficient

I	NI	NP	D
---	----	----	---

☒ ☐ ☐ ☐

**G. Doors (Interior and Exterior)**

*Comments:*

**Interior Doors**

**Exterior Doors**

**Garage Doors**

Type: ☐ Metal ☐ Wood ☐ Fiberglass ☐ Doors / panels are damaged

☒ ☐ ☐ ☐

**H. Windows**

*Comments:*

☐ ☒ ☒ ☐

**I. Stairways (Interior and Exterior)**

*Comments:*

**INTERIOR**

**EXTERIOR**

☐ ☒ ☒ ☐

**J. Fireplaces and Chimneys**

*Comments:*

Type of Fireplace: ☐ Factory ☐ Masonry ☐ Free Standing

☒ ☐ ☐ ☐

**K. Porches, Balconies, Decks, and Carports**

*Comments:*

☒ ☐ ☐ ☒

**L. Other**

*Comments:* ☒ Steps are missing handrails.



I=Inspected	NI=Not Inspected	NP=Not Present	D=Deficient
I	NI	NP	D

II. ELECTRICAL SYSTEMS

- ☒ ☐ ☐ ☒ A. Service Entrance and Panels

Comments:

- ☒ Overhead Service    ☐ Underground Service

Main Disconnect Panel

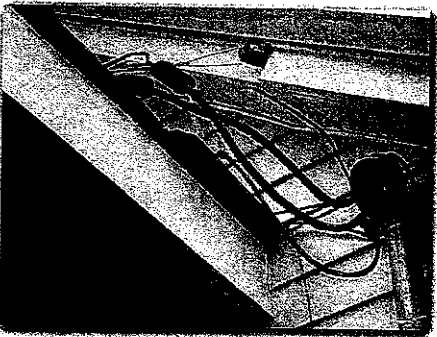
- ☒ The main panel should be evaluated by an electrician to determine if adequate amperage is present



- ☒ The sub panel for the storage building could not be opened



- ☒ Service line has inadequate clearance to roof



Sub Panels

Type of Wire:    ☐ Copper    ☐ Aluminum

*Fixed  
by Leon's  
Electrical Plumbing*

I=Inspected

NI=Not Inspected

NP=Not Present

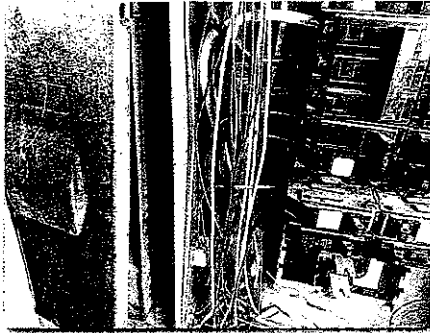
D=Deficient

I NI NP D

☒ ☐ ☐ ☒

**B. Branch Circuits, Connected Devices, and Fixtures**

Type of Wiring: ☒ Copper ☐ Aluminum Conduit \_\_\_\_\_



*Fixed by  
Leon's electrical  
and plumbing*

Comments:

**Outlet and Switches**

**Ground/ARC Fault Circuit Interrupt Safety Protection**

Kitchen:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Partial	Bathrooms:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Partial
Exterior:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Partial	Garage:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Partial
Basement:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Partial	Wet Bar:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Partial
Living:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Partial	Dining:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Partial
Crawlspace:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Partial	Laundry:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Partial
A/C Unit:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Partial	Pool/Spa:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Partial
Bedroom:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Partial				

☒ No GFCI/ARC Fault protection at one or more location. This is considered a recognized safety hazard.

**Fixtures**

☒ Light fixtures in the hallway near the North bedroom does not have a switch present.

