



TEXAS ASSOCIATION OF REALTORS® SELLER'S DISCLOSURE NOTICE

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Section 5.008, Property Code requires a seller of residential property of not more than one dwelling unit to deliver a Seller's Disclosure Notice to a buyer on or before the effective date of a contract. This form complies with and contains additional disclosures which exceed the minimum disclosures required by the Code.

998 Cielo Springs Dr.
Blanco, TX 78606

CONCERNING THE PROPERTY AT _____

THIS NOTICE IS A DISCLOSURE OF SELLER'S KNOWLEDGE OF THE CONDITION OF THE PROPERTY AS OF THE DATE SIGNED BY SELLER AND IS NOT A SUBSTITUTE FOR ANY INSPECTIONS OR WARRANTIES THE BUYER MAY WISH TO OBTAIN. IT IS NOT A WARRANTY OF ANY KIND BY SELLER, SELLER'S AGENTS, OR ANY OTHER AGENT.

Seller is is not occupying the Property. If unoccupied (by Seller), how long since Seller has occupied the Property?
 _____ or never occupied the Property

Section 1. The Property has the items marked below: (Mark Yes (Y), No (N), or Unknown (U).)
 This notice does not establish the items to be conveyed. The contract will determine which items will & will not convey.

Item	Y	N	U	Item	Y	N	U	Item	Y	N	U
Cable TV Wiring	<input checked="" type="checkbox"/>			Liquid Propane Gas:		<input checked="" type="checkbox"/>		Pump: <input type="checkbox"/> sump <input type="checkbox"/> grinder		<input checked="" type="checkbox"/>	
Carbon Monoxide Det.		<input checked="" type="checkbox"/>		-LP Community (Captive)		<input checked="" type="checkbox"/>		Rain Gutters	<input checked="" type="checkbox"/>		
Ceiling Fans	<input checked="" type="checkbox"/>			-LP on Property		<input checked="" type="checkbox"/>		Range/Stove	<input checked="" type="checkbox"/>		
Cooktop	<input checked="" type="checkbox"/>			Hot Tub		<input checked="" type="checkbox"/>		Roof/Attic Vents	<input checked="" type="checkbox"/>		
Dishwasher	<input checked="" type="checkbox"/>			Intercom System		<input checked="" type="checkbox"/>		Sauna		<input checked="" type="checkbox"/>	
Disposal		<input checked="" type="checkbox"/>		Microwave	<input checked="" type="checkbox"/>			Smoke Detector	<input checked="" type="checkbox"/>		
Emergency Escape Ladder(s)		<input checked="" type="checkbox"/>		Outdoor Grill		<input checked="" type="checkbox"/>		Smoke Detector - Hearing Impaired		<input checked="" type="checkbox"/>	
Exhaust Fans	<input checked="" type="checkbox"/>			Patio/Decking	<input checked="" type="checkbox"/>			Spa		<input checked="" type="checkbox"/>	
Fences (INVISIBLE)	<input checked="" type="checkbox"/>			Plumbing System	<input checked="" type="checkbox"/>			Trash Compactor		<input checked="" type="checkbox"/>	
Fire Detection Equip.		<input checked="" type="checkbox"/>		Pool		<input checked="" type="checkbox"/>		TV Antenna		<input checked="" type="checkbox"/>	
French Drain		<input checked="" type="checkbox"/>		Pool Equipment		<input checked="" type="checkbox"/>		Washer/Dryer Hookup	<input checked="" type="checkbox"/>		
Gas Fixtures		<input checked="" type="checkbox"/>		Pool Maint. Accessories		<input checked="" type="checkbox"/>		Window Screens	<input checked="" type="checkbox"/>		
Natural Gas Lines		<input checked="" type="checkbox"/>		Pool Heater		<input checked="" type="checkbox"/>		Public Sewer System		<input checked="" type="checkbox"/>	

