

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:** The Busell Living Trust

2. **PROPERTY LOCATION:** 915 East Madison Road, Madison, NH 03849

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

4. **SELLER:** has has not occupied the property for 0 years.

5. **WATER SUPPLY**
Please answer all questions regardless of type of water supply.

a. **TYPE OF SYSTEM:** Public Private Seasonal Unknown
 Drilled Dug Other _____

b. **INSTALLATION:** Location: Left side yard
 Installed By: Unknown Date of Installation: Unknown
 What is the source of your information? Unknown

c. **USE:** Number of persons currently using the system: None
 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 Unknown
 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? N/A
 COMMENTS: N/A
N/A

6. **SEWAGE DISPOSAL SYSTEM**

a. **TYPE OF SYSTEM:** Public: Yes No Community/Shared: Yes No
 Private: 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? N/A

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: Unknown
 Date of Last Servicing: Unknown Name of Company Servicing Tank: N/A
 Have you experienced any malfunctions? Yes No
 COMMENTS: Unknown, seller has no information.

SELLER(S) INITIALS

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

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: Seller has no knowledge.
 Comments: Seller has no knowledge.

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

| 7. INSULATION | LOCATION | <u>Yes</u> | <u>No</u> | <u>Unknown</u> | <u>If YES, Type</u> | <u>Amount</u> | <u>Unknown</u> |
|----------------------|-----------------|--------------------------|--------------------------|-------------------------------------|---------------------|---------------|--------------------------|
| | Attic or Cap | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> |
| | Crawl Space | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> |
| | Exterior Walls | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> |
| | Floors | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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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01/22/26

11:44 AM CST

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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? Rural

i. Heating System Age: Unknown Type: Forced Hot Water Fuel: Oil Tank Location: Basement

Owner of Tank: Homeowner

Annual Fuel Consumption: Unknown Price: _____ Gallons: _____

Date system was last serviced and by whom? Unknown

Secondary Heat Systems: Wood

Comments: _____

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

Moisture or leakage: _____

Comments: _____

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01/27/26

11 AM 2025
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k. **Foundation/Basement** Full Partial Other: _____ Type: _____
 Moisture or leakage: _____
 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: None _____ Age: _____ Date Last Serviced and by whom: _____
 Comments: _____

t. **Pool** Age: N/A _____ 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: None

w. **Other** (e.g. Alarm System, Irrigation System, etc.) None
 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.

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10. ADDITIONAL INFORMATION

a. ATTACHMENT EXPLAINING CURRENT PROBLEMS, PAST REPAIRS, OR ADDITIONAL INFORMATION?

Yes No

b. ADDITIONAL COMMENTS:

Water leaking into basement from well head leak. Hartley well company - fix with sealant but too cold right now. Temp fix with water pipe routed to dirt for drainage.

ACKNOWLEDGEMENTS:

SELLER ACKNOWLEDGES THAT HE/SHE HAS PROVIDED THE ABOVE INFORMATION AND THAT SUCH INFORMATION IS ACCURATE, TRUE AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE. SELLER AUTHORIZES THE LISTING BROKER TO DISCLOSE THE INFORMATION CONTAINED HEREIN TO OTHER BROKERS AND PROSPECTIVE PURCHASERS.

SELLER(S) MAY BE RESPONSIBLE AND LIABLE FOR ANY FAILURE TO PROVIDE KNOWN INFORMATION TO BUYER(S).

Pamela S. Goff, Trustee of the Busell Living Trust

dotloop verified
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CST
QJVJ-XFBX-ZCJN-9BW9

SELLER

DATE

SELLER

DATE

BUYER ACKNOWLEDGES RECEIPT OF THIS PROPERTY DISCLOSURE RIDER AND HEREBY UNDERSTANDS THE PRECEDING INFORMATION WAS PROVIDED BY SELLER AND IS NOT GUARANTEED BY BROKER/AGENT. THIS DISCLOSURE STATEMENT IS NOT A REPRESENTATION, WARRANTY OR GUARANTY AS TO THE CONDITION OF THE PROPERTY BY EITHER SELLER OR BROKER. BUYER IS ENCOURAGED TO UNDERTAKE HIS/HER OWN INSPECTIONS AND INVESTIGATIONS VIA LEGAL COUNSEL, HOME, STRUCTURAL OR OTHER PROFESSIONAL AND QUALIFIED ADVISORS AND TO INDEPENDENTLY VERIFY INFORMATION DIRECTLY WITH THE TOWN OR MUNICIPALITY.

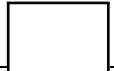
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