

**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: RICHARD BEAULIEU
2. PROPERTY LOCATION: 81 WILLOW BROOK AVE STRATFORD, NH 03885
3. CONDOMINIUM, CO-OP, PUD DISCLOSURE RIDER OR MULTIFAMILY DISCLOSURE RIDER ATTACHED?  Yes  No
4. SELLER:  has  has not occupied the property for \_\_\_\_\_ 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: REAR OF HOME  
 Installed By: ? Date of Installation: 1989  
 What is the source of your information? \_\_\_\_\_
  - c. USE: Number of persons currently using the system: 2  
 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: RIGHT SIDE OF HOUSE Location Unknown  Date of Installation: \_\_\_\_\_  
 Date of Last Servicing: 2020 Name of Company Servicing Tank: \_\_\_\_\_  
 Have you experienced any malfunctions?  Yes  No  
 Comments: \_\_\_\_\_

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**PROPERTY LOCATION:** \_\_\_\_\_

d. LEACH FIELD:  Yes  No  Other: \_\_\_\_\_  
 IF YES, Location: \_\_\_\_\_ Size: Unknown: \_\_\_\_\_  
 Date of installation of leach field: 1989 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  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>	LOCATION	Yes	No	Unknown	If YES, Type	Amount	Unknown
	Attic or Cap	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>SPRAY FOAM</u>	_____	<input type="checkbox"/>
	Crawl Space	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>SPRAY FOAM</u>	_____	<input type="checkbox"/>
	Exterior Walls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>SPRAY FOAM</u>	_____	<input type="checkbox"/>
	Floors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>SPRAY FOAM</u>	_____	<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

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

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- k. Roof Age: 2021 Type of Roof Covering: ASPHALT SHINGLE  
Moisture or leakage: N/A  
Comments: \_\_\_\_\_
- l. Foundation/Basement:  Full  Partial  Other: \_\_\_\_\_ Type: STONE  
Moisture or leakage: N/A  
Comments: \_\_\_\_\_
- m. Chimney(s) How Many? 0 Lined? \_\_\_\_\_ Last Cleaned: \_\_\_\_\_ Problems? \_\_\_\_\_  
Comments: \_\_\_\_\_
- n. Plumbing Type: MIXED Age: 2022  
Comments: \_\_\_\_\_
- o. Domestic Hot Water: Age: 2022 Type: \_\_\_\_\_ Gallons: 50
- p. Electrical System: # of Amps 200 Circuit Breakers  Fuses   
Comments: \_\_\_\_\_  
Solar Panels:  Leased  Owned If leased, explain terms of agreement: \_\_\_\_\_  
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. Air Conditioning: Type: FHA Age: 2021 Date Last Serviced and by whom: \_\_\_\_\_  
Comments: \_\_\_\_\_
- u. Pool: Age: \_\_\_\_\_ Heated:  Yes  No Type: \_\_\_\_\_ Last Date of Service: \_\_\_\_\_  
By Whom: \_\_\_\_\_
- v. Generator: Portable: Yes  No  Whole House: Yes  No  Kw/Size: \_\_\_\_\_ Last Date of Service: \_\_\_\_\_  
If Portable:  Included  Negotiable  
Comments: \_\_\_\_\_
- w. Internet: Type Currently Used at Property: COMCAST
- x. 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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BUYER(S) INITIALS \_\_\_\_\_ | \_\_\_\_\_

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d. RADON/WATER - Current or previously existing:

Has the property been tested?  Yes  No  Unknown

If YES: Date: 5/21 By: \_\_\_\_\_

Results: NO ISSUE 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: EASEMENT GIVEN TO PROPERTY BEHIND HSE

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: TF MOLAN

If YES, is survey available?  Yes  No  Unknown

h. How is the property zoned? \_\_\_\_\_

i. Street (check one):  Public  Private  Association

If private, is there a written road maintenance agreement?  Yes  No

Additional Information: \_\_\_\_\_

j. Heating System Age: 2022 Type: MITSUBISHI M/S Fuel: ELEC Tank Location: \_\_\_\_\_

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

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

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

Secondary Heat Systems: N/A

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

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

