

**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  No

4. SELLER:  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  Private  Seasonal  Unknown  
 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  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 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  No  
IF YES, are test results available?  Yes  No  
What steps were taken to remedy the problem? \_\_\_\_\_

COMMENTS: REVERSE OSMOSIS SYSTEM

**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  
Tank Size \_\_\_\_\_ Gal.  Unknown  Other \_\_\_\_\_  
Tank Type  Concrete  Metal  Unknown  Other \_\_\_\_\_  
Location: BACK YARD  Location Unknown Date of Installation: \_\_\_\_\_  
Date of Last Servicing: \_\_\_\_\_ Name of Company Servicing Tank: \_\_\_\_\_  
Have you experienced any malfunctions?  Yes  No  
Comments: \_\_\_\_\_

SELLER(S) INITIALS JW | SW  
05/22/25  
dotloop verified

BUYER(S) 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>	<u>Yes</u>	<u>No</u>	<u>Unknown</u>	<u>If YES, Type</u>	<u>Amount</u>	<u>Unknown</u>
	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]

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d. RADON/WATER - Current or previously existing:

Has the property been tested?  Yes  No  Unknown

If YES: Date: 2017 By: \_\_\_\_\_

Results: NEGATIVE 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: \_\_\_\_\_

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: SMALL PORTION OF BACK WOODS IS "WETLAND"

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: \_\_\_\_\_

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: \_\_\_\_\_

Annual Fuel Consumption: \_\_\_\_\_ Price: \_\_\_\_\_ Gallons: FORCED HOT WATER

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: \_\_\_\_\_

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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]

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