

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: T & J Arms LLC

2. PROPERTY LOCATION: 621 Kearsarge Road North Conway NH

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

4. SELLER: [ ] has [X] has not occupied the property for 5 years.

5. WATER SUPPLY

Please answer all questions regardless of type of water supply.

a. TYPE OF SYSTEM: [X] Public [ ] 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 [X] No

d. MALFUNCTIONS: Are you aware of or have you experienced any malfunctions with the (public/private/other) water systems? Pump: [ ] Yes [X] No [ ] N/A Quantity: [ ] Yes [X] No Quality: [ ] Yes [X] 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 [X] No

IF YES, are test results available? [ ] Yes [ ] No

What steps were taken to remedy the problem?

COMMENTS: water test was done by M.O.W.P.

6. SEWAGE DISPOSAL SYSTEM

a. TYPE OF SYSTEM: Public: [X] 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 [X] 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:

SELLER(S) INITIALS [RTA] [JSA] BUYER(S) INITIALS [ ] [ ]

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d. LEACH FIELD: [ ] Yes [x] 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 site assessment been done? [ ] Yes [x] No [ ] Unknown
Source of Information: \_\_\_\_\_
Comments: \_\_\_\_\_

FOR ADDITIONAL INFORMATION THE BUYER IS ENCOURAGED TO CONTACT THE NH DEPARTMENT OF ENVIRONMENTAL SERVICES SUBSURFACE SYSTEMS BUREAU

Table with 7 columns: LOCATION, Yes, No, Unknown, If YES, Type, Amount, Unknown. Rows include Attic or Cap, Crawl Space, Exterior Walls, Floors.

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 [x] No [ ] Unknown
IF YES: Are tanks currently in use? [x] Yes [ ] No
IF NO: How long have tank(s) been out of service? \_\_\_\_\_
What materials are, or were, stored in the tank(s)? Propane
Age of tank(s): 25 years Size of tank(s): 1000 gallon
Location: near garage doors
Are you aware of any past or present problems such as leakage, etc? [ ] Yes [x] 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 [x] No [ ] Unknown
In the siding? [ ] Yes [x] No [ ] Unknown In the roofing shingles? [ ] Yes [x] No [ ] Unknown
In flooring tiles? [ ] Yes [x] No [ ] Unknown Other [ ] Yes [ ] No [ ] Unknown
If YES, Source of information: \_\_\_\_\_
Comments: owner is not aware of any asbestos

c. RADON/AIR - Current or previously existing:
Has the property been tested? [ ] Yes [ ] No [x] 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: \_\_\_\_\_

SELLER(S) INITIALS [R.T.A.] [ ] BUYER(S) INITIALS [ ] [ ]

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d. RADON/WATER - Current or previously existing:

Has the property been tested? [ ] Yes [x] 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 [x] No

If YES: Source of information: \_\_\_\_\_

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

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

f. Are you aware of any other hazardous materials? [ ] Yes [x] 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?

[x] Yes [ ] No [ ] Unknown If YES, Explain: month to month lease for all ~~units~~ R.T.A.

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

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

[ ] Yes [x] 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 [x] No If YES, Explain: \_\_\_\_\_

d. Are you aware of any problems with other buildings on the property? [ ] Yes [x] 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 [x] NO [ ] UNKNOWN If YES, Explain: \_\_\_\_\_

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

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

g. Has the property been surveyed? [ ] Yes [ ] No [x] Unknown If YES, By: \_\_\_\_\_

If YES, is survey available? [ ] Yes [ ] No [ ] Unknown

h. How is the property zoned? Residential

i. Heating System Age: 10-15 Type: FHA Fuel: oil Tank Location: basement

Owner of Tank: \_\_\_\_\_

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

Date system was last serviced and by whom? Irving serviced it 2/22

Secondary Heat Systems: all units have their own units and they vary in age 15 years on average

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

j. Roof Age: \_\_\_\_\_ Type of Roof Covering: shingle and metal

Moisture or leakage: \_\_\_\_\_

Comments: Brown metal roof is 4 years, shingles are 15 years, metal on unit 10 is 25 years

SELLER(S) INITIALS [R.T.A.] [B.A.]

BUYER(S) INITIALS [ ] [ ]

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k. Foundation/Basement:  Full  Partial  Other: \_\_\_\_\_  Type: Concrete  
 Moisture or leakage: none  
 Comments: \_\_\_\_\_

l. Chimney(s) How Many? 5 Lined? \_\_\_\_\_ Last Cleaned: \_\_\_\_\_ Problems? \_\_\_\_\_  
 Comments: unit 10 and 11 have gas fireplaces and liners installed in 2012. No other units have active fireplaces

m. Plumbing Type: PVC and copper and pex Age: variable  
 Comments: \_\_\_\_\_

n. Domestic Hot Water: Age: vary from 6-12 years Type: electric Gallons: 40

o. Electrical System: # of Amps 200  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: tenant responsibility 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: Spectrum cable

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.**

SELLER(S) INITIALS R.T.A. / J.B.

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

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**10. ADDITIONAL INFORMATION**

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

Yes  No

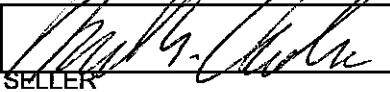
b. ADDITIONAL COMMENTS:

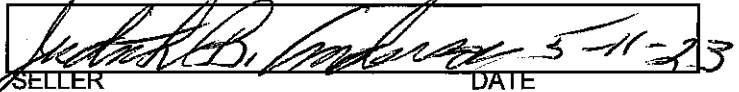
Unit 10 blown in insulation in the ceiling.  
Unit 6 has a lease with a sixty days notice to quit.

**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).**

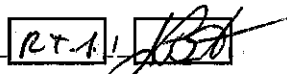
 5-11-23  
SELLER DATE

 5-11-23  
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.**

\_\_\_\_\_  
BUYER DATE

\_\_\_\_\_  
BUYER DATE

SELLER(S) INITIALS 

BUYER(S) INITIALS 