

The Scheffe Group



SELLER'S DISCLOSURE NOTICE

(\$5.008, Texas Property Code)

Printed by the Texas Association of REALTORS®

To be completed by the Seller



Section 5.008 of the Texas Property Code (the "Code") requires a seller of residential property of not more than one dwelling unit to deliver a Seller's Disclosure Notice, completed to the best of the seller's belief and knowledge, to a purchaser on or before the effective date of a contract for the sale of the property. If a contract is entered into without the seller providing the notice, the buyer may terminate the contract for any reason within seven (7) days after receiving the notice. This form complies with and contains additional disclosures which exceed the minimum disclosures required by the Code.

CONCERNING THE PROPERTY AT 46 Pascal Lane, Austin, Texas 78746
(Street Address and City)

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 PURCHASER 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? _____

1. The Property has the items below: [Mark Yes (Y), No (N), or Unknown (U)] Note: This notice does not establish which of the items are to be conveyed in a sale of the property. The terms of an earnest money contract will determine which items are to be conveyed.

Y	N	U		Y	N	U		Y	N	U	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Attic Fan(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	French Drain	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pool Maintenance Accessories
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Auto. Lawn Sprinkler	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gas Fixtures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pool Heater
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cable TV Wiring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gas Lines (Nat/LP)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Public Sewer System
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling Fan(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot Tub	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rain Gutters
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dishwasher	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intercom System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Range
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disposal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Microwave	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sauna
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Evaporative Cooler	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Outdoor Grill	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Septic System
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exhaust Fan(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oven	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spa
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fences	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Patio/Decking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Trash Compactor
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Detection Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TV Antenna
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fireplace(s) & Chimney:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pool	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wall/Window A/C Units
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Woodburning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pool Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washer/Dryer Hookups
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mock					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Window Screens

Y	N	U								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Central A/C	If yes:	<input checked="" type="checkbox"/> Electric	<input type="checkbox"/> Gas		Number of Units:	_____	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Central Heat	If yes:	<input checked="" type="checkbox"/> Electric	<input type="checkbox"/> Gas	<input type="checkbox"/> Solar	Number of Units:	_____	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Carport	If yes:	<input type="checkbox"/> Attached	<input type="checkbox"/> Not Attached				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garage	If yes:	<input checked="" type="checkbox"/> Attached	<input type="checkbox"/> Not Attached				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garage Door Openers	If yes:	Number of Units	_____	Number of Controls	_____	2	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Satellite Dish and Controls	If yes:	<input type="checkbox"/> Owned	<input type="checkbox"/> Leased from	_____			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Security System	If yes:	<input checked="" type="checkbox"/> Owned	<input type="checkbox"/> Leased from	_____			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Heater	If yes:	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Solar	<input type="checkbox"/> Other	_____	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Water Softener	If yes:	<input type="checkbox"/> Owned	<input type="checkbox"/> Leased from	_____			

Water supply provided by: City Well MUD Co-Op Other Unknown
 Was the dwelling built before 1978? Yes No Unknown
 Roof Type: Shingles Age: _____ (approx)
 Is there an overlay roof covering (shingles or roof covering placed over existing shingles or roof covering)? Yes No Unknown

Are you (Seller) aware of any of the items in Section 1 that are not in working condition, that have known defects, or that are in need of repair? Yes (if you are aware) No (if you are not aware). If yes, then describe (attach additional sheets if necessary):

2. Are you (Seller) aware of any known defects/malfunctions in any of the following? [Mark Yes (Y) if you are aware, mark No (N) if you are not aware].

