



# HOMEOWNERS/PROPERTY OWNERS ASSOCIATION PROFILE SHEET

DATE UPDATED 05/29/2026

Are there multiple Associations concerning the same Condo/Subdivision?  Yes  No  
*(If yes attach a separate form for each HOA/POA)*

Recorded name of HOA/POA: Crossvine Master

Type of HOA/POA:  Condominium  Subdivision  Other \_\_\_\_\_  
 Includes Planned Unit Development Ownership

Membership mandatory?  Yes  No

Is Condominium/Subdivision located in Municipal Utility District?  Yes  No

If yes, list name of MUD: \_\_\_\_\_

If this is a condominium community, is it:  Original Development  Apartment conversion  Other

Is Condominium:  VA Approved  FHA Approved

If Condominium - Is a "Right of First Refusal" required by the association?  Yes  No

Association Fee \$1125 Payable:  Monthly  Quarterly  Yearly

Transfer Fee \$345 Mandatory Deposits of any kind due at closing?  Yes  No

Resale Certificate Neighborhood Docs Fee \$ \_\_\_\_\_

Payable by:  Buyer  Seller

Are there any fees/assessments/special assessments of any kind?  Yes  No

If yes, what are they? \_\_\_\_\_

Name of HOA/POA Management Co.: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Website: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Amenities/Services provided by the HOA/POA

Check all that apply:

- |   |  |   |  |                                       |
|---|--|---|--|---------------------------------------|
| <input checked="" type="checkbox"/> Swimming Pool   | <input checked="" type="checkbox"/> Basketball Court | <input type="checkbox"/> Party/Meeting Rm.        | <input type="checkbox"/> Fire Protection           | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hot Tub                    | <input type="checkbox"/> Baseball Court              | <input checked="" type="checkbox"/> Gas           | <input type="checkbox"/> Pest Control              | _____                                 |
| <input type="checkbox"/> Sauna                      | <input type="checkbox"/> Volleyball Court            | <input checked="" type="checkbox"/> Electricity   | <input checked="" type="checkbox"/> Garbage Pickup | _____                                 |
| <input checked="" type="checkbox"/> Club House      | <input checked="" type="checkbox"/> Soccer Field     | <input checked="" type="checkbox"/> Water         | <input type="checkbox"/> Electronic Gate           | _____                                 |
| <input checked="" type="checkbox"/> BBQ/Picnic Area | <input checked="" type="checkbox"/> Jogging Trail    | <input type="checkbox"/> Grounds Maint.           | <input type="checkbox"/> Guarded Gate              | _____                                 |
| <input checked="" type="checkbox"/> Playground      | <input checked="" type="checkbox"/> Park             | <input checked="" type="checkbox"/> Street Maint. | <input type="checkbox"/> Guard/Patrol              | _____                                 |
| <input type="checkbox"/> Tennis Court               | <input type="checkbox"/> Exercise Rm.                | <input type="checkbox"/> Ext. Home Maint.         | <input type="checkbox"/> Security                  | _____                                 |

Information is deemed reliable but not guaranteed. Buyer should independently verify before relying there on.

# T-47 RESIDENTIAL REAL PROPERTY AFFIDAVIT

Date: 5/30/20

GF No. \_\_\_\_\_

Name of Affiant(s): Samuel Onyavong and Jaumih Onyavong

Address of Affiant(s): 8596 STUCKSTONE SCHERTZ, TX 78154

Description of Property: Single Family Home

County: BEXAR

Date of Survey: \_\_\_\_\_

"Title Company" as used herein is the Title Insurance Company whose policy of title insurance is issued in reliance upon the statements contained herein.

Before me, the undersigned notary for the State of \_\_\_\_\_, personally  
Appeared Affiant(s) who after by me being duly sworn, stated:

1. I am an owner of the Property. (Or state other basis for knowledge by Affiant of the Property, such as lease, management, neighbor, etc. For example, "Affiant is the manager of the Property for the record title owners.")
2. I am familiar with the property and the improvements located on the Property.
3. I am closing a transaction requiring title insurance and the proposed insured owner or lender has requested area and boundary coverage in the title insurance policy(ies) to be issued in this transaction. I understand that the Title Company may make exceptions to the coverage of the title insurance as Title Company may deem appropriate. I understand that the owner of the property, if the current transaction is a sale, may request a similar amendment to the area and boundary coverage in the Owner's Policy of Title Insurance upon payment of the promulgated premium.
4. To the best of my actual knowledge and belief, since Date of the Survey, there have been no:
  - a. construction projects such as new structures, additional buildings, rooms, garages, swimming pools, deckings, or other permanent improvements or fixtures;
  - b. changes in the location of boundary fences or boundary walls;
  - c. construction projects on immediately adjoining property(ies) which construction occurred on or near the boundary of the Property;
  - d. conveyances, replattings, easement grants and/or easement dedications (such as a utility line) by any party affecting the Property.