**Smoke and Fire Alarms**

☒ Smoke alarms are not present in each sleeping area  
☒ No smoke alarm in hallway

**Other Electrical System Components**

**III. HEATING, VENTILATION AND AIR CONDITIONING SYSTEMS**

**A. Heating Equipment**

Type of System: Central  
 Energy Source: Natural Gas

*Smoke alarms  
and carbon monoxide  
detectors added  
3/21  
\*In addition - kitchen,  
living room and  
game room have  
Smoke alarms.  
Carbon  
monoxide  
detectors*

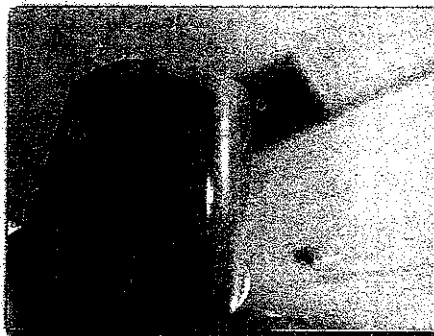
I=Inspected

NI=Not Inspected

NP=Not Present

D=Deficient

I NI NP D



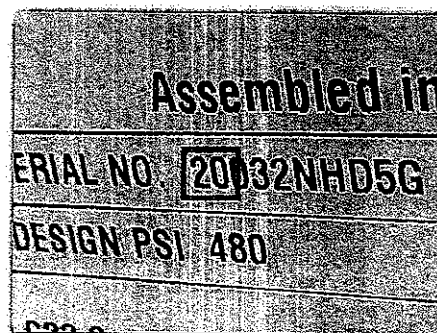
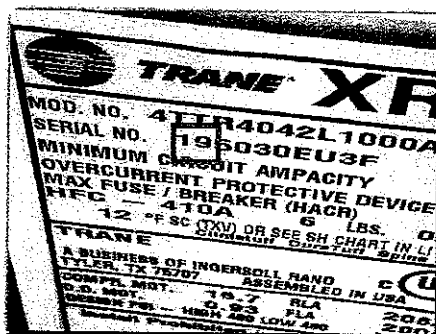
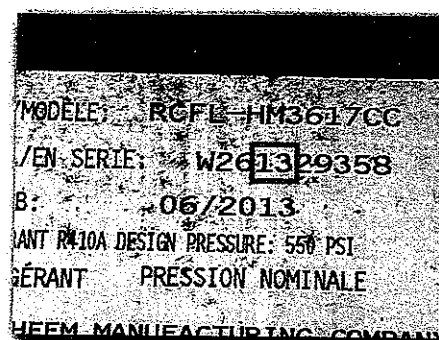
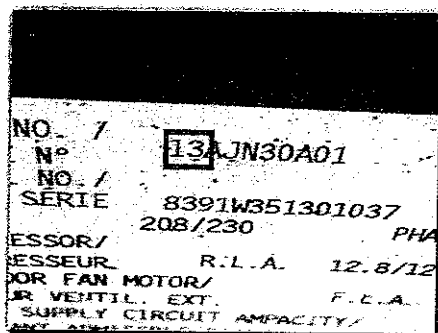
Comments:

☒ ☐ ☐ ☒

**B. Cooling Equipment**

Type of System: Central

Comments: Equipment manufactured in 2013, 2019, and 2020.



☐ Unit #1:

Supply Air Temp: 55 °F Return Air Temp: 70 °F Temp. Differential: 15 °F

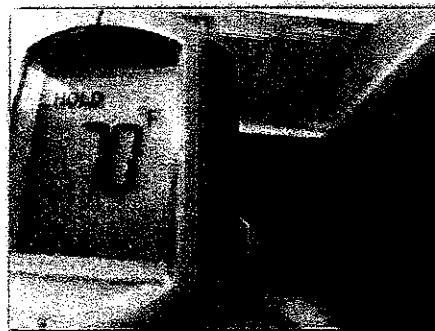
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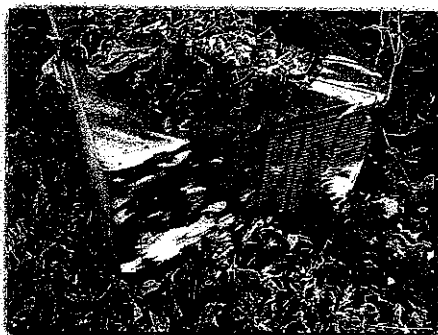
☐ Unit #2:

Supply Air Temp: 56 °F Return Air Temp: 70 °F Temp. Differential: 14 °F



☒ Temperature differentials are within the normal operating range.

