

PROPERTY DISCLOSURE - RESIDENTIAL ONLY

New Hampshire Association of REALTORS® Standard Form



TO BE COMPLETED BY SELLER

The following answers and explanations are true and complete to the best of SELLER'S knowledge. This statement has been prepared to assist prospective BUYERS in evaluating SELLER'S property. This disclosure is not a warranty of any kind by the SELLER, or any real estate FIRM representing the SELLER, and is not a substitute for any inspection by the BUYER. SELLERS authorize FIRM in this transaction to disclose the information in this statement to other real estate agents and to prospective buyers of this property.

NOTICE TO SELLER(S): COMPLETE ALL INFORMATION AND STATE NOT APPLICABLE OR UNKNOWN AS APPROPRIATE. IF ANY OF THE INFORMATION IN THIS PROPERTY DISCLOSURE FORM CHANGES FROM THE DATE OF COMPLETION, YOU ARE TO NOTIFY THE LISTING FIRM PROMPTLY IN WRITING.

1. SELLER: Suzanne Langmaid

2. PROPERTY LOCATION: 5 Pelton Way, 10, Hampton Falls, NH 03844

3. CONDOMINIUM, CO-OP, PUD DISCLOSURE RIDER OR MULTIFAMILY DISCLOSURE RIDER ATTACHED? [X] Yes [] No

4. SELLER: [X] has [] has not occupied the property for 10 years.

5. WATER SUPPLY

Please answer all questions regardless of type of water supply.

a. TYPE OF SYSTEM: [] Public [X] Private [] Seasonal [] Unknown [] Drilled [] Dug [] Other

b. INSTALLATION: Location: Installed By: Date of Installation: What is the source of your information?

c. USE: Number of persons currently using the system: Does system supply water for more than one household? [] Yes [] No

d. MALFUNCTIONS: Are you aware of or have you experienced any malfunctions with the (public/private/other) water systems? Pump: [] Yes [] No [] N/A Quantity: [] Yes [] No Quality: [] Yes [] No [] Unknown If YES to any question, please explain in Comments below or with attachment.

e. WATER TEST: Have you had the water tested? [] Yes [] No Date of most recent test IF YES to any question, please explain in Comments below or with attachment. Are you aware of any test results reported as unsatisfactory or satisfactory with notations? [] Yes [] No IF YES, are test results available? [] Yes [] No What steps were taken to remedy the problem?

COMMENTS:

6. SEWAGE DISPOSAL SYSTEM

a. TYPE OF SYSTEM: Public: [] Yes [] No Community/Shared: [X] Yes [] No Private: [X] Yes [] No [] Unknown Septic Design Available: [] Yes [] No

b. IF PUBLIC OR COMMUNITY/SHARED Have you experienced any problems such as line or other malfunctions? [] Yes [] No What steps were taken to remedy the problem?

c. IF PRIVATE: TANK: [] Septic Tank [] Holding Tank [] Cesspool [] Unknown [] Other Tank Size [] Gal. [] Unknown [] Other Tank Type [] Concrete [] Metal [] Unknown [] Other Location: [] Location Unknown Date of Installation: Date of Last Servicing: Name of Company Servicing Tank: Have you experienced any malfunctions? [] Yes [] No Comments:

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d. LEACH FIELD: Yes No Other _____
 IF YES, Location: _____ Size: _____ Unknown
 Date of installation of leach field: _____ Installed By: _____
 Have you experienced any malfunctions? Yes No
 Comments: _____

e. IS SYSTEM LOCATED ON "DEVELOPED WATERFRONT" as described in RSA 485-A? Yes No Unknown
 IF YES, has a septic system evaluation been done within 180 days? Yes No Unknown
 Date of Evaluation: _____
 Comments: _____

FOR ADDITIONAL INFORMATION THE BUYER IS ENCOURAGED TO CONTACT THE NH DEPARTMENT OF ENVIRONMENTAL SERVICES SUBSURFACE SYSTEMS BUREAU, 603-271-3501

7. <u>INSULATION</u>	<u>LOCATION</u>	<u>Yes</u>	<u>No</u>	<u>Unknown</u>	<u>If YES, Type</u>	<u>Amount</u>	<u>Unknown</u>
	Attic or Cap	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
	Crawl Space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
	Exterior Walls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
	Floors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
	<u>BASEMENT</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>

8. HAZARDOUS MATERIAL

a. **UNDERGROUND STORAGE TANKS - Current or previously existing:**
 Are you aware of any past or present underground storage tanks on your property? Yes No Unknown
 IF YES: Are tanks currently in use? Yes No
 IF NO: How long have tank(s) been out of service? _____
 What materials are, or were, stored in the tank(s)? _____
 Age of tank(s): _____ Size of tank(s): _____
 Location: _____
 Are you aware of any past or present problems such as leakage, etc? Yes No
 Comments: _____
 If tanks are no longer in use, have the tanks been removed? Yes No Unknown
 Comments: _____

b. **ASBESTOS - Current or previously existing:**
 As insulation on the heating system pipes or ducts? Yes No Unknown
 In the siding? Yes No Unknown In the roofing shingles? Yes No Unknown
 In flooring tiles? Yes No Unknown Other _____ Yes No Unknown
 If YES, Source of information: _____
 Comments: _____

c. **RADON/AIR - Current or previously existing:**
 Has the property been tested? Yes No Unknown
 If YES: Date: _____ By: _____
 Results: _____ If applicable, what remedial steps were taken? _____
 Has the property been tested since remedial steps? Yes No
 Are test results available? Yes No
 Comments: _____

