

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:** John M Bossio

2. **PROPERTY LOCATION:** 42 Fox Hill Lane, Conway, NH 03813

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

4. **SELLER:** ☒ has ☐ has not occupied the property for 13 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 Community

b. **INSTALLATION:** Location: Contact Mountainvale

Installed By: \_\_\_\_\_ Date of Installation: \_\_\_\_\_

What is the source of your information? \_\_\_\_\_

c. **USE:** Number of persons currently using the system: 1

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 Contact Mountainvale

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: ☒ 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? \_\_\_\_\_

c. **IF PRIVATE:**

TANK: ☒ Septic Tank ☐ Holding Tank ☐ Cesspool ☐ Unknown ☐ Other  
Tank Size \_\_\_\_\_ Gal. ☐ Unknown ☐ Other \_\_\_\_\_

Tank Type ☐ Concrete ☐ Metal ☐ Unknown ☒ Other Shared

Location: \_\_\_\_\_ ☐ Location Unknown. Date of Installation: \_\_\_\_\_

Date of Last Servicing: \_\_\_\_\_ Name of Company Servicing Tank: \_\_\_\_\_

Have you experienced any malfunctions? ☐ Yes ☐ No

COMMENTS: \_\_\_\_\_

SELLER(S) INITIALS: Jmm

BUYER(S) INITIALS: \_\_\_\_\_

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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>	LOCATION	Yes	No	Unknown	If YES, Type	Amount	Unknown
	Attic or Cap	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
	Crawl Space	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manufactured Home		<input type="checkbox"/>
	Exterior Walls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insulated Tri-County		<input type="checkbox"/>
	Floors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cap		<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

☐ 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: Mountainvale Pre-approval/Rules

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: Lot Rent \$650 for new residents

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: -10 yrs Type: FHA Fuel: Kerosene Tank Location: End of driveway

Owner of Tank: Seller

Annual Fuel Consumption: \_\_\_\_\_ Price: \_\_\_\_\_ Gallons: \_\_\_\_\_

Date system was last serviced and by whom? \_\_\_\_\_

Secondary Heat Systems: \_\_\_\_\_

Comments: \_\_\_\_\_

### j. **Roof** Age: unk Type of Roof Covering: Metal

Moisture or leakage: none

Comments: \_\_\_\_\_

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- k. **Foundation/Basement** ☐ Full ☐ Partial ☒ Other: Dist ☐ Type: \_\_\_\_\_  
Moisture or leakage: \_\_\_\_\_  
Comments: \_\_\_\_\_
- l. **Chimney(s)** How Many? \_\_\_\_\_ Lined? \_\_\_\_\_ Last Cleaned: \_\_\_\_\_ Problems? \_\_\_\_\_  
Comments: \_\_\_\_\_
- m. **Plumbing** Type: Manufactured Home Age: \_\_\_\_\_  
Comments: \_\_\_\_\_
- n. **Domestic Hot Water** Age: 2 yrs Type: Electric Gallons: 40 gal
- o. **Electrical System** # of Amps 100 amp ☒ 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: N/A Age: \_\_\_\_\_ Date Last Serviced and by whom: \_\_\_\_\_  
Comments: 2 window units
- 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: N/A
- v. **Internet** Type Currently Used at Property: Spectrum
- w. **Other** (e.g. Alarm System, Irrigation System, etc.) \_\_\_\_\_  
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:

Tri County Camp 2-3 years ago & they did  
- Insulation  
- New Water Heater  
- Draw in air System for furnace  
- New Fridge  
- New Thermostat  
- New Smoke/CO2  
- Bathroom Light/Fan  
- New Shower Head

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).

*J. M. Brina* 1-21-26

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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