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.

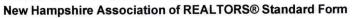
NOTICE TO SELLER(S): COMPLETE ALL INFORMATION AND STATE NOT APPLICABLE OR UNKNOWN AS APPROPRIATE. IF ANY OF THE INFORMATION IN THIS PROPERTY DISCLOSURE FORM CHANGES FROM THE DATE OF COMPLETION, YOU ARE TO NOTIFY THE LISTING FIRM PROMPTLY IN WRITING. SELLER: Thomas P. Lydon, Jr. and Patricia E. Lydon, Trustees of the Lydon Family Revocable Trust PROPERTY LOCATION: 23 Eagles Way, Alton, NH 03809 CONDOMINIUM, CO-OP, PUD DISCLOSURE RIDER OR MULTIFAMILY DISCLOSURE RIDER ATTACHED? Yes occupied the property for has not SELLER: **WATER SUPPLY** Please answer all questions regardless of type of water supply. Seasonal Private ☐ Unknown a. TYPE OF SYSTEM: Public Other Dug ☐ Drilled PAUL KUSSEL b. INSTALLATION: Location: 56.5 Date of Installation: Installed By: What is the source of your information? c. USE: Number of persons currently using the system: Does system supply water for more than one household? □ No **□**Yes d. MALFUNCTIONS: Are you aware of or have you experienced any malfunctions with the (public/private/other) water systems? ☐Yes $\prod No$ A/N Quantity: TYes Pump: ☐Yes \square No □wnknown Quality: If YES to any question, please explain in Comments below or with attachment. Date of most recent test e. WATER TEST: Have you had the water tested? Yes 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 ☐ Yes ☐ No IF YES, are test results available? What steps were taken to remedy the problem? RUSSE1 COMMENTS: 6. SEWAGE DISPOSAL SYSTEM Community/Shared: Yes No Public: Yes a. TYPE OF SYSTEM: Private: Yes Unknown 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: ☐ Septic Tank ☐ Holding Tank ☐ Cesspool Unknown TANK: Unknown Other Tank Size Gal. Unknown Other Metal Tank Type Concrete Location Unknown Date of Installation: Location: Name of Company Servicing Tank: Date of Last Servicing: Have you experienced any malfunctions? ☐ Yes ☐ No Comments: BUYER(S) INITIALS SELLER(S) INITIALS

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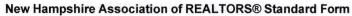
	PR	OPERTY LOCA	TION: 23 Eagles W	ay, Alton, NH	03809	LacorA LiA et	ALL MOST	PARTY LOVE	
	d.	IF YES, Location Date of installate	Yes No in: ion of leach field: ienced any malfunct		SEE PAU	RUSSE/ _ Size: _ Installed By:	7-28-28-28-2	Unknown	5
	e.	IF YES, has a s Date of Evaluat Comments: FOR ADDITIO	CATED ON "DEVEL septic system evaluation: NAL INFORMATIO TAL SERVICES SU	ntion been done	e within 180 days	? _Yes _ RAGED TO CO	No □Unkn	own	
7.	INS	SULATION	LOCATION Attic or Cap Crawl Space Exterior Walls Floors	Yes No	Unknown M M M M M M M M M M M M M	If YES, Type	Amount	Unknown Unknown	
8.	НА	ZARDOUS MAT	FRIAL						
	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 TANK of any past or prese ks currently in use? g have tank(s) been are, or were, stored of any past or prese onger in use, have the	nt underground Yes out of service in the tank(s)? Size of	d storage tanks of No Power tank(s): ch as leakage, e	on your property?		M No □_Unkno	own
	b.	As insulation on In the siding?		pipes or ducts	?Yes In the roofing sl Other	_No ☑Ûnknowi ningles?]No -MUnknov	
	c.	RADON/AIR - C Has the property If YES: Date: Results:	y been tested since	Yes ☐No If app remedial steps	By:	No S	Continues of the second	Topografication of the second	
		R(S) INITIALS	CIATION OF REALTORS®, I	NC. ALL RIGHTS RE	ESERVED. FOR USE BY	The second second	ER(S) INITIALS	/ HER USE PROHIBITED	9.2024





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	PR	DPERTY LOCATION: _23 Eagles Way, Alton, NH 03809
	d.	RADON/WATER - Current or previously existing: Has the property been tested?
		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? If YES: Source of information: Are you aware of any cracking, peeling, or flaking lead-based paint? If Yes No
		Comments:
	f.	Are you aware of any other hazardous materials?
) .	GE a.	NERAL INFORMATION 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? YesNoUnknown
	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.? TYES NO UNKNOWN If YES, Explain:
	f.	Is this property located in a Federally Designated Flood Hazard Zone? Yes Unknown Comments:
	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? SEE PAUL RVSSE!
	i.	Heating System Age: Type: DUCT Fuel: PCOPALE Tank Location: BACK YATD Owner of Tank: FRVINS ENERGY Owner of Tank: FRVINS ENERGY
		Annual Fuel Consumption: 929 Price: 3,39 Gallons: 929 Date system was last serviced and by whom? STROGENS 9/27/25 Secondary Heat Systems: WOOD STOVE Comments:
	j.	Roof Age: Type of Roof Covering: 5hins E Moisture or leakage: None Comments:





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POLICE DEPARTMENT.

1.	OPERTY LOCATION: 23 Eagles Way, Alton, NH 03809
K.	Foundation/Basement: Full Partial Other: SCAB Type: Moisture or leakage Comments:
l.	Chimney(s) How Many?Lined?Last Cleaned:
m.	Plumbing Type: Age: Age:
n.	Domestic Hot Water: Age: 731/5 Type: E/ECTric Gallons:
0.	Electrical System: # of Amps
	Comments:
	Modifications: Are you aware of any modifications or repairs made without the necessary permits?
p.	If Yes, please explain:
р. q. r.	
q. q. r.	Pest Infestation: Are you aware of any past or present pest infestations? Yes No Type: Comments: A Few Miles in Acres when we novel here. PEST SERVICE Methamphetamine Production: Do you have knowledge of methamphetamine production ever occurring on the property?
q. q. r.	Pest Infestation: Are you aware of any past or present pest infestations? Yes No Type: Comments: A For Mile in April We nove here FEST SERVICE 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: 5 7709 CN 5/2
q. r. s.	Pest Infestation: Are you aware of any past or present pest infestations? Yes No Type: Comments: A Fan Mile in April We nove here PEST SETVICE 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: Yes No Type: Date Last Serviced and by whom: STOGEN S/2 Comments: Pool: Age: When Heated: Yes No Type: Last Date of Service:
q. r. s. t. u.	Pest Infestation: Are you aware of any past or present pest infestations? Yes No Type:

SELLER(S) INITIALS BUYER(S) INITIALS | / BUYER(S) INITIALS | / DEPARTMENT OF REALTORS MEMBERS ONLY. ALL OTHER USE PROHIBITED 9.2024

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a.	☐Yes ☐ ADDITIONA	NT EXPLAINING No L COMMENTS:	CURRENT PROBLEMS, PA			NAL INFORMA	TION?	
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