Item	Y	N	U	Additional Information
Central A/C	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> electric <input type="checkbox"/> gas number of units: <u>2</u>
Evaporative Coolers		<input checked="" type="checkbox"/>		number of units: _____
Wall/Window AC Units		<input checked="" type="checkbox"/>		number of units: _____
Attic Fan(s)	<input checked="" type="checkbox"/>			if yes, describe: <u>2 ELECTRIC IN ATTIC, AUTOMATED</u>
Central Heat <u>(2 UNITS - ELECTRIC)</u>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> electric <input type="checkbox"/> gas number of units: <u>2</u>
Other Heat		<input checked="" type="checkbox"/>		if yes, describe: _____
Oven	<input checked="" type="checkbox"/>			number of ovens: <u>2</u> <input checked="" type="checkbox"/> electric <input type="checkbox"/> gas <input checked="" type="checkbox"/> other: <u>MICROWAVE</u>
Fireplace & Chimney <u>(2) SHAM</u>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> wood <input type="checkbox"/> gas logs <input type="checkbox"/> mock <input type="checkbox"/> other: _____
Carport		<input checked="" type="checkbox"/>		<input type="checkbox"/> attached <input type="checkbox"/> not attached
Garage	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> attached <input type="checkbox"/> not attached
Garage Door Openers	<input checked="" type="checkbox"/>			number of units: <u>3</u> number of remotes: <u>6</u>
Satellite Dish & Controls	<input checked="" type="checkbox"/>			<input type="checkbox"/> owned <input checked="" type="checkbox"/> leased from <u>DISH NETWORK</u>
Security System	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> owned <input type="checkbox"/> leased from _____
Water Heater		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> electric <input type="checkbox"/> gas <input type="checkbox"/> other: _____ number of units: <u>2</u>
Water Softener		<input checked="" type="checkbox"/>		<input type="checkbox"/> owned <input type="checkbox"/> leased from _____
Underground Lawn Sprinkler		<input checked="" type="checkbox"/>		<input type="checkbox"/> automatic <input type="checkbox"/> manual areas covered: _____
Septic / On-Site Sewer Facility	<input checked="" type="checkbox"/>			if yes, attach Information About On-Site Sewer Facility (TAR-1407)

Concerning the Property at _____

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 TAR-1906 concerning lead-based paint hazards).

Roof Type: ARCHITECTURAL COMPOSITION Age: 1 1/2 year (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): _____

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

If the answer to any of the items in Section 2 is yes, explain (attach additional sheets if necessary): CEILING: DUE TO FOUNDATION REPAIR, SHEETROCK WAS REPAIRED. PLUMBING: NORTH SIDE WALL GARAGE FAUCET NEEDS DILUP IN < 32°F FOUNDATION: STABILIZED WITH ADDITIONAL CONCRETE PIERLS JUNE, 2007. LEPTOME FOUNDATION REPAIR WARRANTY TRANSFERABLE TO NEW OWNER @ CLOSING. TERMS.

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	Condition	Y	N
Aluminum Wiring		<input checked="" type="checkbox"/>	Previous Foundation Repairs	<input checked="" type="checkbox"/>	
Asbestos Components		<input checked="" type="checkbox"/>	Previous Roof Repairs	<input checked="" type="checkbox"/>	
Diseased Trees: <input type="checkbox"/> oak wilt <input type="checkbox"/> _____		<input checked="" type="checkbox"/>	Other Structural Repairs		<input checked="" type="checkbox"/>
Endangered Species/Habitat on Property		<input checked="" type="checkbox"/>	Radon Gas		<input checked="" type="checkbox"/>
Fault Lines		<input checked="" type="checkbox"/>	Settling	<input checked="" type="checkbox"/>	
Hazardous or Toxic Waste		<input checked="" type="checkbox"/>	Soil Movement		<input checked="" type="checkbox"/>
Improper Drainage		<input checked="" type="checkbox"/>	Subsurface Structure or Pits		<input checked="" type="checkbox"/>
Intermittent or Weather Springs		<input checked="" type="checkbox"/>	Underground Storage Tanks		<input checked="" type="checkbox"/>
Landfill		<input checked="" type="checkbox"/>	Unplatted Easements		<input checked="" type="checkbox"/>
Lead-Based Paint or Lead-Based Pt. Hazards		<input checked="" type="checkbox"/>	Unrecorded Easements		<input checked="" type="checkbox"/>
Encroachments onto the Property		<input checked="" type="checkbox"/>	Urea-formaldehyde Insulation		<input checked="" type="checkbox"/>
Improvements encroaching on others' property		<input checked="" type="checkbox"/>	Water Penetration		<input checked="" type="checkbox"/>
Located in 100-year Floodplain		<input checked="" type="checkbox"/>	Wetlands on Property		<input checked="" type="checkbox"/>
Located in Floodway		<input checked="" type="checkbox"/>	Wood Rot		<input checked="" type="checkbox"/>
Present Flood Ins. Coverage (If yes, attach TAR-1414)		<input checked="" type="checkbox"/>	Active infestation of termites or other wood destroying insects (WDI)		<input checked="" type="checkbox"/>
Previous Flooding into the Structures		<input checked="" type="checkbox"/>	Previous treatment for termites or WDI	<input checked="" type="checkbox"/>	
Previous Flooding onto the Property		<input checked="" type="checkbox"/>	Previous termite or WDI damage repaired		<input checked="" type="checkbox"/>
Located in Historic District		<input checked="" type="checkbox"/>	Previous Fires		<input checked="" type="checkbox"/>
Historic Property Designation		<input checked="" type="checkbox"/>	Termite or WDI damage needing repair		<input checked="" type="checkbox"/>
Previous Use of Premises for Manufacture of Methamphetamine		<input checked="" type="checkbox"/>	Single Blockable Main Drain in Pool/Hot Tub/Spa*		<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): FOUNDATION, SETTLING: SOME FOUNDATION SETTLING OCCURRED 2006 & STABILIZATION REPAIR MADE JULY 2007 (LIFETIME FOUNDATION REPAIR WARRANTY TRANSFERABLE TO NEW OWNER @ CLOSING). HAIL DAMAGE 2013 & ROOF REPLACED; HAIL DAMAGE 2014 & ROOF REPLACED. WOOD DESTROYING INSECTS: CARPENTER ANTS TREATMENT IN 2013 & 2014 - NO DAMAGE