☒ Condenser unit not level or 3" above grade



For attic installations :

☐ EVAPORATIVE COOLERS ☐ ONE SPEED ☐ TWO SPEED Water Supply Line: \_\_\_\_\_

☒ ☐ ☐ ☐

**C. Duct Systems, Chases, and Vents**

Comments:

Type of Ducting: ☒ Flex Ducting ☐ Duct Board ☒ Metal

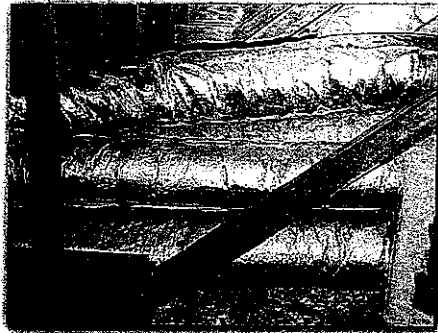
I=Inspected

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NP=Not Present

D=Deficient

I NI NP D



#### IV. PLUMBING SYSTEMS

☒ ☐ ☐ ☐

##### A. Plumbing Supply, Distribution Systems and Fixtures

Location of water meter:

☐ Functional Flow Inadequate

Location of main water supply valve:

Static water pressure reading: \_\_\_\_\_

☐ below 40 psi ☐ above 80 psi

☐ Lack of reducing valve over 80 psi

Comments:

Water Source: ☒ Public ☐ Private

Sewer Type: ☒ Public ☐ Private

##### Sinks

Comments: \_\_\_\_\_

##### Bathtubs and Showers

Comments: \_\_\_\_\_

##### Commodes

Comments: \_\_\_\_\_

##### Washing Machine Connections

Comments: \_\_\_\_\_

##### Exterior Plumbing

Comments: \_\_\_\_\_

☒ ☐ ☐ ☐

##### B. Drains, Wastes, and Vents

Comments:

☒ ☐ ☐ ☒

##### C. Water Heating Equipment

Energy Source: Natural Gas

Capacity: 40 and 50 Gal.



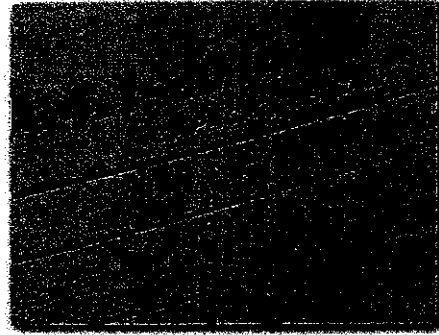
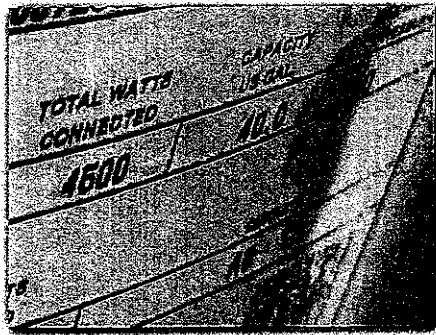
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NI=Not Inspected

NP=Not Present

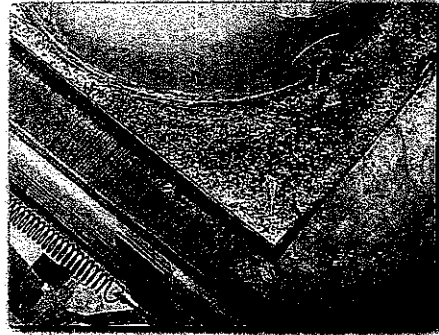
D=Deficient

I	NI	NP	D
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Comments:

☒ The water heater on the South side of the house has rust at the bottom of the cabinet. The leak pan for the same water heater is rusted. This unit is located in the attic near the attic access.



#### Water heater Temperature and Pressure Relief Valve

☐ ☒ ☒ ☐

#### D. Hydro-Massage Therapy Equipment

Comments:

☐ ☒ ☒ ☐

#### E. Other

Comments:

### V. APPLIANCES

☒ ☐ ☐ ☐

#### A. Dishwashers

Comments:

☐ ☒ ☒ ☐

#### B. Food Waste Disposers

Comments:

I=Inspected

NI=Not Inspected

NP=Not Present

D=Deficient

I NI NP D

☒ ☐ ☐ ☐

**C. Range Hood and Exhaust Systems**

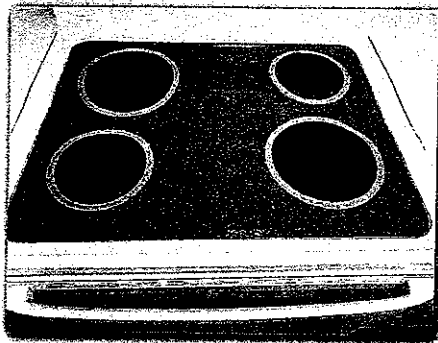
*Comments:*

☒ ☐ ☐ ☐

**D. Ranges, Cooktops, and Ovens**

*Comments:*

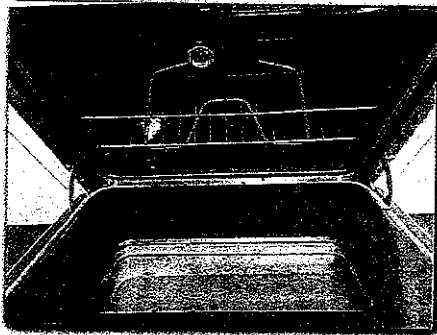
Range Type: ☒ Electric ☐ Gas



**Oven(s):**

Unit #1: ☒ Electric ☐ Gas

Tested at 350°F, Variance noted: \_\_\_\_\_ °F (max 25°F)



Unit #2: ☐ Electric ☐ Gas

Tested at 350°F, Variance noted: \_\_\_\_\_ °F (max 25°F)

☒ ☐ ☐ ☐

**E. Microwave Ovens**

*Comments:*

☒ ☐ ☐ ☒

**F. Mechanical Exhaust Vents and Bathroom Heaters**

*Comments:*

☒ Unit Inoperable in the North bedroom. The switches in this bathroom are faulty.

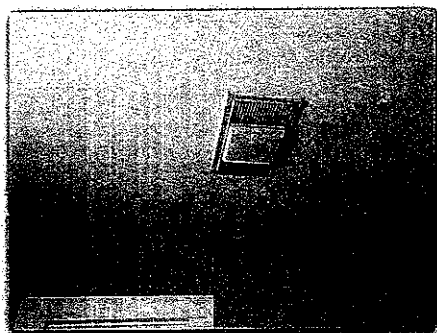
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I NI NP D



☐ ☒ ☒ ☐

**G. Garage Door Operators**

*Comments:*

☒ ☐ ☐ ☐

**H. Dryer Exhaust Systems**

*Comments:*

☐ ☒ ☒ ☐

**I. Other**

*Comments:*

## TEXAS OFFICIAL WOOD DESTROYING INSECT REPORT

*Rule §7.176 Requires this department prescribed form to be used for real estate transactions in Texas regarding the visible presence or absence of wood destroying insects and conditions conducive to infestations of wood destroying insects.*