- | | | | | | | | | |
|----------------------------|---------------------------------------|---|----------------------------|---------------------------------------|--------------------|----------------------------|---------------------------------------|--------------------------|
| <input type="checkbox"/> Y | <input checked="" type="checkbox"/> N | Basement | <input type="checkbox"/> Y | <input checked="" type="checkbox"/> N | Exterior Walls | <input type="checkbox"/> Y | <input checked="" type="checkbox"/> N | Plumbing/Sewers/ Septics |
| <input type="checkbox"/> Y | <input checked="" type="checkbox"/> N | Ceilings | <input type="checkbox"/> Y | <input checked="" type="checkbox"/> N | Floors | <input type="checkbox"/> Y | <input checked="" type="checkbox"/> N | Roof |
| <input type="checkbox"/> Y | <input checked="" type="checkbox"/> N | Doors | <input type="checkbox"/> Y | <input checked="" type="checkbox"/> N | Foundation/Slab(s) | <input type="checkbox"/> Y | <input checked="" type="checkbox"/> N | Sidewalks |
| <input type="checkbox"/> Y | <input checked="" type="checkbox"/> N | Driveways | <input type="checkbox"/> Y | <input checked="" type="checkbox"/> N | Interior Walls | <input type="checkbox"/> Y | <input checked="" type="checkbox"/> N | Walls/Fences |
| <input type="checkbox"/> Y | <input checked="" type="checkbox"/> N | Electrical Systems | <input type="checkbox"/> Y | <input checked="" type="checkbox"/> N | Lighting Fixtures | <input type="checkbox"/> Y | <input checked="" type="checkbox"/> N | Windows |
| <input type="checkbox"/> Y | <input checked="" type="checkbox"/> N | Other Structural Components (Describe): _____ | | | | | | |

If the answer to any of the items in Section 2 is yes, explain. (Attach additional sheets if necessary):

3. Are you (Seller) aware of any of the following conditions?[Mark Yes (Y) if you are aware, mark No (N) if you are not aware.]

- | | | | | | |
|----------------------------|---------------------------------------|--|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Y | <input checked="" type="checkbox"/> N | Aluminum Wiring | <input type="checkbox"/> Y | <input checked="" type="checkbox"/> N | Settling |
| <input type="checkbox"/> Y | <input checked="" type="checkbox"/> N | Asbestos Components | <input type="checkbox"/> Y | <input checked="" type="checkbox"/> N | Soil Movement |
| <input type="checkbox"/> Y | <input checked="" type="checkbox"/> N | Diseased Trees | <input type="checkbox"/> Y | <input checked="" type="checkbox"/> N | Structural Repairs: |
| <input type="checkbox"/> Y | <input checked="" type="checkbox"/> N | Endangered Species/Habitat on Property | <input type="checkbox"/> Y | <input checked="" type="checkbox"/> N | Previous Foundation Repairs |
| <input type="checkbox"/> Y | <input checked="" type="checkbox"/> N | Fault Lines | <input type="checkbox"/> Y | <input checked="" type="checkbox"/> N | Previous Roof Repairs |
| <input type="checkbox"/> Y | <input checked="" type="checkbox"/> N | Hazardous or Toxic Waste | <input type="checkbox"/> Y | <input checked="" type="checkbox"/> N | Other Structural Repairs |
| <input type="checkbox"/> Y | <input checked="" type="checkbox"/> N | Improper Drainage | <input type="checkbox"/> Y | <input checked="" type="checkbox"/> N | Subsurface Structures or Pits |
| <input type="checkbox"/> Y | <input checked="" type="checkbox"/> N | Intermittent or Weather Springs | <input type="checkbox"/> Y | <input checked="" type="checkbox"/> N | Termites or Other Wood-Destroying Insects: |
| <input type="checkbox"/> Y | <input checked="" type="checkbox"/> N | Landfill | <input type="checkbox"/> Y | <input checked="" type="checkbox"/> N | Active Infestation |
| <input type="checkbox"/> Y | <input checked="" type="checkbox"/> N | Lead-Based Paint or Lead-Based Paint Hazards | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | Previous Treatment |
| <input type="checkbox"/> Y | <input checked="" type="checkbox"/> N | Located in 100-year Floodplain | <input type="checkbox"/> Y | <input checked="" type="checkbox"/> N | Previous Damage Repaired |
| <input type="checkbox"/> Y | <input checked="" type="checkbox"/> N | Present Flood Insurance Coverage | <input type="checkbox"/> Y | <input checked="" type="checkbox"/> N | Damage Needing Repair |
| <input type="checkbox"/> Y | <input checked="" type="checkbox"/> N | Previous Fires | <input type="checkbox"/> Y | <input checked="" type="checkbox"/> N | Underground Storage Tanks |
| <input type="checkbox"/> Y | <input checked="" type="checkbox"/> N | Previous Flooding: | <input type="checkbox"/> Y | <input checked="" type="checkbox"/> N | Unplatted Easements |
| <input type="checkbox"/> Y | <input checked="" type="checkbox"/> N | Into the Improvements | <input type="checkbox"/> Y | <input checked="" type="checkbox"/> N | Ureaformaldehyde Insulation |
| <input type="checkbox"/> Y | <input checked="" type="checkbox"/> N | Onto the Property | <input type="checkbox"/> Y | <input checked="" type="checkbox"/> N | Water Penetration |
| <input type="checkbox"/> Y | <input checked="" type="checkbox"/> N | Radon Gas | <input type="checkbox"/> Y | <input checked="" type="checkbox"/> N | Wetlands on Property |
| | | | <input type="checkbox"/> Y | <input checked="" type="checkbox"/> N | Wood Rot |

