

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: SLIVKA family REVOCABLE TRUST
 2. PROPERTY LOCATION: 45 BARRINGTON DRIVE, BEDFORD, NH 03110
 3. CONDOMINIUM, CO-OP, PUD DISCLOSURE RIDER OR MULTIFAMILY DISCLOSURE RIDER ATTACHED? Yes No

4. SELLER: has has not occupied the property for 20 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 Well

b. INSTALLATION: Location: FRONT left of HOUSE
 Installed By: Contoocook Artesian Well Date of Installation: JAN 2000
 What is the source of your information? Builder

c. USE: Number of persons currently using the system: 2
 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. REPLACED WELL PUMP (MARCH 2016)

e. WATER TEST: Have you had the water tested? Yes No Date of most recent test _____
 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: Well serviced by Contoocook Artesian Well - pump replaced in MARCH 2016

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 Other
 Tank Size _____ Gal. Unknown Other
 Tank Type Concrete Metal Unknown Other
 Location: BACK OF HOUSE Location Unknown Date of Installation: DEC 1999
 Date of Last Servicing: _____ Name of Company Servicing Tank: _____

Have you experienced any malfunctions? Yes No
 Comments: SEPTIC SERVICED + Pumped every other year

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: _____

SELLER(S) INITIALS [Signature] / JCS BUYER(S) INITIALS _____ / _____

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- 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

| 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"/> | _____ | _____ | <input type="checkbox"/> |
| | Crawl Space | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | <input type="checkbox"/> |
| | Exterior Walls | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | <input type="checkbox"/> |
| | Floors | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | <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

- 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: MARCH 2000 By: _____
 Results: NO RADON If applicable, what remedial steps were taken? _____
 Has the property been tested since remedial steps? Yes No
 Are test results available? Yes No Comments: _____

- d. **RADON/WATER - Current or previously existing:**
 Has the property been tested? Yes No Unknown
 If YES: Date: _____ By: _____
 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? Yes No
 If YES: Source of information: _____
 Are you aware of any cracking, peeling, or flaking lead-based paint? Yes No
 Comments: _____

SELLER(S) INITIALS [Signature]

BUYER(S) INITIALS _____

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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? BEDFORD HILLS ASSOCIATION

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.? YES NO UNKNOWN If YES, Explain: _____

f. Is any part of this property in Current Use? Yes No Unknown If YES, Explain: _____

g. Is this property located in a Federally Designated Flood Zone? Yes No Unknown

h. Has the property been surveyed? Yes No Unknown If YES, By: _____

If YES, is survey available? Yes No Unknown

i. How is the property zoned? RESIDENTIAL

j. Heating System Age: 20 Type: FORCED HOT AIR Fuel: OIL Tank/Location: BASEMENT

Owner of Tank: HOMEOWNER

Annual Fuel Consumption: _____ Price: _____ Gallons: _____

Date system was last serviced and by whom? 6/11/2020 AJ LEBLANC AIR + HEATING

Solar Panels: Leased Owned If leased, explain terms of agreement: _____

Comments: _____

k. Roof Age: 1 Type of Roof Covering: ASPHALT SHINGLES - VALLINCOURT ROOFING 9/2019

Moisture or leakage: _____

Comments: NEW ROOF IN 2019 - SEPT 2019

l. Foundation/Basement: Full Partial Other: _____ Type: CONCRETE

Moisture or leakage: NO

Comments: _____

m. Chimney(s) How Many? 1 Lined? YES Last Cleaned: _____ Problems? NO

n. Plumbing Type: _____ Age: 20

Comments: NO PLUMBING ISSUES - ROUTINE MAINTENANCE

o. Domestic Hot Water: Age: 20 Type: OIL Gallons: _____

p. Electrical System Amps: 200 Circuit Breakers Fuses

Comments: GENERAL 5000 AUTOMATIC GENERATOR 3/4 HOUSE INSTALLED OCT. 2012

q. Modifications: Are you aware of any modifications or repairs made without the necessary permits? Yes No

If Yes, please explain: _____

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

Comments: _____

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. Other (e.g. Alarm System, Irrigation System, etc.) IRRIGATION SYSTEM INSTALLED + SERVICED

By ANRIK IRRIGATION, NASHUA, NH

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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.

10. ADDITIONAL INFORMATION

a. ATTACHMENT EXPLAINING CURRENT PROBLEMS, PAST REPAIRS, OR ADDITIONAL INFORMATION?

Yes No

b. ADDITIONAL COMMENTS:

- DRIVE WAY REPLACED AUGUST 2016 - AMERICAN ASPHALT PAVING
- LANDSCAPE LIGHTING IN FRONT OF HOUSE PROFESSIONAL INSTALLED
By Henly Landscaping in 2016
- WATER SOFTENER
- GENERATOR (GENERAC 8000K) 2/3 of house on generator
- GAS FIREPLACE in FR - NEW REMOTE (6/2020) w/ THERMOSTAT

ACKNOWLEDGEMENTS:

SELLER ACKNOWLEDGES THAT HE/SHE HAS PROVIDED THE ABOVE INFORMATION AND THAT SUCH INFORMATION IS ACCURATE, TRUE AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE. SELLER AUTHORIZES THE LISTING BROKER TO DISCLOSE THE INFORMATION CONTAINED HEREIN TO OTHER BROKERS AND PROSPECTIVE PURCHASERS.

SELLER(S) MAY BE RESPONSIBLE AND LIABLE FOR ANY FAILURE TO PROVIDE KNOWN INFORMATION TO BUYER(S).

 6/25/2020
SELLER DATE

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BUYER ACKNOWLEDGES RECEIPT OF THIS PROPERTY DISCLOSURE RIDER AND HEREBY UNDERSTANDS THE PRECEDING INFORMATION WAS PROVIDED BY SELLER AND IS NOT GUARANTEED BY BROKER/AGENT. THIS DISCLOSURE STATEMENT IS NOT A REPRESENTATION, WARRANTY OR GUARANTY AS TO THE CONDITION OF THE PROPERTY BY EITHER SELLER OR BROKER. BUYER IS ENCOURAGED TO UNDERTAKE HIS/HER OWN INSPECTIONS AND INVESTIGATIONS VIA LEGAL COUNSEL, HOME, STRUCTURAL OR OTHER PROFESSIONAL AND QUALIFIED ADVISORS AND TO INDEPENDENTLY VERIFY INFORMATION DIRECTLY WITH THE TOWN OR MUNICIPALITY.

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BUYER DATE

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