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.  | SE  | LLER: Vladimir & Tessica Shursky  |  |  |  |  |
| 2.  | PROPERTY LOCATION: 20 Afheristance I and  |   |  |  |  |  |
| 3.  | СО  | NDOMINIUM, CO-OP, PUD DISCLOSURE RIDER OR MULTIFAMILY DISCLOSURE RIDER ATTACHED? Yes No   |  |  |  |  |
| 4.  | SE  | LLER: has has not occupied the property for 4 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:Date of Installation:  |  |  |  |  |
|   | c   | USE: Number of persons currently using the system: 5  |  |  |  |  |
|   | 0.  | 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 ☐ 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 ☐2019  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.  |   | WAGE 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 Other  Tank Size 500 Gal. Unknown Other:  Tank Type Concrete Metal Unknown Other:  Location October Geom Area for Area for Area for Servicing: 5/3/2023 Name of Company Servicing Tank: Mazne Mazne Mozne Comments: |  |  |  |  |
|   |   |   |  |  |  |  |
| SE  | LLE   | R(S) INITIALS JS / VJ   |  |  |  |  |

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| PR   | OPE  | RTY LOCATION  | 1: 90 Athers  | Jone Jane               | lane                | Bedfo   | rd                       |                                     |                                      |
|--|--|---|---|-------------------------|---------------------|---|--------------------------|-------------------------------------|--------------------------------------|
|  | d.   | LEACH FIELD: Yes No Other:  IF YES, Location: Osak of house from Arest 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 site assessment been done? Yes No Unknown  Source of Information:  Comments:  FOR ADDITIONAL INFORMATION THE BUYER IS ENCOURAGED TO CONTACT THE NH DEPARTMENT OF ENVIRONMENTAL SERVICES SUBSURFACE SYSTEMS BUREAU |   |   |                         |                     |   | o <u>Unknown</u>         |                                     |                                      |
|  |  |   |   |                         |                     |   | EPARTMENT OF             |                                     |                                      |
| 7.   | INS  | BULATION  | LOCATION Attic or Cap Crawl Space Exterior Walls Floors | Yes, Did I              | <u>№</u>            | Unknown   |                          | Amount                              | Unknown  □ □ □ □ □ □ □               |
| 8.   |  | ZARDOUS MAT   |   |                         |                     |   |                          |                                     |                                      |
|  | a.   | UNDERGROUN  | ID STORAGE TANKS  | Currer - S              | nt or prev          | viously exis  | ting:                    |                                     |                                      |
| Are you aware of any past or present underground storage tanks on your property?  YES: Are tanks currently in use?  YES: Are tanks on your property?  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.   | b. ASBESTOS - Current or previously existing:  As insulation on the heating system pipes or ducts?  |   |                         |                     |   |                          |                                     |                                      |
|  | C.   | Has the property If YES: Date:  Results: Lad 0  Has the property  | 2019  | Yes_<br>If appemedial s | □ No<br>olicable, v | ☐Unknowr<br>By: <u>"//n</u><br>/hat remedia<br>] Yes ☑️No | Sur C<br>steps were take | n? <u>fladon rea</u><br>installed b | nudiation System<br>y previous busin |
|  |  |   |   |                         |                     |   |                          |                                     |                                      |

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|     |  | PROPERTY LOCATION: 20 Affections Came Bedford Inspections   |  |  |  |
|-----|--|---|--|--|--|
|     | d.   | RADON/WATER - Current or previously existing:  Has the property been tested? Yes \( \text{No} \) Unknown  If YES: Date: \( \text{By:} \) If applicable, what remedial steps were taken?  Has the property been tested since remedial steps? \( \text{Yes} \) Yes \( \text{No} \) 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?   YesNo  Comments:   |  |  |  |
|     | f.   | Are you aware of any other hazardous materials?   |  |  |  |
| 9.  | GE   | 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?  Yes No Unknown If YES, Explain:   MSSACLATION Fees are \$325/year  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? \YesNo 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? <u>[leiden+in]</u>   |  |  |  |
|     | i.   | Street (check one): Public Private Association  |  |  |  |
|     |  | If private, is there a written road maintenance agreement? Tyes Tyes  |  |  |  |
|     |  | Additional Information:   |  |  |  |
| j   | j.   | Heating System Age: 17 US Type: Propane fank Fuel: Propane Tank Location: 10 (2) of Arnewa Owner of Tank: Dead Rives  Annual Fuel Consumption: Price: 9 2.04 Gallons: 1000 house 500 pail  Date system was last serviced and by whom? Dead Rives 2022  Secondary Heat Systems:  Comments: |  |  |  |
|     |  |   |  |  |  |
| SEI | LLEI   | R(S) INITIALS 7 BUYER(S) INITIALS /   |  |  |  |