*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): MICROWAVE LIGHTBULB IS OUT.

Section 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 | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Room additions, structural modifications, or other alterations or repairs made without necessary permits or not in compliance with building codes in effect at the time. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Homeowners' associations or maintenance fees or assessments. If yes, complete the following:
Name of association: <u>CIELO SPRINGS MAINTENANCE</u>
Manager's name: <u>RINCO OF TEXAS</u> Phone: _____
Fees or assessments are: \$ <u>200</u> per <u>YEAR</u> and are: <input checked="" type="checkbox"/> mandatory <input type="checkbox"/> voluntary
Any unpaid fees or assessment for the Property? <input type="checkbox"/> yes (\$ _____) <input checked="" type="checkbox"/> no
If the Property is in more than one association, provide information about the other associations below or attach information to this notice. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, describe: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any notices of violations of deed restrictions or governmental ordinances affecting the condition or use of the Property. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any lawsuits or other legal proceedings directly or indirectly affecting the Property. (Includes, but is not limited to: divorce, foreclosure, heirship, bankruptcy, and taxes.) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any death on the Property except for those deaths caused by: natural causes, suicide, or accident unrelated to the condition of the Property. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any condition on the Property which materially affects the health or safety of an individual. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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). |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | The Property is located in a propane gas system service area owned by a propane distribution system retailer. |

998 Cielo Springs Dr.
Blanco, TX 78606

Concerning the Property at _____

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

Section 6. Seller has has not attached a survey of the Property.

Section 7. 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

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 8. 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 9. Have you (Seller) ever filed a claim for damage to the Property with any insurance provider? yes no

Section 10. 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: _____

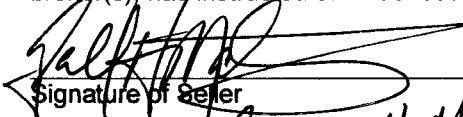
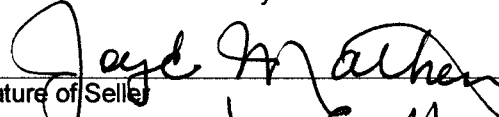
Section 11. Does the property have working smoke detectors installed in accordance with the smoke detector requirements of Chapter 766 of the Health and Safety Code?* unknown no yes. If no or unknown, explain. (Attach additional sheets if necessary): _____

*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.

Concerning the Property at _____

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.

	12/11/15		12/11/15
Signature of Seller	Date	Signature of Seller	Date
Printed Name: <u>GERALD H. MATHENY</u>		Printed Name: <u>Joy E. Matheny</u>	

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 www.txdps.state.tx.us. 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 you are basing your offers on square footage, measurements, or boundaries, you should have those items independently measured to verify any reported information.
- (4) The following providers currently provide service to the property:

Electric: <u>PERDURNALES ELECTRIC COOPERATIVE</u>	phone #: <u>888-554-4732</u>
Sewer: <u>N/A</u>	phone #: _____
Water: <u>CITY OF BLANCO</u>	phone #: <u>830-833-4525</u>
Cable: <u>DISH NETWORK</u>	phone #: <u>888-615-3725</u>
Trash: <u>TRASH PROS</u>	phone #: <u>830-885-6993</u>
Natural Gas: <u>N/A</u>	phone #: _____
Phone Company: <u>VERIZON</u>	phone #: <u>800-837-4966</u>
Propane: <u>N/A</u>	phone #: _____

- (5) 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.

