



## **APPRAISAL OF REAL PROPERTY**

### **LOCATED AT:**

3115 Eula Morgan Rd  
TR 2Y, Abst 1567, H&TCRR, Sec 80, Blk 2  
Katy, TX 77493

### **FOR:**

Dan Windle Irrevocable Trust  
3115 Eula Morgan Rd  
Katy, TX 77493

### **AS OF:**

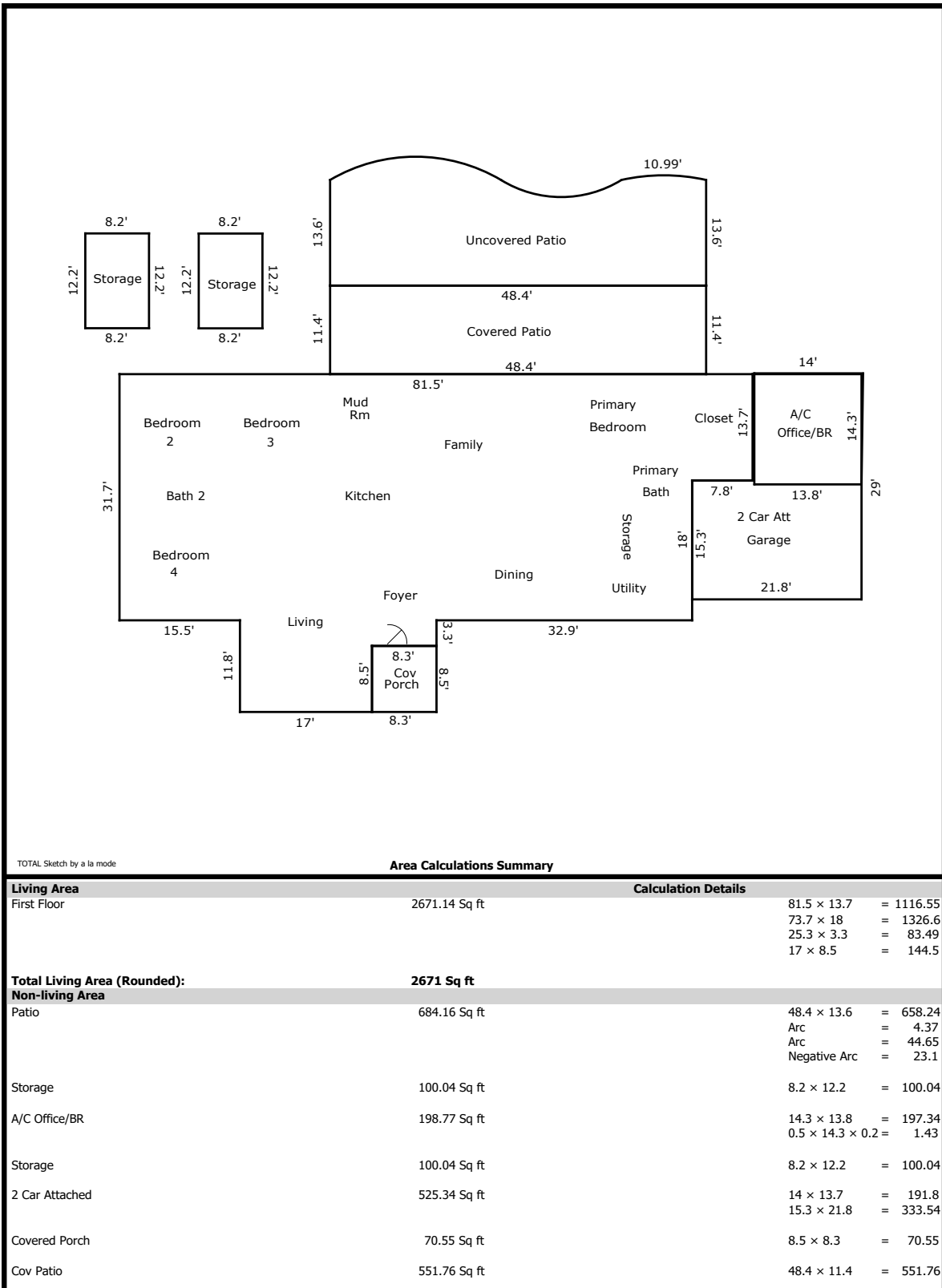
06/16/2025

### **BY:**

Lauren Street Zarvos  
Houston Area Appraisal Team, LLC  
1600 Augusta Dr, #315  
Houston, TX 77057  
713 540-1407

