



## 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 9200 Westheimer Rd, #1307, Houston, Texas 77063

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) ☐ 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            | ✓ |   |   |
| Carbon Monoxide Det.       |   | ✓ |   |
| Ceiling Fans               | ✓ |   |   |
| Cooktop                    | ✓ |   |   |
| Dishwasher                 | ✓ |   |   |
| Disposal                   | ✓ |   |   |
| Emergency Escape Ladder(s) |   | ✓ |   |
| Exhaust Fans               | ✓ |   |   |
| Fences                     |   | ✓ |   |
| Fire Detection Equip.      | ✓ |   |   |
| French Drain               |   | ✓ |   |
| Gas Fixtures               |   | ✓ |   |
| Liquid Propane Gas:        |   | ✓ |   |
| -LP Community (Captive)    |   | ✓ |   |
| -LP on Property            |   | ✓ |   |

| Item                               | Y | N | U |
|------------------------------------|---|---|---|
| Natural Gas Lines                  |   | ✓ |   |
| Fuel Gas Piping:                   |   | ✓ |   |
| -Black Iron Pipe                   |   |   | ✓ |
| -Copper                            |   |   | ✓ |
| -Corrugated Stainless Steel Tubing |   |   | ✓ |
| Hot Tub                            |   | ✓ |   |
| Intercom System                    |   | ✓ |   |
| Microwave                          | ✓ |   |   |
| Outdoor Grill                      |   | ✓ |   |
| Patio/Decking                      |   | ✓ |   |
| Plumbing System                    | ✓ |   |   |
| Pool                               |   | ✓ |   |
| Pool Equipment                     |   | ✓ |   |
| Pool Maint. Accessories            |   | ✓ |   |
| Pool Heater                        |   | ✓ |   |

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

| Item                      | Y | N | U | Additional Information                                                                                                        |
|---------------------------|---|---|---|-------------------------------------------------------------------------------------------------------------------------------|
| Central A/C               | ✓ |   |   | <input checked="" type="checkbox"/> electric <input type="checkbox"/> gas number of units: 1                                  |
| Evaporative Coolers       |   | ✓ |   | number of units:                                                                                                              |
| Wall/Window AC Units      |   | ✓ |   | number of units:                                                                                                              |
| Attic Fan(s)              |   | ✓ |   | if yes, describe:                                                                                                             |
| Central Heat              | ✓ |   |   | <input checked="" type="checkbox"/> electric <input type="checkbox"/> gas number of units: 1                                  |
| Other Heat                |   | ✓ |   | if yes describe:                                                                                                              |
| Oven                      | ✓ |   |   | number of ovens: 1 <input checked="" type="checkbox"/> electric <input type="checkbox"/> gas <input type="checkbox"/> other:  |
| Fireplace & Chimney       |   | ✓ |   | <input type="checkbox"/> wood <input type="checkbox"/> gas logs <input type="checkbox"/> mock <input type="checkbox"/> other: |
| Carport                   |   | ✓ |   | <input type="checkbox"/> attached <input type="checkbox"/> not attached                                                       |
| Garage                    | ✓ |   |   | <input checked="" type="checkbox"/> attached <input type="checkbox"/> not attached                                            |
| Garage Door Openers       | ✓ |   |   | number of units: 1 number of remotes: 1                                                                                       |
| Satellite Dish & Controls |   | ✓ |   | <input type="checkbox"/> owned <input type="checkbox"/> leased from                                                           |
| Security System           |   | ✓ |   | <input type="checkbox"/> owned <input type="checkbox"/> leased from                                                           |



Prepared with Sellers Shield

|                                 |                                     |                                     |  |                                                                                                                              |
|---------------------------------|-------------------------------------|-------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------|
| Solar Panels                    |                                     | <input checked="" type="checkbox"/> |  | <input 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: 1 |
| Water Softener                  |                                     | <input checked="" type="checkbox"/> |  | <input type="checkbox"/> owned <input type="checkbox"/> leased from                                                          |
| Other Leased Item(s)            |                                     | <input checked="" type="checkbox"/> |  | if yes, describe:                                                                                                            |
| Underground Lawn Sprinkler      | <input checked="" type="checkbox"/> |                                     |  | <input checked="" type="checkbox"/> automatic <input type="checkbox"/> manual areas covered: <b>HOA responsibility</b>       |
| 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: **composition** Age: **22 years , just renewed 2023 ,** (approximate)  
**HOA responsibility**

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):