EXCEPT for the following (If None, Insert "None" Below:)

5. I understand that Title Company is relying on the truthfulness of the statements made in this Affidavit to provide the area and boundary coverage and upon the evidence of the existing real property survey of the Property. This Affidavit is not made for the benefit of any other parties and this Affidavit does not constitute a warranty or guarantee of the location of improvements.
6. I understand that I have no liability to Title Company should the information in this Affidavit be incorrect other than information that I personally know to be incorrect and which I do not disclose to the Title

Company.

<p>I declare under penalty of perjury that the foregoing is true and correct.</p> <p>Signed: <u>S. Paul Jr</u></p> <p>Affiant</p>	<p>I declare under penalty of perjury that the foregoing is true and correct.</p> <p>Signed: <u>Tom Dupre</u></p> <p>Affiant</p>
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SWORN AND SUBSCRIBED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public



270 N. Loop 1604 East, Suite 100  
 San Antonio, TX 78232  
 Phone: (210)482-3500

### SELLER PRE-CLOSING INFORMATION

GF#: \_\_\_\_\_ Closer: Ashley Stephens

Property: 8590 STARKSTONE SCHERTZ TX 78154

Seller Name(s)	Contact phone number and email or mailing Address(es)
Samuel Wiyavong Jamin Wiyavong	210-833-3629 sam.wiyavong@gmail.com

Note: If this list of names is not complete or correct, please make additions/corrections above.

Seller Social Security or Taxpayer ID number(s): 619 28-7945 620-10-1725

#### Seller Marital Status

- Married - both spouses shown above as "Seller"
- Married - spouse's full legal name: \_\_\_\_\_
- Single (if more than one seller, specify for each)
  - Single when acquired property and have remained single
  - Married when acquired property - marriage ended in divorce on or about \_\_\_\_\_, filed in \_\_\_\_\_ County and \_\_\_\_\_ State. (Note: Copy of divorce decree may be required for examination and possible title requirements.)
  - Married when acquired - marriage ended in death of spouse on or about \_\_\_\_\_.
    - Spouse did not leave a will or the will was not probated. (Note: Please contact title company to provide additional information.)
    - Spouse left a will which was probated in \_\_\_\_\_ County and \_\_\_\_\_ State. (Note: Copy of probate may be required for examination and possible title requirements.)
  - None of the above marital statements describes my/our marital status. (Note: Please contact the title company to provide additional information.)

#### Homeowner Association Name (if applicable and not shown on Addendum to Contract)

COSMINE MASTER

HOA Contact person name and address/phone: STEPHANIE / 210-441-1132

Does this transaction involve a mobile home/manufactured housing unit?  Yes  No

#### Existing Loan(s) on the Property - so that we may order Loan Payoff Information:

1st Lender Name:	<u>LAKENOW SUBSERVICED BY LOAN CARE</u>
Address (including city, state, zip)	<u>PO BOX 40509 CITY OF INDUSTRY, CA 91716-0509</u>
Loan Number:	<u>0062337043</u>
Customer Service Phone Number:	<u>800-509-0183</u>
2nd Lender Name:	
Address (including city, state, zip)	
Loan Number:	
Customer Service Phone Number:	
3rd Lender Name:	
Address (including city, state, zip)	
Loan Number:	
Customer Service Phone Number:	

Have you entered into a forbearance\* agreement or loan modification with this lender?  Yes  No





PAYOFF AUTHORIZATION

Borrower: Samuel Onyavony + Jaramin Onyavony

Property: 8946 Stackstone Schertz, TX 78154

The undersigned borrower authorizes Chicago Title of Texas, LLC to order payoff statements on behalf of the borrower to facilitate the proper closing of the borrower's current real estate transaction.

Chicago Title of Texas, LLC is authorized to make payment from funds accruing to my account at the close of escrow, including but not limited to forwarding fees, service fees, transfer fees, payments, reconveyance fees, interest or prepayment charges as charged without my further approval.

For Line of Credit loans, upon receipt of a request to provide a payoff statement, authorization is hereby given and demand made to freeze the account. Further, upon receipt of payoff funds, the lender is also authorized and instructed to immediately close and cancel the account and to release any and all security for said Line of Credit loan.

If the borrower entered into a forbearance agreement and you are not the entity servicing any deferred amounts, please provide the contact information for the entity who is to furnish to us a statement of the amount necessary to pay in full including any amounts deferred due to a forbearance or modification agreement.

My signature below shall constitute my approval for the lender to issue statements in accordance with the request of Chicago Title of Texas, LLC.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

BORROWER(S):

Samuel Onyavony  
Jaramin Onyavony

5/30/20  
DATE