



Homeowner Disclosure Statement

Name Maria Mulvoy
Chris Mulvoy

CRG File # 232732

Property Address 701 W. Live Oak Street, , Austin, Texas, United States 78704

Date of Purchase 5/1/2013

Year Home was Built 2013

In connection with my relocation, I/we make the following disclosures to the best of my/our knowledge regarding my/our property with the knowledge that even though this is not a warranty, prospective buyers may rely on this information in deciding whether or on what terms to purchase the property. I/we further understand that an offer to purchase will not be fully executed until this disclosure of completed.

Have there been any problems affecting the operations of any of the following?

A. House Systems	Yes	No	N/A		Yes	No	N/A
1) Electrical Wiring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7) Floors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) Air Conditioning/ Cooling System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8) Chimney/Fireplaces	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) Plumbing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9) Sprinkler System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5) Heating	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10) Water Softener	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5) Pool/Hot Tub/Spa	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11) Well or Septic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6) Appliances	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12) Security	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you answered "yes" to any of the above, please explain:

B. Land / Foundation	Yes	No	N/A
1) Is the property located on filled or expansive soil?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) Have any sliding, settling, earth movement, upheaval or earth stability problems occurred on your property or in the immediate neighborhood?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) Is the property on an earthquake fault line?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4) Is the property located on soil known to contain pyrite?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5) Are there any defects on or problems relating to the foundation/basement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6) Has a water or dampness condition ever existed in your basement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7) Is there an operating sump pump in the basement or crawlspace?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8) Does any part of the property reside within or adjacent to documented wetlands?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9) Have you been informed that any part of the property is in a designated flood zone or wetlands?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10) Do you have any standing water or grading problems?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you answered "yes" to any of the above, please explain:



C. Roof	Yes	No	N/A
1) Has the roof ever leaked during your ownership?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a) If so, has any occurrence/recurrence of mold growth taken place?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2) Have you repaired or replaced the roof?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) Are you aware of any problems with the roof?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4) Please state the age of the existing roof. (yrs.)			
If you answered "yes" to any of the above, please explain:			

D. Sewage	Yes	No	N/A
1) Is the property connected to a public sewer system?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Do you have a septic/cesspool system?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) When was the system last serviced/pumped? (Date)			
4) Do you know of any problems relating to the septic tank/cesspool/sewer?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5) Was the septic system designed for the current size of your home and number of bedrooms?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6) Have you performed any repairs/modifications/aeration procedures to the existing septic/cesspool system?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7) Were all appropriate permits obtained?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you answered "yes" to any of the above, please explain:			

E. Drainage / Water	Yes	No	N/A
1) Is the property located in a flood plain zone?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) Has the property ever had drainage or flooding issues?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) Have any properties in the immediate neighborhood ever had a draining or flooding issue?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4) Do you have a current Flood Hazard Insurance policy on the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If you answered "yes" to any of the above, please explain:			

F. Boundaries	Yes	No	N/A
1) Have you ever had a survey of the property done?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) Are the boundaries of your property marked in any way?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Are you aware of any encroachments, overlaps, boundary, lot line disputes or unrecorded easements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4) Is any part of your shed, fence, or driveway on your neighbor's property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5) Does your neighbor's shed, fence, or driveway cross your property line?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6) Are you aware of any title problems or limitations (for example: deed restrictions, lot line dispute, order of conditions)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7) Are you aware of any assessments (recorded or not) that affect the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8) What is the zoning classification of the property? Residential			
If you answered "yes" to any of the above, please explain:			

Fenced yard



G. Additions / Remodels		Yes	No	N/A
1)	Are you aware of any structural additions, changes, or repairs made to the property by former owners without obtaining all necessary permits and government approvals?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)	Have you made any structural additions, changes, or repairs to the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3)	Have you obtained all necessary permits and government approvals?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you answered "yes" to any of the above, please explain:				