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|---------------------------------|--|--|--|--|--|--|
|                                 | PROPERTY LOCATION: 20 Atherstone lane  |  |  |  |  |  |
| k.                              | Roof Age: 17 VENS  Moisture or leakage: 40  Comments:  |  |  |  |  |  |
| I.                              | Foundation/Basement:   |  |  |  |  |  |
| m.                              | Chimney(s) How Many? Lined? Last Cleaned: Problems? Problems?  |  |  |  |  |  |
|                                 | Plumbing Type: Age: Age: Age:  |  |  |  |  |  |
| о.                              | Domestic Hot Water: Age: 17 Wars   |  |  |  |  |  |
| p.                              | Electrical System: # of Amps Circuit Breakers Fuses Comments: Solar Panels: Leased Owned If leased, explain terms of agreement: Comments: Circuit Breakers Fuses Comments: Comments: Comments: Circuit Breakers Fuses Comments: Comments: Circuit Breakers Fuses Comments: |  |  |  |  |  |
| q.                              | Modifications: Are you aware of any modifications or repairs made without the necessary permits? ☐Yes ☐You lf Yes, please explain:   |  |  |  |  |  |
| r.                              | Pest Infestation: Are you aware of any past or present pest infestations? L. Yes No Type:No Type:  |  |  |  |  |  |
| s.                              | 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:  |  |  |  |  |  |
| t.                              | Air Conditioning: Type: Cartes 1 Age: 17 Date Last Serviced and by whom: All 2021  |  |  |  |  |  |
| u.                              | Comments:  Pool: Age: 7 yrs Heated: Yes No Type: Silt-gunite Last Date of Service:  By Whom:   |  |  |  |  |  |
| v.                              | Generator: Portable: Yes No No Whole House: Yes No Kw/Size: Last Date of Service:     No   |  |  |  |  |  |
| w.                              | Internet: Type Currently Used at Property: X finity  |  |  |  |  |  |
| <b>X.</b>                       | Other (e.g. Alarm System, Irrigation System, etc.)   |  |  |  |  |  |
| NECES<br>BE CC<br>DUE D<br>UNDE | 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 DISTAINED IN PURCHASE AND SALES AGREEMENT AND DEPOSIT RECEIPT. YOU SHOULD EXERCISE WHATEVER DILIGENCE YOU DEEM NECESSARY WITH RESPECT TO INFORMATION ON ANY SEXUAL OFFENDERS REGISTERED R NH RSA CHAPTER 651-B. SUCH INFORMATION MAY BE OBTAINED BY CONTACTING THE LOCAL POLICE RETMENT.  |  |  |  |  |  |
|                                 |  |  |  |  |  |  |

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| то в                               | TO BE COMPLETED BY SELLER   |   |  |  |  |  |  |
|------------------------------------|---|---|--|--|--|--|--|
| PROPERTY LOCATION: Atherstone Cane |   |   |  |  |  |  |  |
| a                                  | ADDITIONAL INFORMATION  ATTACHMENT EXPLAINING CURRENT PROBLEMS, PAST  ☐ Yes ☐ No  ADDITIONAL COMMENTS:  | REPAIRS, OR ADDITIONAL INFORMATION?   |  |  |  |  |  |
|                                    |   |   |  |  |  |  |  |
|                                    |   |   |  |  |  |  |  |
|                                    |   |   |  |  |  |  |  |
| ACKI                               | NOWLEDGEMENTS   |   |  |  |  |  |  |
| ACC                                | LER ACKNOWLEDGES THAT HE/SHE HAS PROVIDED THE ACKNOWLEDGES THAT HE/SHE HAS PROVIDED THE BURNER OF HIS/HER KINDISCLOSE THE INFORMATION CONTAINED HEREIN TO OTHER   | NOWLEDGE. SELLER AUTHORIZES THE LISTING BROKE   |  |  |  |  |  |
| SELL                               | ER(S) MAY BE RESPONSIBLE AND LIABLE FOR ANY FAILUR  | RE/TO PROVIDE KNOWN INFORMATION TO BUYER(S).  |  |  |  |  |  |
| PREC<br>DISCI<br>PROF<br>AND       | R ACKNOWLEDGES RECEIPT OF THIS PROPERTY DISCEDING INFORMATION WAS PROVIDED BY SELLER AN LOSURE STATEMENT IS NOT A REPRESENTATION, WARR PERTY BY EITHER SELLER OR BROKER. BUYER IS ENCOUNVESTIGATIONS VIA LEGAL COUNSEL, HOME, STRUCKERS AND TO INDEPENDENTLY VERIFY INFORMATION DIR | D IS NOT GUARANTEED BY BROKER/AGENT. THIS ANTY OR GUARANTY AS TO THE CONDITION OF THE JRAGED TO UNDERTAKE HIS/HER OWN INSPECTIONS TURAL OR OTHER PROFESSIONAL AND QUALIFIED |  |  |  |  |  |
| lore.                              | DATE BO   | DTEK DATE   |  |  |  |  |  |
| SELL                               | ER(S) INITIALS 155  | BUYER(S) INITIALS/  |  |  |  |  |  |