New Hampshire Association of REALTORS® Standard Form

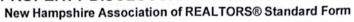


TO BE COMPLETED BY SELLER

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

	PROPRIATE. IF ANY OF THE INFORMATION IN THIS PROPERTY DISCLOSURE FORM CHANGES FROM THE DATE OF MPLETION, YOU ARE TO NOTIFY THE LISTING FIRM PROMPTLY IN WRITING.						
1.	SELLER: Dules Knowles						
2.	PROPERTY LOCATION: 353-355 Lane 1 Stact Marchester NIt 03115						
3.	CONDOMINIUM, CO-OP, PUD DISCLOSURE RIDER OR MULTIFAMILY DISCLOSURE RIDER ATTACHED? TYPES No						
4.	SELLER: has that 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: Installed By: What is the source of your information? Date of Installation:						
	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:YesNoM/A Quantity:YesNoNoMUnknown If YES to any question, please explain in Comments below or with attachment.						
	e. WATER TEST: Have you had the water tested?						
6.	SEWAGE DISPOSAL SYSTEM a. TYPE OF SYSTEM: Public: Yes No Community/Shared: Yes No Private: Yes No Septic Design Available: Yes No						
	b. IF PUBLIC OR COMMUNITY/SHARED Have you experienced any problems such as line or other malfunctions? Yes What steps were taken to remedy the problem?						
	c. IF PRIVATE: TANK:						
SE	LLER(S) INITIALS BUYER(S) INITIALS /						



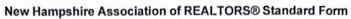


a.	LEACH FIELD: Yes No Other IF YES, Location: Date of installation of leach field: Have you experienced any malfunctions? Yes No Comments:			Size: Installed By	Size: Installed By:]Unknown	
e.	IF YES, has a Date of Evalu Comments: FOR ADDIT	OCATED ON "DEVE a septic system evaluation: ONAL INFORMATION	ation been done w	ithin 180 days	? Yes [No Uni	known	
<u>11</u>	<u>ISULATION</u>	LOCATION Attic or Cap Crawl Space Exterior Walls Floors		Unknown Unknown		Amount		Unknown III III III III III III III
	Are you awar IF YES: Are t IF NO: How lo What materia Age of tank(s Location: Are you awar Comments:	UND STORAGE TAN e of any past or presonants currently in use ong have tank(s) bee ls are, or were, stored	ent underground s Yes 1 Yes 1 n out of service? d in the tank(s)? Size of tar ent problems such the tanks been rer	torage tanks o	tc? Yes N	0		
b	As insulation In the siding? In flooring tile	on the heating system Yes No Se of information:	n pipes or ducts? ☐ Unknown Ir	the roofing s	_No ☑Unknow hingles?	□Yes		□Unknown □Unknown
		- Current or previou erty been tested?		₫ Unknown B y :	5. 22 to 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.			

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C		RADON/WATER - Current or previously existing:						
		Has the property been tested?						
		If YES: Date: By: Results: If applicable, what remedial steps were taken? Has the property been tested since remedial steps? Tyes TNo						
		Has the property been tested since remedial steps?						
		Are test results available?						
	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?						
		If YES: Source of information:						
1		Comments:						
	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?						
		☐Yes ☐No ☑Unknown If YES, Explain:						
	h	What is your source of information? Is this property subject to special assessments, betterment fees, association fees, or any other transferable fees?						
	D.	Yes \[\textsize\] No \[\textsize\] 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? YesNo If YES, Explain:						
	d.	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.? TYES 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 Yunknown If YES, By: If YES, is survey available? Yes No Yunknown						
	h.	How is the property zoned? Residente - Stanily						
	i.	Heating System Age: 7-10x01ype: FHW /Fuel: Not gas Tank Location:						
		Owner of Tank:						
		Annual Fuel Consumption: Price: Gallons:						
		Date system was last serviced and by whom?						
		Comments:						
	į.	Roof Age: 7-(1) Type of Roof Covering: Architechrol Ingle						
	,	Moisture or leakage: M						
		Comments:						





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PERTY LOCATION: 53-356 Sauce (Street Marchester NHOS)03 Foundation/Basement: Full Partial Other: Type: Moisture or leakage Comments:						
Chimney(s) How Many?Lined?Last Cleaned:Problems?						
Plumbing Type: PX/Lefter Age:						
Domestic Hot Water: Age: Age: 10 and New Type: Gallons: Tup 40's One 73						
Electrical System: # of Amps 4x 100						
Modifications: Are you aware of any modifications or repairs made without the necessary permits? Yes No If Yes, please explain:						
Pest Infestation: Are you aware of any past or present pest infestations? Yes No Type:						
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:						
Air Conditioning: Type: Age: Date Last Serviced and by whom: Comments:						
Pool: Age: Heated:YesNo Type: Last Date of Service:						
Generator: Portable:YesNo Whole House:YesNo Kw/Size:Last Date of Service:Last Date of Service:LoundedNegotiable Comments:						
Internet: Type Currently Used at Property:						
Other (e.g. Alarm System, Irrigation System, etc.) Comments:						
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 INTAINED IN PURCHASE AND SALES AGREEMENT AND DEPOSIT RECEIPT. YOU SHOULD EXERCISE WHATEVER						

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	ETED BY SELLER	,			
PROPERT	Y LOCATION:	3-755 /	ww/	195	
10. ADDITION a. ATTAC ☐Yes	AL INFORMATION	CURRENT PROBLEMS,		ADDITIONAL INFORMA	TION?
		1st flor hieldon			
ACKNOWLED					
SELLER ACK	NOWLEDGES THAT H	E/SHE HAS PROVIDED TO THE BEST OF HIS/H ONTAINED HEREIN TO C	ER KNOWLEDGE. SEI	LLER AUTHORIZES TH	E LISTING BROKER
SELLER(S) M	AY BE RESPONSIBLE	AND LIABLE FOR ANY	FAILURE TO PROVIDE	KNOWN INFORMATION	ON TO BUYER(S).
SELLEN		5/27/25	SELLER		DATE
PRECEDING DISCLOSURE PROPERTY B	INFORMATION WAS STATEMENT IS NOT Y EITHER SELLER OF	T OF THIS PROPERT PROVIDED BY SELLE A REPRESENTATION, R BROKER. BUYER IS L COUNSEL, HOME, S LY VERIFY INFORMATION	ER AND IS NOT GU WARRANTY OR GUA ENCOURAGED TO UI STRUCTURAL OR O	IARANTEED BY BRO ARANTY AS TO THE C NDERTAKE HIS/HER C THER PROFESSIONAL	KER/AGENT. THIS ONDITION OF THE DWN INSPECTIONS AND QUALIFIED
BUYER		DATE	BUYER		DATE
				BINED/S\INITIALS F	