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

		PRIATE. IF ANY OF THE INFORMATION IN THIS PROPERTY DISCLOSURE FORM CHANGES FROM THE DATE (ETION, YOU ARE TO NOTIFY THE LISTING FIRM PROMPTLY IN WRITING.)F					
1.	SE	LER: Staciet Jerry Goodnich						
2.	PROPERTY LOCATION: 72 Cranmore Woods Lane Unit 2, North Conway, NH 03860							
3.	CONDOMINIUM, CO-OP, PUD DISCLOSURE RIDER OR MULTIFAMILY DISCLOSURE RIDER ATTACHED? Yes No							
4.								
5.	Ple a.	TER SUPPLY se answer all questions regardless of type of water supply. TYPE OF SYSTEM: ☑ Public ☑ Private ☑ Seasonal ☑ Unknown ☑ Drilled ☑ Dug ☑ Other INSTALLATION: Location: ☑ Back of House						
		Installed By:	_ _					
	C.	USE: Number of persons currently using the system: Single family: 2						
	d.	MALFUNCTIONS: Are you aware of or have you experienced any malfunctions with the (public/private/other) water systems? Pump:YesYNoN/A Quantity:YesYNo Quality:YesYNoUnknown f YES to any question, please explain in Comments below or with attachment.						
	е,	WATER TEST: Have you had the water tested?						
6.	SEV	AGE DISPOSAL SYSTEM	_					
		TYPE OF SYSTEM: Public: ▼Yes □No Community/Shared: □Yes □No Private: □Yes □No □Unknown Septic Design Available: □Yes □No						
	b.	F PUBLIC OR COMMUNITY/SHARED Have you experienced any problems such as line or other malfunctions? What steps were taken to remedy the problem?						
	C.	F PRIVATE: TANK:						
		Date of Last Servicing: Name of Company Servicing Tank: Have you experienced any malfunctions? Yes No Comments:	_					
		S) INITIALS. BUYER(S) INITIALS // BUYER(S) INITIALS	— — 4					

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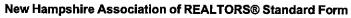
	OMPLETED B		Woods Lane Unit 2, No	orth Conway, NH	03860			
d.	LEACH FIELD: IF YES, Location Date of installat	Yes No	Other _		Size: Installed By: _	U	nknown	
	IF YES, has a s Date of Evaluat Comments: FOR ADDITIO	septic system eval		ithin 180 days	?	No <u>Unknown</u>	DEPARTMENT OF	
7. <u>INS</u> I	<u>ULATION</u>	LOCATION Attic or Cap Crawl Space Exterior Walls Floors Living Roo		Unknown	If YES, Type Fiberglass Fiberglass Main Tevel Foam in Co	Amount Fiberalass eiling	Unknown	
a. b.	Are you aware of any past or present underground storage tanks on your property? MYes							
c. :	Has the property If YES: Date:/ Results:	of information: urrent or previous been tested? August 20	sly existing:	ther	n Reduction	□Yes □No	Munknown Control	
(Are test results a Comments: // / (S) INITIALS	available?Y	es No		- Mitigatio	n System	7	

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	PR	OPERTY LOCATION: 72 Cranmore Woods Lane Unit 2, North Conway, NH 03860
	d.	RADON/WATER - Current or previously existing: Has the property been tested?
	e.	LEAD-BASED PAINT - Current or previously existing: Are you aware of lead-based paint on this property?
	f.	Are you aware of any other hazardous materials?
9.	GE	NERAL INFORMATION
	a.	Is this property subject to liens, encroachments, easements, rights-of-way, leases, restrictive covenants, attachments, life estates, or right of first refusal? [MYes No Number of Yes, Explain: Right of First Refusal by (u) Condo Hasseration What is your source of information?
	b.	Is this property subject to special assessments, betterment fees, association fees, or any other transferable fees? Ves 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: HOA fees: 1525/mo & Master Insurance 155/vic.
	d.	Are you aware of any problems with other buildings on the property? Yes Mo (paid October 2025) 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? YesNoUnknown Comments:
	g.	Has the property been surveyed?
	h.	How is the property zoned? Residential
	i.	Heating System Age: Ayres. Type: FHW hydronic Fuel: Propine Tank Location: Dehing Building Owner of Tank: White Mountain Dild Fromme Annual Fuel Consumption: Price: Gallons: Date system was last serviced and by whom? Infulfatas Advanced Standards Plumbing Iteration Secondary Heat Systems: L. Rinnal (Standards Advanced Standards Plumbing Iteration Comments: Inful Propone 11845 In 2024 1935 5/25 20/1955 100 Were Vent
	j.	Roof Age: 2185. Type of Roof Covering: Shingles round residents Moisture or leakage: NONE KNOWN Comments:
		BUYER(S) INITIALS SOUTH 10/1/25