## Building Sketch

|                  |                              |        |        |       |    |                |
|------------------|------------------------------|--------|--------|-------|----|----------------|
| Borrower         | Dan Windle Irrevocable Trust |        |        |       |    |                |
| Property Address | 3115 Eula Morgan Rd          |        |        |       |    |                |
| City             | Katy                         | County | Harris | State | TX | Zip Code 77493 |
| Lender/Client    | Dan Windle Irrevocable Trust |        |        |       |    |                |



## Measurements

### MEASUREMENTS

3115 Eula Morgan Rd

|                    |               |
|--------------------|---------------|
| Family Rm          | 16.5' x 16.7' |
| Living Rm          | 15.5' x 22.6' |
| Dining Rm          | 13' x 16'     |
| Kitchen            | 16' x 16'     |
| Foyer              | 7.8' x 9.9'   |
| Mud Rm             | 5.5' x 7.8'   |
| Primary BR         | 13' x 16'     |
| Primary Bath       | 10' x 12.6'   |
| Primary Closet     | 7' x 13'      |
| BR 2               | 10.7' x 12.8' |
| BR 3               | 10.6' x 15.6' |
| BR 4               | 11' x 12.8'   |
| Bath 2             | 7.6' x 9'     |
| Utility            | 6' x 16'      |
| Additional Storage | 5.7' x 7'     |
| A/C Office/BR      | 13.5' x 14'   |

Subject Photos

|                  |                              |        |        |       |    |                |
|------------------|------------------------------|--------|--------|-------|----|----------------|
| Borrower         | Dan Windle Irrevocable Trust |        |        |       |    |                |
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| Lender/Client    | Dan Windle Irrevocable Trust |        |        |       |    |                |



**Subject Front**  
3115 Eula Morgan Rd



**Subject Rear**



**Subject Street**



## Certification



### Certified Residential Real Estate Appraiser

Appraiser: **Lauren Street Zarvos**

License #: **TX 1338815 R**

License Expires: **07/31/2026**

Having provided satisfactory evidence of the qualifications required by the Texas Appraiser Licensing and Certification Act, Occupations Code, Chapter 1103, authorization is granted to use this title:  
Certified Residential Real Estate Appraiser

For additional information or to file a complaint please contact TALCB at [www.talcb.texas.gov](http://www.talcb.texas.gov).

  
Chelsea Buchholtz  
Executive Director

# E & O Insurance

Client#: 16764

HOUSTAREA

**ACORD**

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/07/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