**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"/> | Radon Gas                             |   | <input checked="" type="checkbox"/> |
| Asbestos Components                        |   | <input checked="" type="checkbox"/> | Settling                              |   | <input checked="" type="checkbox"/> |
| Diseased Trees: oak wilt                   |   | <input checked="" type="checkbox"/> | Soil Movement                         |   | <input checked="" type="checkbox"/> |
| Endangered Species/Habitat on Property     |   | <input checked="" type="checkbox"/> | Subsurface Structure or Pits          |   | <input checked="" type="checkbox"/> |
| Fault Lines                                |   | <input checked="" type="checkbox"/> | Underground Storage Tanks             |   | <input checked="" type="checkbox"/> |
| Hazardous or Toxic Waste                   |   | <input checked="" type="checkbox"/> | Unplatted Easements                   |   | <input checked="" type="checkbox"/> |
| Improper Drainage                          |   | <input checked="" type="checkbox"/> | Unrecorded Easements                  |   | <input checked="" type="checkbox"/> |
| Intermittent or Weather Springs            |   | <input checked="" type="checkbox"/> | Urea-formaldehyde Insulation          |   | <input checked="" type="checkbox"/> |
| Landfill                                   |   | <input checked="" type="checkbox"/> | Water Damage Not Due to a Flood Event |   | <input checked="" type="checkbox"/> |
| Lead-Based Paint or Lead-Based Pt. Hazards |   | <input checked="" type="checkbox"/> | Wetlands on Property                  |   | <input checked="" type="checkbox"/> |

|                                                             |  |   |                                                                       |  |   |
|-------------------------------------------------------------|--|---|-----------------------------------------------------------------------|--|---|
| Encroachments onto the Property                             |  | ✓ | Wood Rot                                                              |  | ✓ |
| Improvements encroaching on others' property                |  | ✓ | Active infestation of termites or other wood destroying insects (WDI) |  | ✓ |
| Located in Historic District                                |  | ✓ | Previous treatment for termites or WDI                                |  | ✓ |
| Historic Property Designation                               |  | ✓ | Previous termite or WDI damage repaired                               |  | ✓ |
| Previous Foundation Repairs                                 |  | ✓ | Previous Fires                                                        |  | ✓ |
| Previous Roof Repairs                                       |  | ✓ | Termite or WDI damage needing repair                                  |  | ✓ |
| Previous Other Structural Repairs                           |  | ✓ | Single Blockable Main Drain in Pool/Hot Tub/Spa*                      |  | ✓ |
| Previous Use of Premises for Manufacture of Methamphetamine |  | ✓ |                                                                       |  |   |

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.
- ☐ ☒ 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.
- ☐ ☒ Previous water penetration into a structure on the Property due to a natural flood.
- ☐ ☒ Located ☐ wholly ☐ partly in a 100-year floodplain (Special Flood Hazard Area-Zone A, V, A99, AE, AO, AH, VE, or AR).
- ☐ ☒ Located ☐ wholly ☐ partly in a 500-year floodplain (Moderate Flood Hazard Area-Zone X (shaded)).
- ☐ ☒ Located ☐ wholly ☐ partly in a floodway.
- ☐ ☒ 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):



|  |
|--|
|  |
|--|

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|--|
|  |
|--|

N/A

- ☒ ☐ 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):

(Q2) PINEY POINT PLACE  
HOA  
Maintenance fee \$404.92 a month  
maintenance fee includes ;clubhouse, limited access gates ,trash removal, water and Sewer .  
(Q3) POOL

**Section 9. 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 10. Check any tax exemption(s) which you (Seller) currently claim for the Property:**

- |                                                       |                                         |                                           |
|-------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Homestead                    | <input type="checkbox"/> Senior Citizen | <input type="checkbox"/> Disabled         |
| <input type="checkbox"/> Wildlife Management          | <input type="checkbox"/> Agricultural   | <input type="checkbox"/> Disabled Veteran |
| <input checked="" type="checkbox"/> Other: <u>N/A</u> |                                         | <input type="checkbox"/> Unknown          |

**Section 11. Have you (Seller) ever filed a claim for damage, other than flood damage, to the Property with any insurance provider?** ☐ yes ☒ no

**Section 12. 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 13. 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.

Boualem ouamar                      2025-10-14  
Signature of Seller                      Date

Hassiba achiou                      2025-10-14  
Signature of Seller                      Date

Printed Name: Boualem Ouamar

Printed Name: Hassiba Achiou

**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>. 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: **TARA ENERGY**

Phone #: (866) 252-4905

Sewer: HOA

Phone #:

Water: HOA

Phone #:

Cable: N/A

Phone #:

Trash: HOA

Phone #:

Natural Gas: N/A

Phone #:

Phone Company: N/A

Phone #:

Propane: N/A

Phone #:

Internet:ATT

Phone #:

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: \_\_\_\_\_