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	Foundation/Basement: Full Partial Other: Type: One of the control
•••	Moisture or leakage Mane
	Comments: Walkout Lower Level
I.	Chimney(s) How Many? L Lined? 465 Last Cleaned: 12/01/24 Problems? None
	Comments: HSW iation has the 2025 Cleaning (Level 1) set for 10/30/
m.	Plumbing Type: Copper + PVC
n.	Domestic Hot Water: Age: 15 yrs. Type: Electric wife Gallons: 87
0.	Electrical System: # of Amps 200
	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? TYes TYNo If Yes, please explain:
q.	Pest Infestation: Are you aware of any past or present pest infestations? Yes VNo Type:
	Methamphetamine Production: Do you have knowledge of methamphetamine production ever occurring on the property? (Per RSA 477:4-g) Yes MNo If YES, please explain:
	Air Conditioning: Type: Minisplits Age: 7/185. Date Last Serviced and by whom: 3034 Gaynor. Comments: 4 Serviced by Gaynor Heating + Conline
	Pool: Age: Heated: Yes MNo Type: ingound Last Date of Service: Sept. 2025 By Whom: Dirk Higdon
	Generator: Portable:YesYo Whole House:YesNo Kw/Size:Last Date of Service: If Portable:IncludedNegotiable Comments:
v.	Internet: Type Currently Used at Property: Spectrum
	Other (e.g. Alarm System, Irrigation System, etc.) Comments:
ICE	TO PURCHASER(S): PRIOR TO SETTLEMENT YOU SHOULD EXERCISE WHATEVER DUE DILIGENCE YOU DEEM
ES	SARY WITH RESPECT TO ADJACENT PARCELS IN ACCORDANCE WITH THE TERMS AND CONDITIONS AS MAY
	ITAINED IN PURCHASE AND SALES AGREEMENT AND DEPOSIT RECEIPT. YOU SHOULD EXERCISE WHATEVER
	ILIGENCE YOU DEEM NECESSARY WITH RESPECT TO INFORMATION ON ANY SEXUAL OFFENDERS ERED UNDER NH RSA CHAPTER 651-B. SUCH INFORMATION MAY BE OBTAINED BY CONTACTING THE LOCAL
	DEPARTMENT.
	(S) INITIALS BUYER(S) INITIALS / /
	W HAMPSHIRE ASSOCIATION OF REALTIONS, INC. ALL RIGHTS RESERVED, FOR USE BY NHAR REALTORS MEMBERS ONLY, ALL OTHER USE PROHIBITED 9.2024

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10.	 10. ADDITIONAL INFORMATION a. ATTACHMENT EXPLAINING CURRENT PROBLEMS, PAST REPAIRS, OR ADDITIONAL INFORMATION?								
	See	Upgrades	hist						
SE	KNOWLEDGE	WLEDGES THAT H	E/SHE HAS PROVIDE	D THI	E ABOVE INFORM	ATION AND TH	IAT SUCH INFO	RMATION IS	
то	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).								
SEI	Hariel	Godrich	10/17/202	5	Jerry Goodrick	h	dotloop verified 10/17/25 3:48 PM EDT 00LQ-SHA5-OJ7M-LWPC		
PRI DIS PRI ANI	ECEDING INF CLOSURE ST OPERTY BY I D INVESTIGA	FORMATION WAS FATEMENT IS NOT EITHER SELLER OI ATIONS VIA LEGA	PT OF THIS PROPEI PROVIDED BY SEL A REPRESENTATION R BROKER. BUYER I L COUNSEL, HOME LY VERIFY INFORMAT	LER N, WA IS EN(, STR	AND IS NOT GUARRANTY OR GUACOURAGED TO UCTURAL OR O	JARANTEED I ARANTY AS TO NDERTAKE H THER PROFE	BY BROKER/AC O THE CONDITI IS/HER OWN IN SSIONAL AND	SENT. THIS ON OF THE SPECTIONS	
BU	YER		DATE		BUYER		DATE	:	
SE	ILLER(S) INITIAL	.s 10D1 9	9/125			BUYER(S) INIT	IALS/		