510 West Ave.

Inspected Address

Schulenburg

City

78956

Zip Code

### SCOPE OF INSPECTION

- A. This inspection covers only the multi-family structure, primary dwelling or place of business. Sheds, detached garages, lean-tos, fences, guest houses or any other structure will not be included in this inspection report unless specifically noted in Section 5 of this report.
- B. This inspection is limited to those parts of the structure(s) that are visible and accessible at the time of the inspection. Examples of inaccessible areas include but are not limited to (1) areas concealed by wall coverings, furniture, equipment and stored articles and (2) any portion of the structure in which inspection would necessitate removing or defacing any part of the structure(s) (including the surface appearance of the structure). **Inspection does not cover any condition or damage which was not visible in or on the structure(s) at time of inspection but which may be revealed in the course of repair or replacement work.**
- C. Due to the characteristics and behavior of various wood destroying insects, it may not always be possible to determine the presence of infestation without defacing or removing parts of the structure being inspected. Previous damage to trim, wall surface, etc., is frequently repaired prior to the inspection with putty, spackling, tape or other decorative devices. Damage that has been concealed or repaired may not be visible except by defacing the surface appearance. **The WDI inspecting company cannot guarantee or determine that work performed by a previous pest control company, as indicated by visual evidence of previous treatment, has rendered the pest(s) inactive.**
- D. If visible evidence of active or previous infestation of listed wood destroying insects is reported, it should be assumed that some degree of damage is present.
- E. If visible evidence is reported, it does not imply that damage should be repaired or replaced. Inspectors of the inspection company usually are not engineers or builders qualified to give an opinion regarding the degree of structural damage. Evaluation of damage and any corrective action should be performed by a qualified expert.
- F. **THIS IS NOT A STRUCTURAL DAMAGE REPORT OR A WARRANTY AS TO THE ABSENCE OF WOOD DESTROYING INSECTS.**
- G. If termite treatment (including pesticides, baits or other methods) has been recommended, the treating company must provide a diagram of the structure(s) inspected and proposed for treatment, label of pesticides to be used and complete details of warranty (if any). At a minimum, the warranty must specify which areas of the structure(s) are covered by warranty, renewal options and approval by a certified applicator in the termite category. Information regarding treatment and any warranties should be provided by the party contracting for such services to any prospective buyers of the property. The inspecting company has no duty to provide such information to any person other than the contracting party.
- H. There are a variety of termite control options offered by pest control companies. These options will vary in cost, efficacy, areas treated, warranties, treatment techniques and renewal options.
- I. There are some specific guidelines as to when it is appropriate for corrective treatment to be recommended. Corrective treatment may only be recommended if (1) there is visible evidence of an active infestation in or on the structure, (2) there is visible evidence of a previous infestation with no evidence of a prior treatment.
- J. If treatment is recommended based solely on the presence of conducive conditions, a preventive treatment or correction of conducive conditions may be recommended. The buyer and seller should be aware that there may be a variety of different strategies to correct the conducive condition(s). These corrective measures can vary greatly in cost and effectiveness and may or may not require the services of a licensed pest control operator. There may be instances where the inspector will recommend correction of the conducive conditions by either mechanical alteration or cultural changes. Mechanical alteration may be in some instances the most economical method to correct conducive conditions. If this inspection report recommends any type of treatment and you have any questions about this, you may contact the inspector involved, another licensed pest control operator for a second opinion, and/or the Structural Pest Control Service of the Texas Department of Agriculture.

510 West Ave. Schulenburg 78956  
Inspected Address City Zip Code

1A. Wenske Home Inspections 1B. 8537  
Name of Inspection Company SPCS Business License Number

1C. 402 Buckeye Trail La Grange TX 78945 979-966-2624  
Address of Inspection Company City State Zip Telephone No.

1D. Harvey Wenske 1E. Certified Applicator ☒ (check one )  
Name of Inspector (Please Print) Technician ☐

1F. Saturday, December 26, 2020  
Inspection Date

2. Stacey Norris Seller ☐ Agent ☐ Buyer ☒ Management Co. ☐ Other ☐  
Name of Person Purchasing Inspection

3. Norris, Stacey  
Owner/Seller

4. REPORT FORWARDED TO: Title Company or Mortgagee ☐ Purchaser of Service ☐ Seller ☐ Agent ☒ Buyer ☐  
(Under the Structural Pest Control regulations only the purchaser of the service is required to receive a copy)

The structure(s) listed below were inspected in accordance with the official inspection procedures adopted by the Texas Structural Pest Control Service. This report is made subject to the conditions listed under the Scope of Inspection. A diagram must be attached including all structures inspected.

5A. Residence  
List structure(s) inspected that may include residence, detached garages and other structures on the property. (Refer to Part A, Scope of Inspection)

5B. Type of Construction:  
Foundation: Slab ☐ Pier and Beam ☒ Pier Type: \_\_\_\_\_ Basement ☐ Other: \_\_\_\_\_  
Siding: Wood ☐ Fiber Cement Board ☐ Brick ☐ Stone ☐ Stucco ☐ Other: Vinyl  
Roof: Composition ☐ Wood Shingle ☐ Metal ☒ Tile ☐ Other \_\_\_\_\_

6A. This company has treated or is treating the structure for the following wood destroying insects: No  
If treating for subterranean termites, the treatment was: Partial ☐ Spot ☐ Bait ☐ Other ☐  
If treating for drywood termites or related insects, the treatment was: Full ☐ Limited ☐

6B. n/a  
Date of Treatment by Inspecting Company Common Name of Insect Name of Pesticide, Bait or Other Method

This company has a contract or warranty in effect for control of the following wood destroying insects:

Yes ☐ No ☒ List Insects: \_\_\_\_\_

If "Yes", copy(ies) of warranty and treatment diagram must be attached.