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d. RADON/WATER - Current or previously existing:

Has the property been tested? Yes No Unknown

If YES: Date: _____ By: _____

Results: _____ If applicable, what remedial steps were taken? _____

Has the property been tested since remedial steps? Yes No

Are test results available? Yes No Comments: _____

e. LEAD-BASED PAINT - Current or previously existing:

Are you aware of lead-based paint on this property? Yes No

If YES: Source of information: _____

Are you aware of any cracking, peeling, or flaking lead-based paint? Yes No

Comments: _____

f. Are you aware of any other hazardous materials? Yes No

If YES: Source of information: _____

Comments: _____

9. GENERAL INFORMATION

a. Is this property subject to liens, encroachments, easements, rights-of-way, leases, restrictive covenants, attachments, life estates, or right of first refusal?

Yes No Unknown If YES, Explain: _____

What is your source of information? _____

b. Is this property subject to special assessments, betterment fees, association fees, or any other transferable fees?

Yes No Unknown If YES, Explain: _____

What is your source of information? _____

c. Are you aware of any onsite landfills or any other factors, such as soil, flooding, drainage, etc?

Yes No If YES, Explain: _____

d. Are you aware of any problems with other buildings on the property? Yes No

If YES, Explain: _____

e. Are you receiving a tax exemption or reduction for this property for any reason including but not limited to current use, land conservation, etc.?

YES NO UNKNOWN If YES, Explain: _____

f. Is this property located in a Federally Designated Flood Hazard Zone? Yes No Unknown

Comments: _____

g. Has the property been surveyed? Yes No Unknown If YES, By: _____

If YES, is survey available? Yes No Unknown

h. How is the property zoned? _____

i. Heating System Age: _____ Type: FHA Fuel: Propane Tank Location: _____

Owner of Tank: _____

Annual Fuel Consumption: _____ Price: _____ Gallons: _____

Date system was last serviced and by whom? _____

Secondary Heat Systems: _____

Comments: _____

j. Roof Age: _____ Type of Roof Covering: _____

Moisture or leakage: _____

Comments: _____

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k. Foundation/Basement: Full Partial Other: _____ Type: _____
Moisture or leakage: no, seepage from bulkhead once
Comments: _____

l. Chimney(s) How Many? _____ Lined? _____ Last Cleaned: _____ Problems? _____
Comments: _____

m. Plumbing Type: _____ Age: _____
Comments: _____

n. Domestic Hot Water: Age: _____ Type: _____ Gallons: _____

o. Electrical System: # of Amps _____ Circuit Breakers _____ Fuses _____
Comments: _____
Solar Panels: Leased Owned If leased, explain terms of agreement: _____
Comments: _____

p. Modifications: Are you aware of any modifications or repairs made without the necessary permits? Yes No
If Yes, please explain: _____

q. Pest Infestation: Are you aware of any past or present pest infestations? Yes No Type: _____
Comments: _____

r. Methamphetamine Production: Do you have knowledge of methamphetamine production ever occurring on the property?
(Per RSA 477:4-g) Yes No If YES, please explain: _____

s. Air Conditioning: Type: _____ Age: _____ Date Last Serviced and by whom: _____
Comments: _____

t. Pool: Age: _____ Heated: Yes No Type: _____ Last Date of Service: _____
By Whom: _____

u. Generator: Portable: Yes No Whole House: Yes No Kw/Size: _____ Last Date of Service: _____
If Portable: Included Negotiable
Comments: _____

v. Internet: Type Currently Used at Property: _____

w. Other (e.g. Alarm System, Irrigation System, etc.) n/a
Comments: _____

NOTICE TO PURCHASER(S): PRIOR TO SETTLEMENT YOU SHOULD EXERCISE WHATEVER DUE DILIGENCE YOU DEEM NECESSARY WITH RESPECT TO ADJACENT PARCELS IN ACCORDANCE WITH THE TERMS AND CONDITIONS AS MAY BE CONTAINED IN PURCHASE AND SALES AGREEMENT AND DEPOSIT RECEIPT. YOU SHOULD EXERCISE WHATEVER DUE DILIGENCE YOU DEEM NECESSARY WITH RESPECT TO INFORMATION ON ANY SEXUAL OFFENDERS REGISTERED UNDER NH RSA CHAPTER 651-B. SUCH INFORMATION MAY BE OBTAINED BY CONTACTING THE LOCAL POLICE DEPARTMENT.

SELLER(S) INITIALS STJ

BUYER(S) INITIALS _____

