



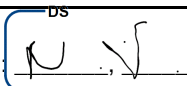


**PART 2 – Complete only if Property is Improved**

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

|   | <u>Aware</u>             | <u>Not Aware</u>                    | <u>Not Appl.</u>                    |
|---|--------------------------|-------------------------------------|-------------------------------------|
| <b>(1) <u>Structural Items:</u></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) <u>Plumbing Systems:</u></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 checked="" type="checkbox"/> | <input 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) <u>HVAC Systems:</u> any cooling, heating, or ventilation systems?.....</b>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>(4) <u>Electrical Systems:</u> service drops, wiring, connections, conductors, plugs, grounds, power, polarity, switches, light fixtures, or junction boxes? .....</b> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>(5) <u>Other Systems or Items:</u></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 type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (e) loading doors or docks?.....  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (f) rails or overhead cranes? .....   | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" 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:

**Not  
Aware**

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

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

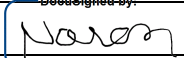
The undersigned acknowledges receipt of the foregoing statement.

Seller or Landlord: AMRN 2 LLC

Buyer or Tenant:

By:

By:

By (signature):  4/4/2022 | 9:07 AM PDT

By (signature):

Printed Name: AMRN 2 LLC

Printed Name:

Title:

Title:

By:

By:

By (signature):

By (signature):

Printed Name:

Printed Name:

Title:

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.**