



COMMERCIAL PROPERTY CONDITION STATEMENT

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CONCERNING THE PROPERTY AT: 2109, 2209 S MAIN ST, FORT WORTH TX 76110

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

PART I - Complete if Property is Improved or Unimproved

Table with 3 columns: Question, Aware, Not Aware. Contains 17 rows of environmental and property condition questions with checkboxes.

(TXR-1408) 4-1-18 Initialed by Seller or Landlord: [Signature], and Buyer or Tenant: \_\_\_\_\_

- |  | <u>Aware</u>                        | <u>Not<br/>Aware</u>                |
|--|-------------------------------------|-------------------------------------|
| (8) special districts in which the Property lies (for example, historical districts, development districts, extraterritorial jurisdictions, or others)? . . . . .  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (9) pending changes in zoning, restrictions, or in physical use of the Property? . . . . .<br>The current zoning of the Property is: _____   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (10) your receipt of any notice concerning any likely condemnation, planned streets, highways, railroads, or developments that would materially and adversely affect the Property (including access or visibility)? . . . . .  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (11) lawsuits affecting title to or use or enjoyment of the Property? . . . . .  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (12) your receipt of any written notices of violations of zoning, deed restrictions, or government regulations from EPA, OSHA, TCEQ, or other government agencies? . . . .   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (13) common areas or facilities affiliated with the Property co-owned with others? . . . . .   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (14) an owners' or tenants' association or maintenance fee or assessment affecting the Property? . . . . .<br>If aware, name of association: _____<br>Name of manager: _____<br>Amount of fee or assessment: \$ _____ per _____<br>Are fees current through the date of this notice? [ <input type="checkbox"/> ] yes [ <input type="checkbox"/> ] no [ <input type="checkbox"/> ] unknown | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (15) subsurface structures, hydraulic lifts, or pits on the Property? . . . . .  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (16) intermittent or weather springs that affect the Property? <i>intermittent spring in North Building basement.</i>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (17) any material defect in any irrigation system, fences, or signs on the Property? . . . . .   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (18) conditions on or affecting the Property that materially affect the health or safety of an ordinary individual? . . . . .  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (19) any of the following rights vested in others:   |                                     |                                     |
| (a) outstanding mineral rights? . . . . .  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (b) timber rights? . . . . .   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (c) water rights? . . . . .  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (d) other rights? . . . . .  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (20) any personal property or equipment or similar items subject to financing, liens, or lease(s)? . . . . .<br>If aware, list items: _____  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

If you are aware of any of the conditions listed above, explain. (Attach additional information if needed.) \_\_\_\_\_

*(1b) intermittent spring in basement of north building.*

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**PART 2 - Complete only if Property is Improved**

A. Are you (Seller or Landlord) aware of any material defects in any of the following on the Property?

	<u>Aware</u>	<u>Not Aware</u>	<u>Not Appl.</u>
<b>(1) Structural Items:</b>			
(a) foundation systems (slabs, columns, trusses, bracing, crawl spaces, piers, beams, footings, retaining walls, basement, grading)? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(b) exterior walls? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(c) fireplaces and chimneys? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(d) roof, roof structure, or attic (covering, flashing, skylights, insulation, roof penetrations, ventilation, gutters and downspouts, decking)? . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(e) windows, doors, plate glass, or canopies . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>(2) Plumbing Systems:</b>			
(a) water heaters or water softeners? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(b) supply or drain lines? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(c) faucets, fixtures, or commodes? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(d) private sewage systems? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(e) pools or spas and equipments? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(f) sprinkler systems (fire, landscape)? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(g) water coolers? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(h) private water wells? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(i) pumps or sump pumps? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>(3) HVAC Systems:</b> any cooling, heating, or ventilation systems? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>(4) Electrical Systems:</b> service drops, wiring, connections, conductors, plugs, grounds, power, polarity, switches, light fixtures, or junction boxes? . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>(5) Other Systems or Items:</b>			
(a) security or fire detection systems? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(b) porches or decks? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(c) gas lines? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(d) garage doors and door operators? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(e) loading doors or docks? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(f) rails or overhead cranes? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(g) elevators or escalators? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(h) parking areas, drives, steps, walkways? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(i) appliances or built-in kitchen equipment? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you are aware of material defects in any of the items listed under Paragraph A, explain. (Attach additional information if needed.) \_\_\_\_\_

B. Are you (Seller or Landlord) aware of:	<u>Aware</u>	<u>Not Aware</u>
(1) any of the following water or drainage conditions materially and adversely affecting the Property:		
(a) ground water? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(b) water penetration?. . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(c) previous flooding or water drainage?. . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(d) soil erosion or water ponding?. . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(2) previous structural repair to the foundation systems on the Property?. . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(3) settling or soil movement materially and adversely affecting the Property?. . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(4) pest infestation from rodents, insects, or other organisms on the Property? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(5) termite or wood rot damage on the Property needing repair? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(6) mold to the extent that it materially and adversely affects the Property? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(7) mold remediation certificate issued for the Property in the previous 5 years? . . . . . <i>if yes, attach a copy of the mold remediation certificate.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(8) previous termite treatment on the Property? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(9) previous fires that materially affected the Property? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(10) modifications made to the Property without necessary permits or not in compliance with building codes in effect at the time? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(11) any part, system, or component in or on the Property not in compliance with the Americans with Disabilities Act or the Texas Architectural Barrier Statute? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you are aware of any conditions described under Paragraph B, explain. *(Attach additional information, if needed.)* \_\_\_\_\_

The undersigned acknowledges receipt of the foregoing statement.

Seller or Landlord: \_\_\_\_\_

Buyer or Tenant: \_\_\_\_\_

By: Bill Bailey, CEO  
 By (signature): \_\_\_\_\_  
 Printed Name: Bill Bailey  
 Title: President / CEO

By: \_\_\_\_\_  
 By (signature): \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Title: \_\_\_\_\_

By: \_\_\_\_\_  
 By (signature): \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Title: \_\_\_\_\_

By: \_\_\_\_\_  
 By (signature): \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Title: \_\_\_\_\_

**NOTICE TO BUYER OR TENANT: The broker representing Seller or Landlord, and the broker representing you advise you that this statement was completed by Seller or Landlord, as of the date signed. The brokers have relied on this statement 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.**