Signature of Buyer _____	Date _____	Signature of Buyer _____	Date _____
Printed Name: _____		Printed Name: _____	



TEXAS ASSOCIATION OF REALTORS®

INFORMATION ABOUT ON-SITE SEWER FACILITY

USE OF THIS FORM BY PERSONS WHO ARE NOT MEMBERS OF THE TEXAS ASSOCIATION OF REALTORS® IS NOT AUTHORIZED. ©Texas Association of REALTORS®, Inc., 2004

CONCERNING THE PROPERTY AT 998 Cielo Springs Dr. Blanco, TX 78606

A. DESCRIPTION OF ON-SITE SEWER FACILITY ON PROPERTY:

- (1) Type of Treatment System: [X] Septic Tank [] Aerobic Treatment [] Unknown
(2) Type of Distribution System: STD [] Unknown
(3) Approximate Location of Drain Field or Distribution System: SEE ATTACHED PLANS [] Unknown
(4) Installer: WASTE WATER CONSULTANTS, INC., CHRIS H. MENZEL [] Unknown
(5) Approximate Age: 12 1/2 YEARS [] Unknown

B. MAINTENANCE INFORMATION:

- (1) Is Seller aware of any maintenance contract in effect for the on-site sewer facility? [] Yes [X] No
(2) Approximate date any tanks were last pumped? N/A
(3) Is Seller aware of any defect or malfunction in the on-site sewer facility? [] Yes [X] No
(4) Does Seller have manufacturer or warranty information available for review? [] Yes [X] No

C. PLANNING MATERIALS, PERMITS, AND CONTRACTS:

- (1) The following items concerning the on-site sewer facility are attached: [X] planning materials [X] permit for original installation [X] final inspection when OSSF was installed
(2) 'Planning materials' are the supporting materials that describe the on-site sewer facility that are submitted to the permitting authority in order to obtain a permit to install the on-site sewer facility.
(3) It may be necessary for a buyer to have the permit to operate an on-site sewer facility transferred to the buyer.

ON-SITE SEWAGE FACILITY APPLICATION AND
 PERMIT TO CONSTRUCT

I hereby request an application for a permit to construct and upon satisfactory completion, a license to operate a private on-site sewage facility in Blanco County.

Owners Name GERALD MATHENY Home Phone _____
 Mailing Address c/o 30070 Hwy. 281 N. #224 Work Phone 830/438-2480
BULVERDE, TX 78163 Other Contact: _____

"911" Address 101 VIENTO COVE

Property Legal Description: Attach a copy of current property tax receipt.

Additional Comments _____

Property Location: (Draw a map on reverse side indicating route from nearest state or county road to property site. To the nearest tenth of a mile.)

Proposed Use of Property and/or Sewage Facility:

Single Family Dwelling
 Commercial/Institutional/RV/Mobile Home Park (specify) _____
 No. of Bedrooms 4 Type of Water: Public Private
2,343 Total Sq. Ft. Living Area • Estimated Water Use Per Day _____ Gallons
 Separate Laundry/Bath Facilities Organized Disposal System within 300 ft NO
 Number of Occupants _____
 Flood Plain Verification Required Number of Generating Units _____
 Acreage (if applicable) _____

Type of Dwelling/Structure (specify) _____
 • Applies to Commercial and/or Design Facilities Only

Site Evaluation and Technical Data: OFFICIAL USE ONLY
 Recommended Type of Facility (specify) SD Design Attached
 Name of Site Evaluator: C. MENZEL

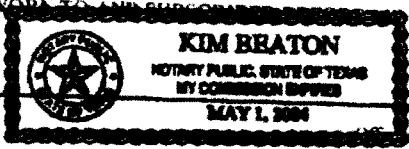
APPLICANT'S STATEMENT

I certify that information submitted in this application and any attached technical data does not contain any false information and does not conceal any material facts. Authorization is hereby given to Blanco County and any of its agents/representatives to enter upon described property for the purpose of an on-site evaluation and inspection of all sewage facilities past and/or present.

