

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: JAKE AND SARAH WHITE

2. PROPERTY LOCATION: 21 BERRY RD, DERRY, NH 03038

3. CONDOMINIUM, CO-OP, PUD DISCLOSURE RIDER OR MULTIFAMILY DISCLOSURE RIDER ATTACHED? [] Yes [X] No

4. SELLER: [X] has [] has not occupied the property for 8 years.

5. WATER SUPPLY

Please answer all questions regardless of type of water supply.

a. TYPE OF SYSTEM: [] Public [X] Private [] Seasonal [] Unknown
[X] Drilled [] Dug [] Other

b. INSTALLATION: Location: SIDE YARD
Installed By: Date of Installation:
What is the source of your information?

c. USE: Number of persons currently using the system: 4
Does system supply water for more than one household? [] Yes [X] No

d. MALFUNCTIONS: Are you aware of or have you experienced any malfunctions with the (public/private/other) water systems?
Pump: [] Yes [X] No [] N/A Quantity: [] Yes [X] No
Quality: [] Yes [X] No [] Unknown
If YES to any question, please explain in Comments below or with attachment.

e. WATER TEST: Have you had the water tested? [X] Yes [] No Date of most recent test 2017
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 [X] No
IF YES, are test results available? [] Yes [] No
What steps were taken to remedy the problem?

COMMENTS: REVERSE OSMOSIS SYSTEM - for sink & fridge

6. SEWAGE DISPOSAL SYSTEM

a. TYPE OF SYSTEM: Public: [] Yes [X] No Community/Shared: [] Yes [X] No
Private: [X] 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: [X] Septic Tank [] Holding Tank [] Cesspool [] Unknown
Tank Size Gal. [] Unknown [] Other
Tank Type [X] Concrete [] Metal [] Unknown [] Other
Location: BACK YARD [] Location Unknown Date of Installation:
Date of Last Servicing: 6/27/2025 Name of Company Servicing Tank: Derry Septic Service
Have you experienced any malfunctions? [] Yes [X] No
Comments:

SELLER(S) INITIALS

Handwritten initials JW and SW with date stamp 05/22/25

BUYER(S) INITIALS

Empty box for buyer initials

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d. LEACH FIELD: Yes No Other _____
IF YES, Location: BACK YARD Size: _____ Unknown
Date of installation of leach field: _____ 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 septic system evaluation been done within 180 days? Yes No Unknown
Date of Evaluation: _____
Comments: _____

FOR ADDITIONAL INFORMATION THE BUYER IS ENCOURAGED TO CONTACT THE NH DEPARTMENT OF ENVIRONMENTAL SERVICES SUBSURFACE SYSTEMS BUREAU, 603-271-3501

7. <u>INSULATION</u>	<u>LOCATION</u>	Yes	No	Unknown	If YES, Type	Amount	Unknown
	Attic or Cap	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>FIBER</u>	_____	<input type="checkbox"/>
	Crawl Space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
	Exterior Walls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>FIBER</u>	_____	<input type="checkbox"/>
	Floors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>FIBER</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: 2017 By: _____
Results: POSITIVE If app _____
Has the property been tested since remedial steps? Yes No
Are test results available? Yes No
Comments: RADON MITIGATION SYSTEM INSTALLED 2017

SELLER(S) INITIALS [Signature] [Signature]

BUYER(S) INITIALS _____

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- d. RADON/WATER - Current or previously existing: Has the property been tested? [X] Yes [] No [] Unknown. If YES: Date: 2017 By: Results: NEGATIVE. If applicable, what remedial steps were taken?
e. LEAD-BASED PAINT - Current or previously existing: Are you aware of lead-based paint on this property? [] Yes [X] No. If YES: Source of information: Are you aware of any cracking, peeling, or flaking lead-based paint? [] Yes [X] No.
f. Are you aware of any other hazardous materials? [] Yes [X] 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 [X] 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 [X] 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? [X] Yes [] No. If YES, Explain: SMALL PORTION OF BACK WOODS IS "WETLAND"
d. Are you aware of any problems with other buildings on the property? [] Yes [X] 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 [X] NO [] UNKNOWN. If YES, Explain:
f. Is this property located in a Federally Designated Flood Hazard Zone? [] Yes [X] No [] Unknown. Comments:
g. Has the property been surveyed? [] Yes [] No [X] Unknown. If YES, By: If YES, is survey available? [] Yes [] No [] Unknown
h. How is the property zoned? RESIDENTIAL
i. Heating System Age: 20 YRS Type: OIL FURNACE Fuel: OIL Tank Location: BASEMENT Owner of Tank: FORCED HOT WATER Annual Fuel Consumption: Price: Gallons: Date system was last serviced and by whom? 2024 Secondary Heat Systems: FIRE PLACE Comments:
j. Roof Age: 5 YRS Type of Roof Covering: ARCHITECTURAL SHINGLES, (ASPHALT) Moisture or leakage: NONE Comments:

SELLER(S) INITIALS [Signature]

BUYER(S) INITIALS []

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k. Foundation/Basement: Full Partial Other: _____ Type: _____
Moisture or leakage NONE
Comments: _____

l. Chimney(s) How Many? 1 Lined? NO Last Cleaned: 2025 Problems? NO
Comments: _____

m. Plumbing Type: COPPER / APEX Age: 1977-2020
Comments: PLUMBING IN ADDITION IS NEW, THE REST OF HOUSE IS UNKNOWN

n. Domestic Hot Water: Age: 2 YEARS Type: OIL Gallons: 100

o. Electrical System: # of Amps _____ Circuit Breakers Fuses
Comments: _____
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? Yes No
If Yes, please explain: _____

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

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: CENTRAL Age: 5 YRS Date Last Serviced and by whom: 2024
Comments: _____

t. Pool: Age: N/A Heated: Yes No Type: _____ Last Date of Service: _____
By Whom: _____

u. Generator: Portable: Yes No Whole House: Yes No Kw/Size: _____ Last Date of Service: _____
If Portable: Included Negotiable
Comments: GENERATOR NOT INCLUDED

v. Internet: Type Currently Used at Property: WIFI, CONSOLIDATED

w. Other (e.g. Alarm System, Irrigation System, etc.) N/A
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.

SELLER(S) INITIALS [Signature] [Signature]

BUYER(S) INITIALS _____

