

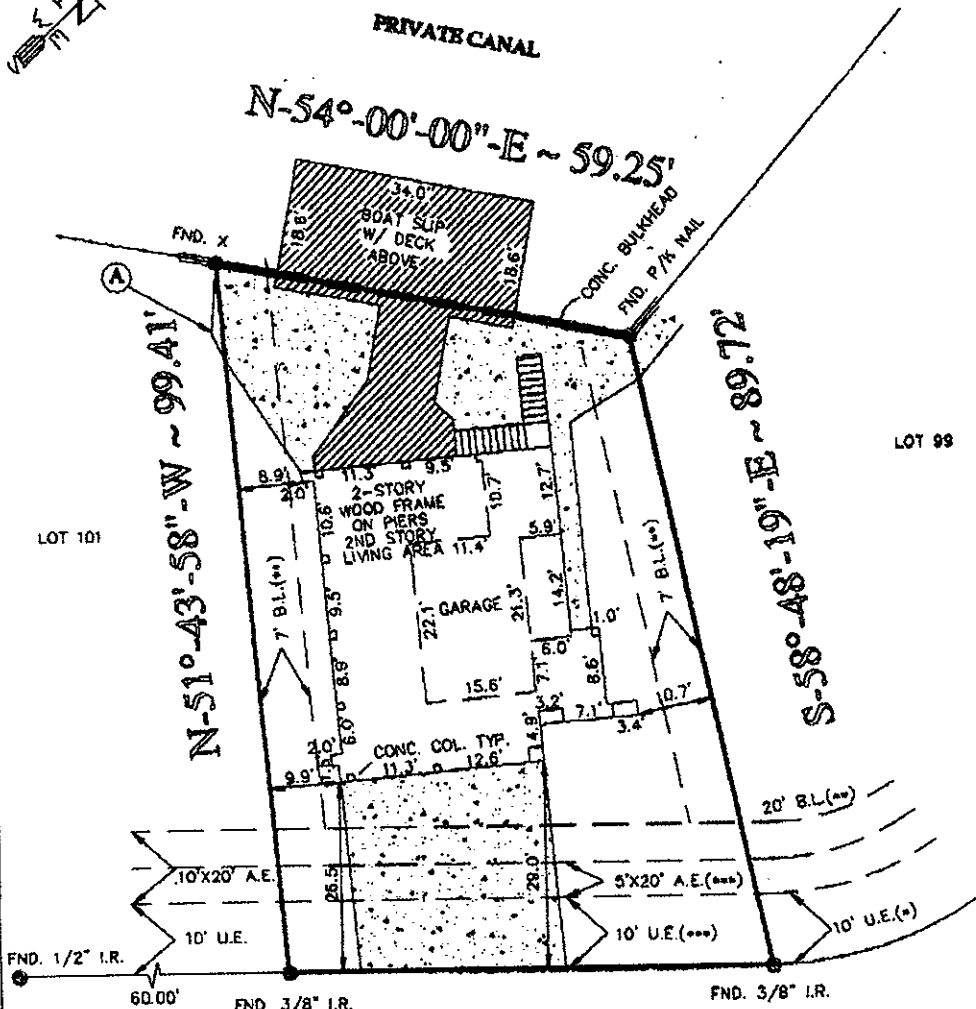


TRI-TECH SURVEYING CO, INC.

5320 GULFTON - SUITE #1

HOUSTON, TEXAS. 77081

PHONE: (713) 667-0800



S-43°-02'-58\"-W ~ 68.31'

123 QUAYSIDE DRIVE

(50.00' R.O.W.)

GALVESTON, TEXAS 77554

(A) CONCRETE FLAT WORK ENCROACHING 1.5' ONTO NEIGHBOR'S PROPERTY.

(-) 10' U.E. ALONG FRONT P.L. PER VOL. 2685, PG. 54 D.C.C.G.C.TX.

(***) 10' U.E. & 5'x20' A.E. ALONG FRONT P.L. F.C.NO. 008-63-1927 O.P.R.R.P.G.C.TX.

(**) B.S.B.L.'S 20' & 7' PER F.C.NO. 008-63-1927 O.P.R.R.P.G.C.TX.

EASEMENT RIGHTS FOR FUTURE GRANTS PER F.C.NO. 008-63-1927 O.P.R.R.P.G.C.TX.

BEARINGS SHOWN REFERENCED TO: S43-20-SBW ALONG QUAYSIDE DRIVE

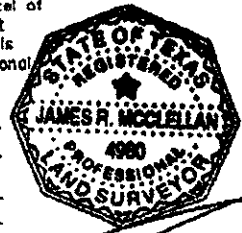
NOTE: SUBJECT PROPERTY SUBJECT TO RESTRICTIONS AND REGULATIONS, AND ORDINANCES IF ANY.