Neither I nor the company for which I am acting have had, presently have, or contemplate having any interest in the purchase or sale of this property. I do further state that neither I nor the company for which I am acting is associate in any way with any party to this real estate transaction.

Signatures:

7A. \_\_\_\_\_  
Inspector (Technician or Certified Applicator Name and License Number)

Others Present:

7B. \_\_\_\_\_  
Apprentices, Technicians, or Certified Applicators (Names) and Registration/License Number(s)

Notice of Inspection Was Posted At or Near:

8A. Electric Breaker Box ☒ 8B. Date Posted: 12.26.20  
Water Heater Closet ☐  
Beneath the Kitchen Sink ☐

9A. Were any areas of the property obstructed or inaccessible? Yes ☒ No ☐  
(Refer to Part B & C, Scope of Inspection) If "Yes" specify in 9B.

9B. The obstructed or inaccessible areas include but are not limited to the following:  
Attic ☐ Insulated area of attic ☒ Plumbing Areas ☐ Planter box abutting structure ☐  
Deck ☐ Sub Floors ☐ Slab Joints ☐ Crawl Space ☐  
Soil Grade Too High ☐ Heavy Foliage ☐ Eaves ☐ Weepholes ☐  
Other ☐ Specify: \_\_\_\_\_

10A. Conditions conducive to wood destroying insect infestation? Yes ☐ No ☒  
(Refer to Part J, Scope of Inspection) If "Yes" specify in 10B.

10B. Conducive Conditions include but are not limited to:  
Debris under or around structure (K) ☐ Wood to Ground Contact (G) ☐ Formboards left in place (I) ☐ Excessive Moisture (J) ☐  
Planter box abutting structure (O) ☐ Footing too low or soil line too high (L) ☐ Wood Rot (M) ☐ Heavy Foliage (N) ☐  
Insufficient ventilation (T) ☐ Wood Pile in Contact with Structure (Q) ☐ Wooden Fence in Contact with the Structure (R) ☐  
Other (C) ☐ Specify: \_\_\_\_\_

510 West Ave.

Schulenburg

78956

Inspected Address

City

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11. Inspection Reveals Visible Evidence in or on the structure:

Active Infestation

Previous Infestation

Previous Treatment

11A. Subterranean Termites

Yes ☐ No ☒

Yes ☐ No ☒

Yes ☐ No ☒

11B. Drywood Termites

Yes ☐ No ☒

Yes ☐ No ☒

Yes ☐ No ☒

11C. Formosan Termites

Yes ☐ No ☒

Yes ☐ No ☒

Yes ☐ No ☒

11D. Carpenter Ants

Yes ☐ No ☒

Yes ☐ No ☒

Yes ☐ No ☒

11E. Other Wood Destroying Insects

Yes ☐ No ☒

Yes ☐ No ☒

Yes ☐ No ☒

Specify:

11F. Explanation of signs of previous treatment (including pesticides, baits, existing treatment stickers or other methods) identified:

11G. Visible evidence of: \_\_\_\_\_ has been observed in the following areas: \_\_\_\_\_

If there is visible evidence of active or previous infestation, it must be noted. The type of insect(s) must be listed on the first blank and all identified infested areas of the property inspected must be noted in the second blank. (Refer to Part D, E & F, Scope of Inspection)

12A. Corrective treatment recommended for active infestation or evidence of previous infestation with no prior treatment

as identified in Section 11. (Refer to Part G, H and I, Scope of Inspection)

Yes ☐

No ☒

12B. A preventive treatment and/or correction of conducive conditions as identified in 10A & 10B is recommended as follows:

Yes ☐

No ☒

Specify reason:

Refer to Scope of Inspection Part J

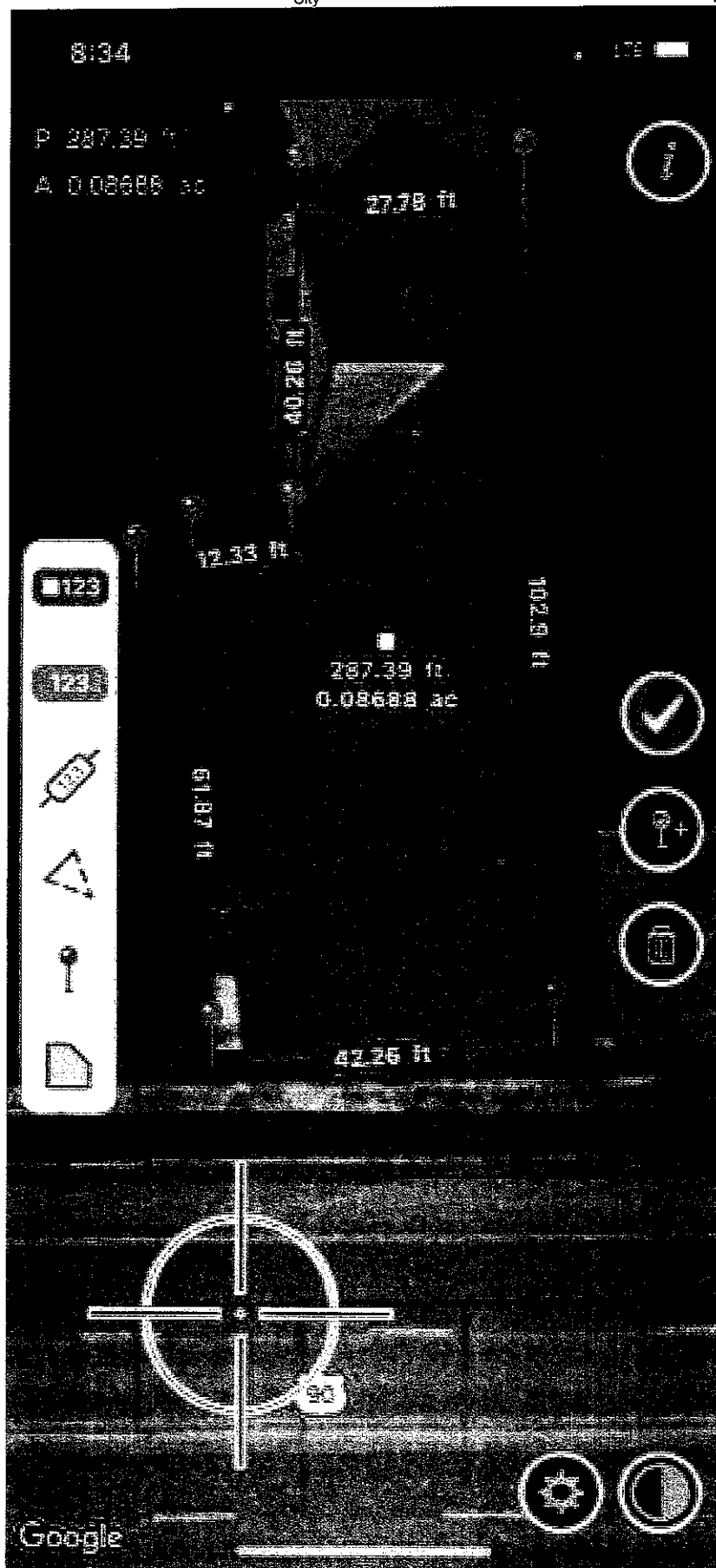
### Diagram of Structure(s) Inspected

The inspector must draw a diagram including approximate perimeter measurements and indicate active or previous infestation and type of insect by using the following codes: E- Evidence of infestation; A-Active; P-Previous; D-Drywood Termites; S-Subterranean Termites; F-Formosan Termites; C-Conducive Conditions; B-Wood Boring Beetles; H-Carpenter Ants; Other(s) - Specify \_\_\_\_\_

510 West Ave.  
Inspected Address

Schulenburg  
City

78956  
Zip Code



510 West Ave.

Inspected Address

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City

78956

Zip Code

Additional Comments



510 West Ave.

Inspected Address

Schulenburg

City

78956

Zip Code

**Statement of Purchaser**

I have received the original or a legible copy of this form. I have read and understand any recommendations made. I have also read and understand the "Scope of Inspection." I understand that my inspector may provide additional information as an addendum to this report.

If additional information is attached, list number of pages: \_\_\_\_\_

Signature of Purchaser or Property Owner or their Designee

Date

☐ Customer or Designee not Present

Buyers Initials \_\_\_\_\_