H. Exterior Siding System		Yes	No	N/A
1)	Does the exterior siding include wood composite, Masonite, wood laminate material, or manufactured stone/veneer?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)	Do you know the manufacturer?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3)	Does the exterior siding include Synthetic Stucco, Dryvit or EIFS (Exterior Insulating Finishing System) material?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4)	Do you know the manufacturer?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5)	Are you aware of any deterioration, moisture intrusion, cracking or other problems in the siding?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6)	Have any repairs been made to your siding system?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7)	Have you made a claim against any class action suits or against any siding manufacturers, builders, subcontractors, or installers?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If you answered "yes" to any of the above, please explain:				

I. Neighborhood		Yes	No	N/A
1)	Is there any unusual amount of noise from any source (i.e., airplanes, traffic, schools, or businesses) that affects this property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)	Are there any other neighborhood conditions or problems affecting this property? (please explain)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3)	Is the property located next to or in close proximity of a dump, junkyard, or toxic disposal site?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4)	Is the home located close to any high voltage power lines?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If you answered "yes" to any of the above, please explain:				

J. Homeowner's Association/Condominium Corporation		Yes	No	N/A
1)	Is the property subject to rules and regulations of any homeowner's or condominium association?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)	Are there any problems relating to any common area?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3)	Are there any conditions that may result in an increase in taxes or assessments?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4)	Are there any pending or threatened claims or lawsuits against the association?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you answered "yes" to any of the above, please explain:				



K. Solar Panels		Yes	No	N/A
1)	Do you have solar panels? If yes, are the solar panels owned or leased?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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2)	If rented, what is the term of the lease?	<hr/>		
3)	Repair of panels – who is responsible?	<hr/>		
4)	Have there been any issues with the solar panels? If yes, please explain what the issues were and how the problem was corrected:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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L. Miscellaneous		Yes	No	N/A
1)	Does the property now contain or has it ever contained any toxic substances, asbestos, lead paint or radon? If yes, where?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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2)	Does the property now contain or has it ever contained underground storage tanks? Indicate type of tank below.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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3)	Does the property contain any inactive oil tanks? If so, has the oil tank been abandoned or removed according to EPA guidelines? If yes, when was it done?	<input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
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<hr/>				
4)	Are there any violations of local, state, or federal government laws or regulations relating to this property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5)	Has the property been treated and/or repaired as a result of termite/structural pest infestation in the last five years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6)	Are there any existing or threatened legal actions affecting this property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7)	Are there any problems with driveways, walkways, patios, sea walls, fences, retaining walls, or party walls on the property or adjacent property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8)	Has there ever been any damage to property or buildings on the property caused by earthquake, flood, fire, hurricanes, tornadoes, etc.?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9)	Is the property located in a Municipal Utility District (MUD), Planned Unit Development (PUD), or in a CA Mello-Roos District?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



L.	Miscellaneous (cont.)	Yes	No	N/A
10)	Are there operable smoke detectors in the home?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11)	Are there any bonds or assessments affecting the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12)	Are any of the property's systems leased or rented (i.e. water softener, alarm, propane tank, etc.)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13)	Have there been any significant repairs made to the property or any of its systems or components within the last five years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14)	Has the property been tested for radon gas?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15)	To your knowledge, do you have any fungus or mold present?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16)	Do you know of any other condition, circumstance, or facts which may affect the use, title, value, or marketability of the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17)	Within the last five years, have any claims been made against the homeowners' insurance covering the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18)	Does the house have central air conditioning? (No explanation required)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19)	Is the residence equipped with an operable Carbon Monoxide Detector?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20)	Does the property contain drywall imported from China?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21)	Have you obtained all necessary permits, certificate of occupancy, fire and/or smoke inspections and final inspections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22)	Does your home have a well? If yes, please describe the location of the well.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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23)	Is the well the main source for drinking water?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
24)	Is this the only well located on your property? If no, please state the number of wells and describe their location	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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25)	Are there any existing leases for oil, gas, or other minerals on the property? If yes, is there current production, extraction, or activity as a result of the lease?	<input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>

If you answered "yes" or further explanation is needed for any of the questions listed above, please provide details below.