I have read the INRCC Rule for self-installs and won't hold Blanco County liable for my self install.

Signature of Owner or Designated Agent Gerald Matheny Date 10-10-02
 Designated Agent (with Power of Attorney) _____

SWORN TO AND SUBSCRIBED TO on October 10, 2002



Kim Beaton
 Notary Public, State of Texas

SEWAGE FACILITY PERMIT AND INSTALLATION REQUIREMENTS

In consideration of the items presented in the above application, and the attached Site Evaluation and Technical Data, a Permit to construct a Sewage Facility is issued to

GERALD MATHENY Date 11-5-02

Sewage Facility Inspector - Blanco County Fee of \$ 250 Permit No. 02-127 Check No. 1410
Kermit A. Roeder
 Blanco County Designated Rep. Waterwater consultants

Permits are valid for one year only. All fees are non-refundable.
 Sewage Facility Design SD
 Septic Tank(s) Size (gallons) _____ File # Size 1500 Sq. Ft. _____

OS8149

**Kermit A. Roeder
 Blanco County
 Designated Rep.
 OS8149**

NAME _____
 PERMIT NUMBER _____

02-127

KERMIT A. ROEDER
BLANCO COUNTY INSPECTOR
PO BOX 471
JOHNSON CITY, TEXAS 78636
(830)868-2117 Phone
(830)868-9018 Fax

License No.: 02-127

Date of Approval: 01-21-03

ON-SITE SEWAGE FACILITY—LICENSE TO OPERATE
This license to operate an on-site sewage facility (OSSF) is issued to:

OWNER'S NAME(S) GERALD MATHENY

MAILING ADDRESS: C/O 30070 HWY 281N #224
BULVERDE TX 78163

"911" ADDRESS (if other than mailing) 101 VIENTO COVE
BLANCO TX 78606

Facility Type: STD Tank Size: 1250

Treatment Area: 1500

Installer: J. RIEBE License No. 811

The above referenced OSSF has been inspected by Blanco County for compliance with the Blanco County Sewage Facility Regulations and, based on information provided by the applicant, has been found to comply with the requirements of those rules.

This inspection certification does not extend to the materials, workmanship or fabrications of the facility so as to express or imply to the owner/operator or installer any warranty by or rights against Blanco County or any of its agents or agencies.

This license may be revoked if there is evidence that the facility is not being properly maintained or is not operating properly and/or may constitute a threat to the health of the people of the State of Texas.

This license is for an indefinite period, but is not transferable to a succeeding owner. Upon transfer to a new owner, a new license must be obtained.

K. Roeder
Signature of Blanco County OSSF Inspector

1-21-03
Date

Blanco County Inspector
P.O. Box 471
Johnson City, Texas 78636

Attention Kermit Roedner

Wastewater Consultants, Inc.

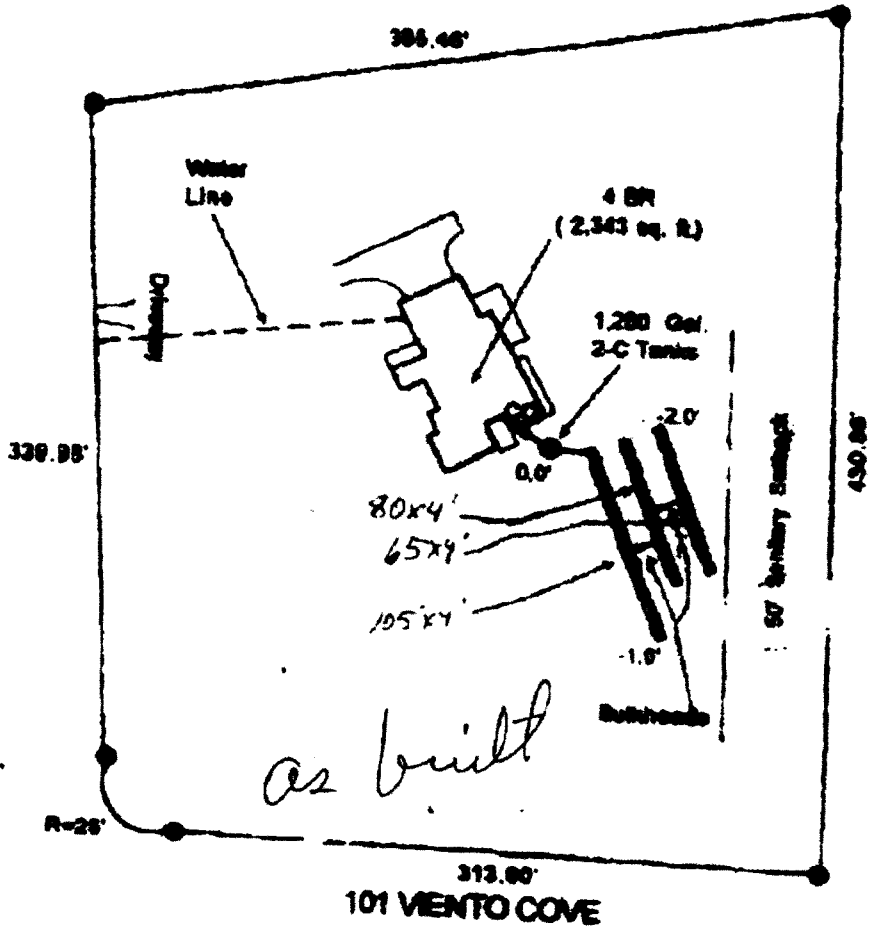
Chris H. Menzel, R.S., President
265 Danube Pass, Boerne, TX 78006