| <b>PRODUCER</b><br>AssuredPartners of MO LLC<br>12645 Olive Blvd, Suite 300<br>St Louis, MO 63141<br>314 523-8800 | <b>CONTACT NAME:</b> Lily Dowling<br><b>PHONE (A/C, No, Ext):</b> 314 523-8800 <b>FAX (A/C, No):</b> 314 453-7555<br><b>E-MAIL ADDRESS:</b> lily.dowling@assuredpartners.com                                                                                                                                                                                                                                                                                                                             |                               |        |                                                   |       |             |  |             |  |             |  |             |  |             |  |
|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------|---------------------------------------------------|-------|-------------|--|-------------|--|-------------|--|-------------|--|-------------|--|
| <b>INSURED</b><br>Houston Area Appraisal Team, LLC<br>1600 Augusta Drive #315<br>Houston, TX 77057                | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Cincinnati Specialty Underwriters Ins</td> <td>13037</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A : Cincinnati Specialty Underwriters Ins | 13037 | INSURER B : |  | INSURER C : |  | INSURER D : |  | INSURER E : |  | INSURER F : |  |
| INSURER(S) AFFORDING COVERAGE                                                                                     | NAIC #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |        |                                                   |       |             |  |             |  |             |  |             |  |             |  |
| INSURER A : Cincinnati Specialty Underwriters Ins                                                                 | 13037                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               |        |                                                   |       |             |  |             |  |             |  |             |  |             |  |
| INSURER B :                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               |        |                                                   |       |             |  |             |  |             |  |             |  |             |  |
| INSURER C :                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               |        |                                                   |       |             |  |             |  |             |  |             |  |             |  |
| INSURER D :                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               |        |                                                   |       |             |  |             |  |             |  |             |  |             |  |
| INSURER E :                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               |        |                                                   |       |             |  |             |  |             |  |             |  |             |  |
| INSURER F :                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               |        |                                                   |       |             |  |             |  |             |  |             |  |             |  |

**COVERAGES**

**CERTIFICATE NUMBER:**

**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE                                                                                                                                                                                                                                                 | ADOL SUBR INSR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                   |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------|-------------------------|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|          | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER:  |                    |               |                         |                         | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$<br>\$ |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                 |                    |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                                    |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED <input type="checkbox"/> RETENTION \$                                                                                                       |                    |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$                                                                                                                                                 |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below |                    |               |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$                         |
| A        | <b>Errors &amp; Omission</b>                                                                                                                                                                                                                                      |                    | CSU0125627    | 01/22/2025              | 01/22/2026              | Occurrence - \$1,000,000<br>Aggregate - \$1,000,000<br>Retention - None                                                                                                                  |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER**

**CANCELLATION**

For Informational Purposes Only!

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

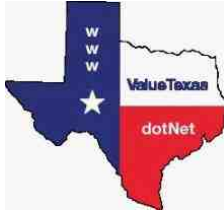


ACORD 25 (2016/03) 1 of 1  
#S1003551/M1003548

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L DOWL



# INVOICE

| INVOICE NUMBER        |          |
|-----------------------|----------|
| 70308-19              |          |
| DATE                  |          |
| 06/16/2025            |          |
| REFERENCE             |          |
| Internal Order #:     |          |
| Lender Case #:        |          |
| Client File #:        |          |
| Main File # on form:  | 70308-19 |
| Other File # on form: |          |
| Federal Tax ID:       |          |
| Employer ID:          |          |

**TO:**

Kathy Halbison Mills  
Better Homes and Gardens Gary Greene

Telephone Number: 713-299-8853

Fax Number:

Alternate Number:

E-Mail: Kihmills@gmail.com

**Please Remit to:**

Houston Area Appraisal Team, LLC  
1600 Augusta Dr , #315  
Houston, TX 77057

Venmo - @Lauren-Zarvos      Zelle - 713-540-1407

**DESCRIPTION**

|                                                            |                                      |
|------------------------------------------------------------|--------------------------------------|
| Lender: Dan Windle Irrevocable Trust                       | Client: Dan Windle Irrevocable Trust |
| Purchaser/Borrower: Dan Windle Irrevocable Trust           |                                      |
| Property Address: 3115 Eula Morgan Rd                      |                                      |
| City: Katy                                                 |                                      |
| County: Harris                                             | State: TX      Zip: 77493            |
| Legal Description: TR 2Y, Abst 1567, H&TCRR, Sec 80, Blk 2 |                                      |

**FEES**
**AMOUNT**

APPRAISAL SERVICES RENDERED-Measure Only

150.00

**SUBTOTAL**

150.00

**PAYMENTS**
**AMOUNT**

|          |       |              |
|----------|-------|--------------|
| Check #: | Date: | Description: |
| Check #: | Date: | Description: |
| Check #: | Date: | Description: |

**SUBTOTAL**

**TOTAL DUE**

\$ 150.00