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.

| AP | PRO | 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 OF ETION, YOU ARE TO NOTIFY THE LISTING FIRM PROMPTLY IN WRITING. |
|----|------|--|
| 1. | SEL | LER: 35 Bunkar Hill, Auburn NH Kacon Lung |
| 2. | PRO | DPERTY LOCATION: |
| 3. | COI | NDOMINIUM, CO-OP, PUD DISCLOSURE RIDER OR MULTIFAMILY DISCLOSURE RIDER ATTACHED? ☑Yes ☐No |
| 4. | SEL | LER: has has not occupied the property foryears. |
| 5. | | TER SUPPLY |
| | a. | ase answer all questions regardless of type of water supply. TYPE OF SYSTEM: Public Private Seasonal Unknown Drilled Dug Unknown |
| | b. | INSTALLATION: Location: Back ward EAST |
| | | What is the source of your information? |
| | c. | USE: Number of persons currently using the system: 2 Units 5 people |
| | | Does system supply water for more than one household?YesNo |
| | d. | MALFUNCTIONS: Are you aware of or have you experienced any malfunctions with the (public/private/other) water systems? Pump:YesNoN/A Quantity:YesNoNoWunknown |
| | | If YES to any question, please explain in Comments below or with attachment. |
| | e. | WATER TEST: Have you had the water tested? Yes \(\sum_No \) Date of most recent test \(\sum_No \) 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. | | NAGE DISPOSAL SYSTEM 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 Tank Size / Soo_ Gal Unknown Other |
| | | Tank Type Concrete Metal Unknown Other |
| | | Location: E.S. |
| | | Have you experienced any malfunctions? Comments: Abay No No No No No No No N |
| | | |
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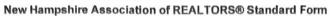


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|----|----------|---|--|----------------------------|--|-------------------------|------------------|---------------|-------------------|
| | PR | OPERTY LOCAT | 10N: 35 | Bunkery | ill Aubi | W NI | <u> </u> | | |
| | d. | Date of installation | Nes □No n: Back yon of leach field: enced any malfun | aurol | | _ Size: | | | |
| | e. | IF YES, has a set Date of Evaluation Comments: FOR ADDITION | CATED ON "DEVI eptic system evalu on: | uation been done | within 180 days | ? | No Unkn | own | |
| 7. | INS | <u>SULATION</u> | LOCATION Attic or Cap Crawl Space Exterior Walls Floors | | Unknown | FG FG | Amount | | known |
| 8. | HA a. | Are you aware of IF YES: Are tan IF NO: How long What materials Age of tank(s): Location: Are you aware of Comments: | ND STORAGE TA of any past or pre- ks currently in use g have tank(s) be- are, or were, store of any past or pre- | sent underground ? | d storage tanks of No No tank(s): ch as leakage, e | on your property? | 0 | | |
| | | If tanks are no lo Comments: | onger in use, have | e the tanks been | removed? <u>L</u> | [Yes ∐No ∐ | _Unknown | | |
| | · b. | As insulation on In the siding? | urrent or previous the heating system of the | em pipes or ducts Unknown | | ĽNo ∐Unknow hingles? | ☐Yes [| □ No □ □ No □ | |
| | c. | Has the property If YES: Date: Results: | y been tested sin | ☐Yes ☐No | ☑Unknown By: S? ☐_Yes ☐ |].No | | | |
| | | ER(S) INITIALS | L. I |] 60, INC. ALL RIGHTS R | ESERVED. FOR USE B | | JYER(S) INITIALS | OTHER USE PR | / OHIBITED 9.2024 |



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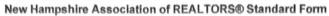
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|-------|--|--|--|--|
| PF | ROPERTY LOCATION: 35 Bunker Hill, Aubuln NIT | | | |
| d. | RADON/WATER - Current or previously existing: Has the property been tested? | | | |
| e. | LEAD-BASED PAINT - Current or previously existing: Are you aware of lead-based paint on this property? 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? | | | |
| | 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: What is your source of information? | | | |
| b. | Is this property subject to special assessments, betterment fees, association fees, or any other transferable fees? Yes Mo Unknown If YES, Explain: What is your source of information? | | | |
| | 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? | | | |
| 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? Commercial | | | |
| નં. | Heating System Age: 10 Type: 40TAIF Fuel: 01 Tank Location: Celler Owner of Tank: Annual Fuel Consumption: Price: Gallons: 295 Date system was last serviced and by whom? TIMTrombly Secondary Heat Systems: Comments: | | | |
| j. | Roof Age: Type of Roof Covering: | | | |
| | LER(S) INITIALS BUYER(S) INITIALS JUYER(S) INITIALS JUYER(S) INITIALS NEW HAMPSHIRE ASSOCIATION OF REALTORS®, INC. ALL RIGHTS RESERVED. FOR USE BY NHAR REALTOR® MEMBERS ONLY. ALL OTHER USE PROHIBITED 9.2024 | | | |