I, the undersigned registered professional land surveyor, do hereby certify that the plat shown hereon represents a survey made on the ground under my direction and supervision on the tract or parcel of land indicated below, according to the map or plat thereof, indicated below. There are no apparent encroachments unless shown, and all improvements are shown hereon the date of this survey. This survey conforms to the current Standards of Practices established by the Texas Board of Professional Land Surveying.

drawn by: J. Day

SURVEY PLAT SHOWING

LOT 100, BLOCK _____ OF TIKI ISLAND SECTION 12
 RECORDED IN VOLUME 10 PAGE 39 O.C.C. _____ GALVESTON
 COUNTY, TEXAS.
 BORROWER: DONALD F. DUNN AND WIFE, LYNNE B. DUNN
 TITLE COMPANY: STEWART TITLE G.F.# 96205497
 SURVEYED FOR: SAM HOUSTON MORTGAGE
 100 YEAR FLOOD INFORMATION F.I.R.# 481585 PANEL # 0001D ZONE V20 REVISED 11-1-85
 DATE: B-2-95 SCALE: 1"=20' JOB NO. 1865-96



SURVEYOR REGISTRATION

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires December 31, 2005

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use:	
BUILDING OWNER'S NAME McGoldrick		Policy Number	
Job # 5-310-06 SLF			
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 123 Quayside		Company NAIC Number	
CITY Tiki Island	STATE TX	ZIP CODE 77554	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 100 Tiki Island			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) Residential			
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.###" or ###.####")		HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983	
		SOURCE: <input checked="" type="checkbox"/> GPS (Type): RTK <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER 481585 Tiki Island		B2. COUNTY NAME Galveston		B3. STATE Texas	
B4. MAP AND PANEL NUMBER 481585 0001	B5. SUFFIX D	B6. FIRM INDEX DATE 11-1-85	B7. FIRM PANEL EFFECTIVE/REVISED DATE 11-1-85	B8. FLOOD ZONE(S) V20	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 16.0'

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
 FIS Profile FIRM Community Determined Other (Describe): _____
 NAVD 1988 Other (Describe): _____

B11. Indicate the elevation datum used for the BFE in B9: NGVD 1929

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No Designation Date _____

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
 *A new Elevation Certificate will be required when construction of the building is complete.

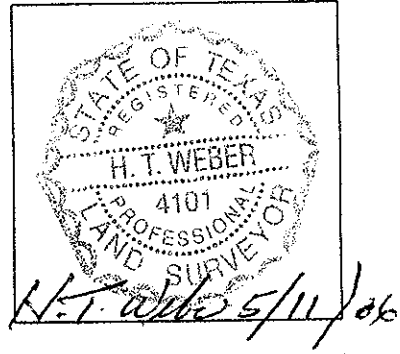
C2. Building Diagram Number 6 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO
 Complete Items C3.-a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.
 Datum _____ Conversion/Comments _____

Elevation reference mark used _____ Does the elevation reference mark used appear on the FIRM? Yes No

- o a) Top of bottom floor (including basement or enclosure) 6. 51 ft.(m)
- o b) Top of next higher floor 18. 01 ft.(m)
- o c) Bottom of lowest horizontal structural member (V zones only) 16. 41 ft.(m)
- o d) Attached garage (top of slab) 6. 59 ft.(m)
- o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) 18. 01 ft.(m)
- o f) Lowest adjacent (finished) grade (LAG) 5. 9 ft.(m)
- o g) Highest adjacent (finished) grade (HAG) 6. 4 ft.(m)
- o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade N/A
- o i) Total area of all permanent openings (flood vents) in C3.h N/A sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date



SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.
 I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.
 I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME	H.T. Weber	LICENSE NUMBER	4101
TITLE	R.P.L.S.	COMPANY NAME	Survey 1, Inc.
ADDRESS	P.O. Box 2543	CITY	Alvin
		STATE	Tx
		ZIP CODE	77512
SIGNATURE	<i>H.T. Weber</i>	DATE	5/11/06
		TELEPHONE	281-393-1382

IMPORTANT: In these spaces, copy the corresponding information from Section A.			For Insurance Company Use:
BUILDING STREET ADDRESS (including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 123 Quayside			Policy Number
CITY Tiki Island	STATE TX	ZIP CODE 77554	Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

COMMENTS

Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zone AO and Zone A (without BFE), complete Items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

- E1. Building Diagram Number __ (Select the building diagram most similar to the building for which this certificate is being completed – see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)
- E2. The top of the bottom floor (including basement or enclosure) of the building is __ ft.(m) __ in.(cm) above or below (check one) the highest adjacent grade. (Use natural grade, if available).
- E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is __ ft.(m) __ in.(cm) above the highest adjacent grade. Complete items C3.h and C3.i on front of form.
- E4. The top of the platform of machinery and/or equipment servicing the building is __ ft.(m) __ in.(cm) above or below (check one) the highest adjacent grade. (Use natural grade, if available).
- E5. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance?
 Yes No Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, C (Items C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. *The statements in Sections A, B, C, and E are correct to the best of my knowledge.*

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

ADDRESS	CITY	STATE	ZIP CODE
SIGNATURE	DATE	TELEPHONE	

COMMENTS

Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below.

- G1. The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
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G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is: _____ ft.(m) Datum: _____

G9. BFE or (in Zone AO) depth of flooding at the building site is: _____ ft.(m) Datum: _____

LOCAL OFFICIAL'S NAME	TITLE
COMMUNITY NAME	TELEPHONE
SIGNATURE	DATE
COMMENTS	

Check here if attachments