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

outside laundry room - no damage

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 (if you are aware) No (if you are not aware). If yes, explain (attach additional sheets as necessary).

5. 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 or not in compliance with building codes in effect at that time.
 Homeowner's Association or maintenance fees or assessments. If yes, complete:
 Amount of fee or assessment: \$ 600 yrlly Mandatory Voluntary
 Due: monthly quarterly annually
 Any unpaid fees or assessments for the Property: Yes No If yes, amount: \$ _____
 Manager's Name: _____ Phone: _____
 Any "common area" (facilities such as pools, tennis courts, walkways, or other) co-owned in undivided interest with others. If yes, complete:
 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. If yes, describe:
 Condemnation proceedings: _____
 Pending or threatened change in zoning or deed restrictions: _____
 Other: _____
 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 physical health or safety of an individual.

If the answer to any of the items in Section 5 is yes, explain (attach additional sheets if necessary): _____

6. 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 list the following:

Date of Inspection	Type of Inspection	Name of Inspector/Company	Number of Pages

Note: A buyer should not rely on the above cited reports as a reflection of the current condition of the Property. A buyer should obtain inspections from inspectors of the buyer's own choice.

7. Check any tax exemption(s) which you (Seller) currently claim for the Property: Homestead Senior Citizen Disabled Disabled Veteran Agricultural Other _____ Unknown

8. Have you (Seller) ever collected any insurance payments pursuant to a claim made for damage to the Property and not used the proceeds to make the repairs for which the claim was submitted? Yes No If yes, explain: _____

Philip Gabel 5/9/00 Marianne Gabel 5/9/00
 Signature of Seller Philip Gabel Date Signature of Seller Marianne Gabel Date

NOTICE TO PURCHASER: Listing Broker, Keller Williams, Betsy Scheffe, and Other Broker, _____, advise you that this Seller's Disclosure Notice was completed by Seller, as of the date signed. The Listing Broker and Other Broker have relied on this notice as true and correct and have no reason to believe it to be false or inaccurate. This notice is not a warranty of any kind by Seller, Seller's Agents, or any other Agent. YOU ARE ENCOURAGED TO HAVE AN INSPECTOR OF YOUR CHOICE INSPECT THE PROPERTY PRIOR TO CLOSING.

The undersigned purchaser hereby acknowledges receipt of the foregoing notice.

[Signature] [Signature]
 Signature of Purchaser Date Signature of Purchaser Date