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| PR | OPERTY LOCATION: |
|----------------------------|--|
| k. | Foundation/Basement: Partial Other: Type: Type: Comments: |
| l. | Chimney(s) How Many? _OLined? Last Cleaned: Problems? Comments: |
| | Plumbing Type:coppw Age: |
| n. | Domestic Hot Water: Age: Type: 011 Gallons: 60 gal |
| 0. | |
| | |
| p. | Modifications: Are you aware of any modifications or repairs made without the necessary permits? [Yes Modifications or repairs made without the necessary permits? [Yes Modifications or repairs made without the necessary permits? [Yes Modifications or repairs made without the necessary permits? [Yes Modifications or repairs made without the necessary permits? [Yes Modifications or repairs made without the necessary permits? [Yes Modifications or repairs made without the necessary permits? [Yes Modifications or repairs made without the necessary permits? [Yes Modifications or repairs made without the necessary permits] [Yes Modifications or repairs made without the necessary permits] [Yes Modifications or repairs made without the necessary permits] [Yes Modifications or repairs made without the necessary permits] [Yes Modifications or repairs made without the necessary permits] [Yes Modifications or repairs made without the necessary permits] [Yes Modifications or repairs made without the necessary permits] [Yes Modifications or repairs made without the necessary permits] [Yes Modifications or repairs made without the necessary permits] [Yes Modifications or repairs made without the necessary permits] [Yes Modifications or repairs made without the necessary permits] [Yes Modifications or repairs made without the necessary permits] [Yes Modifications or repairs made without the necessary permits] [Yes Modifications or repairs made without the necessary permits] [Yes Modifications or repairs made without the necessary permits] [Yes Modifications or repairs made without the necessary permits] [Yes Modifications or repairs made without the necessary permits] [Yes Modifications or repairs made without the necessary permits] [Yes Modifications or repairs made without the necessary permits] [Yes Modifications or repairs made without the necessary permits] [Yes Modifications or repairs] [Yes Modifications or repairs] [Yes Modifications or repairs] [Yes Modific |
| q. | Pest Infestation: Are you aware of any past or present pest infestations? Yes No Type: |
| 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:Age: Date Last Serviced and by whom: Comments: |
| t. | Pool: Age: Heated:YesNo Type: Last Date of Service: |
| u. | Generator: Portable:YesNo Whole House:YesNo Kw/Size:Last Date of Service:Last Date of Service:Last Date of Service: |
| v. | Internet: Type Currently Used at Property: xfmity |
| | Other (e.g. Alarm System, Irrigation System, etc.) |
| ECES E CO UE EGIS | E TO PURCHASER(S): PRIOR TO SETTLEMENT YOU SHOULD EXERCISE WHATEVER DUE DILIGENCE YOU DEEM SSARY WITH RESPECT TO ADJACENT PARCELS IN ACCORDANCE WITH THE TERMS AND CONDITIONS AS MAY ENTAINED IN PURCHASE AND SALES AGREEMENT AND DEPOSIT RECEIPT. YOU SHOULD EXERCISE WHATEVER DILIGENCE YOU DEEM NECESSARY WITH RESPECT TO INFORMATION ON ANY SEXUAL OFFENDERS STERED UNDER NH RSA CHAPTER 651-B. SUCH INFORMATION MAY BE OBTAINED BY CONTACTING THE LOCAL SE DEPARTMENT. |
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| | PROPERTY LOCATION: 35 BUNNERHY AUBUM NH |
| 10. | ADDITIONAL INFORMATION a. ATTACHMENT EXPLAINING CURRENT PROBLEMS, PAST REPAIRS, OR ADDITIONAL INFORMATION? ☐ Yes ☑ No b. ADDITIONAL COMMENTS: |
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| то | CURATE, TRUE AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE. SELLER AUTHORIZES THE LISTING BROKER DISCLOSE THE INFORMATION CONTAINED HEREIN TO OTHER BROKERS AND PROSPECTIVE PURCHASERS. LLER(S) MAY BE RESPONSIBLE AND LIABLE FOR ANY FAILURE TO PROVIDE KNOWN INFORMATION TO BUYER(S). |
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| PR DIS PR | YER ACKNOWLEDGES RECEIPT OF THIS PROPERTY DISCLOSURE RIDER AND HEREBY UNDERSTANDS THE ECEDING INFORMATION WAS PROVIDED BY SELLER AND IS NOT GUARANTEED BY BROKER/AGENT. THIS SCLOSURE STATEMENT IS NOT A REPRESENTATION, WARRANTY OR GUARANTY AS TO THE CONDITION OF THE OPERTY BY EITHER SELLER OR BROKER. BUYER IS ENCOURAGED TO UNDERTAKE HIS/HER OWN INSPECTIONS ID INVESTIGATIONS VIA LEGAL COUNSEL, HOME, STRUCTURAL OR OTHER PROFESSIONAL AND QUALIFIED WISORS AND TO INDEPENDENTLY VERIFY INFORMATION DIRECTLY WITH THE TOWN OR MUNICIPALITY. |
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