

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:** Robert Thibeault
- 2. **PROPERTY LOCATION:** 62 Victorian Way, Manchester, NH 03104
- 3. **CONDOMINIUM, CO-OP, PUD DISCLOSURE RIDER OR MULTIFAMILY DISCLOSURE RIDER ATTACHED?** Yes No

4. **SELLER:** has has not occupied the property for 3.5 months 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: _____
Installed By: _____ Date of Installation: _____

What is the source of your information? City of Manchester Water Bill

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: 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

Location: _____ Location Unknown Date of Installation: _____

Date of Last Servicing: _____ Name of Company Servicing Tank: _____

Have you experienced any malfunctions? Yes No

Comments: _____

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: _____

SELLER(S) INITIALS  / _____

BUYER(S) INITIALS _____ / _____

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- 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 No Unknown

Source of Information: _____

Comments: _____

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

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 checked="" 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 checked="" type="checkbox"/>	_____	_____	<input type="checkbox"/>
	_____	<input 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

- 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: _____

- 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: _____

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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: Ledgewood Community Rules and Regs

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: Association Fee and Land Lease

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 any part of this property in Current Use? Yes No Unknown If YES, Explain: _____

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

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

If YES, is survey available? Yes No Unknown

i. How is the property zoned? Residential

j. Heating System Age: 17 Type: Forced hot air Fuel: Natural Gas Tank/Location: Piped from street

Owner of Tank: _____

Annual Fuel Consumption: _____ Price: _____ Gallons: _____

Date system was last serviced and by whom? _____

Solar Panels: Leased Owned If leased, explain terms of agreement: _____

Comments: _____

k. Roof Age: 17 Type of Roof Covering: Shingles

Moisture or leakage: _____

Comments: _____

l. Foundation/Basement: Full Partial Other: Crawl space Type: Cement flooring

Moisture or leakage: _____

Comments: 3 1/2 - 4' high

m. Chimney(s) How Many? 0 Lined? _____ Last Cleaned: _____ Problems? _____

n. Plumbing Type: _____ Age: 17

Comments: _____

o. Domestic Hot Water: Age: 17 Type: Gas Gallons: _____

p. Electrical System Amps: _____ Circuit Breakers Fuses

Comments: _____

q. Modifications: Are you aware of any modifications or repairs made without the necessary permits? Yes No

If Yes, please explain: _____

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

Comments: _____

s. 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: _____

t. Other (e.g. Alarm System, Irrigation System, etc.) _____

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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.

10. ADDITIONAL INFORMATION

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

Yes No

b. ADDITIONAL COMMENTS:

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).

Robert Thibeault by Melissa Ruddy as POA dotloop verified
08/13/20 10:18 AM EDT
MZOO-QPWQ-FKIH-VDGL

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.

BUYER _____ DATE _____

BUYER _____ DATE _____