02-127

(830) 229-5309

(Fax) (830) 336-2976

TRACT 1
CIELO SPRINGS SUBDIVISION
BLANCO COUNTY, TX



Design Requirements:

- 4 BR (2,343 sq. ft.)
- USDA Soil Textural Class III
- 1,250 Gal. 2-C Septic Tank
- $A = Q/Ra$
- $Q = 300 \text{ gpd}$, $Ra = 0.20 \text{ gal/sq. ft.}$
- $A = 1,500 \text{ sq. ft.}$
- $L = (A - 2W)/(W + 2)$
- $W = 4 \text{ ft.}$, $L = 250 \text{ ft.}$
- * THRC Rules Effective 01/3/01

I hereby certify that this sewage facility design submitted conforms to rules and guidelines standards developed by the Texas Natural Resources Conservation Commission, and under normal conditions and proper installation can be expected to function in a safe and sanitary manner.

Scale: 1" = 50'

Chris H. Menzel
CHRIS H. MENZEL
REGISTERED PROFESSIONAL



1183 DATE 10-28-02



TEXAS ASSOCIATION OF REALTORS®

REQUEST FOR INFORMATION FROM AN OWNERS' ASSOCIATION

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To: Cielo Springs HOA / RINCO of Texas (Owners' Association)
(Address)
(City, State, Zip)

Re: NOTICE OF INTENDED SALE/PURCHASE AND REQUEST FOR INFORMATION

This notice is to advise you that I intend to [x] sell [] purchase the Property at:
998 Cielo Springs Dr. (Address)
Blanco, TX 78606 (City, State, Zip).

I am requesting the following information:

- [x] Residential Subdivision Information, which includes:
(1) a current copy of the subdivision's restrictions;
(2) a current copy of the bylaws and rules of the Owners' Association; and
(3) a resale certificate that complies with §207.003, Property Code.
[] Condominium Information, which includes:
(1) a current copy of the condominium declaration;
(2) a current copy of the bylaws and rules of the Condominium Association; and
(3) a resale certificate that complies with §82.157, Property Code.

Note: Only sellers may request Condominium Information.

Please deliver the information to:
Sam-Mar Ranch Realty, LLC ([x] Broker [] Owner [] Buyer [] Closing Agent)
Attn: Margo Davis, Broker
P.O. Box 417 (Address)
Blanco, TX 78606 (City, State, Zip)
(830) 833-4898 (phone) (830) 833-4898 (fax)
margo@sammar.net (e-mail).

I understand that the Property Code requires you to deliver the requested information not later than the 10th business day after the date you receive this written request.

Please advise me and the person to whom you will deliver the information if the Owners' Association has a right of first refusal or if the Owners' Association requires other information from me.

Enclosed is \$ for the cost, if any, for the requested information.

Owner Gerald H. Matheny Joy E. Matheny 12/11/15 Date

Buyer Date

Enclosure: TREC Resale Certificate (TAR No. 1921 for Condominiums; TAR No. 1923 for Subdivisions)

(TAR-1405) 3-2-12