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.

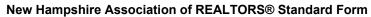
| CO                                                                                     | MPL  | LETION, YOU ARE TO NOTIFY                                                                 | THE LISTING FIR  | M PROMPTLY IN WE             | RITING.         | 0111110_0     |                           |  |  |
|----------------------------------------------------------------------------------------|------|-------------------------------------------------------------------------------------------|------------------|------------------------------|-----------------|---------------|---------------------------|--|--|
| 1.                                                                                     | SE   | ELLER: Maureen L. Angelini Revocable Trust                                                |                  |                              |                 |               |                           |  |  |
| 2.                                                                                     |      | PROPERTY LOCATION: 116 Greenfield Road, Francestown, NH 03043                             |                  |                              |                 |               |                           |  |  |
| 3.                                                                                     |      | CONDOMINIUM, CO-OP, PUD DISCLOSURE RIDER OR MULTIFAMILY DISCLOSURE RIDER ATTACHED? Yes No |                  |                              |                 |               |                           |  |  |
| 4.                                                                                     |      |                                                                                           | occupied         | the property for 12          | years.          |               |                           |  |  |
| 5.                                                                                     |      | ATER SUPPLY                                                                               |                  |                              |                 |               |                           |  |  |
|                                                                                        |      | ease answer all questions regardle                                                        |                  |                              |                 |               | Пил                       |  |  |
|                                                                                        | a.   | TYPE OF SYSTEM: ☐ Put                                                                     | olic Private     | Seasonal                     |                 |               | DUnknown                  |  |  |
|                                                                                        | L    | INIOTALL ATIONS 1 #:                                                                      | -                | Other                        |                 |               |                           |  |  |
|                                                                                        | D.   | INSTALLATION: Location:                                                                   |                  | Data of                      | . Installation: |               |                           |  |  |
|                                                                                        |      | Installed By:  What is the source of your information of personal currents.               | motion?          | Date of                      | mstallation     |               |                           |  |  |
|                                                                                        | _    | USE: Number of persons curre                                                              | nation?          | tom:                         |                 |               |                           |  |  |
|                                                                                        | C.   | Does system supply water for m                                                            |                  |                              | Пио             |               |                           |  |  |
|                                                                                        | d.   | MALFUNCTIONS: Are you av                                                                  |                  |                              |                 | with the (nuh | olic/private/other) water |  |  |
|                                                                                        | u.   | systems?                                                                                  | vale of of flave | you expendiced any           | manunctions     | with the (pur | mc/private/other) water   |  |  |
|                                                                                        |      | Pump:  Yes No                                                                             | □ N/A            | Quantity:                    | □Yes            | □No           |                           |  |  |
|                                                                                        |      | Quality:  Yes No                                                                          |                  |                              | <b>—</b> 103    | <b>—</b> 110  |                           |  |  |
|                                                                                        |      | If YES to any question, please                                                            |                  |                              | hment           |               |                           |  |  |
|                                                                                        | _    | WATER TEST: Have you had the                                                              |                  |                              |                 | recent test   |                           |  |  |
|                                                                                        | ٥.   | IF YES to any question, please                                                            |                  |                              |                 |               |                           |  |  |
|                                                                                        |      | Are you aware of any test result                                                          |                  |                              |                 | ons? □Yes     | <b>☑</b> No               |  |  |
|                                                                                        |      | IF YES, are test results available                                                        |                  |                              |                 |               |                           |  |  |
|                                                                                        |      | ii 120, are toot roome available                                                          | say are presion  |                              |                 |               |                           |  |  |
| COMMENTS: Francestown Village Water Company. 2016 Consumer Confidence Report available |      |                                                                                           |                  |                              |                 |               |                           |  |  |
|                                                                                        |      | 1 Turious Will Village                                                                    |                  | 710 00110411101 001111401100 |                 |               |                           |  |  |
| 6.                                                                                     | SE   | WAGE DISPOSAL SYSTEM                                                                      |                  |                              |                 |               |                           |  |  |
|                                                                                        | a.   | TYPE OF SYSTEM: Public                                                                    | □No              |                              |                 |               |                           |  |  |
|                                                                                        |      | Privat                                                                                    | e: ☑Yes ☐No      | Unknown                      |                 |               |                           |  |  |
|                                                                                        |      |                                                                                           |                  | Septic Design A              | vailable: 🛛 Y   | es 🛮 No       |                           |  |  |
|                                                                                        | b.   | IF PUBLIC OR COMMUNITY/S                                                                  | HARED            | ,                            |                 |               |                           |  |  |
|                                                                                        |      | Have you experienced any problems such as line or other malfunctions? ☐ Yes ☐ No          |                  |                              |                 |               |                           |  |  |
|                                                                                        |      | What steps were taken to remed                                                            | dy the problem?_ |                              |                 |               |                           |  |  |
|                                                                                        | c.   | IF PRIVATE:                                                                               |                  |                              |                 |               |                           |  |  |
|                                                                                        |      | TANK: ☑ Septic Tank ☐                                                                     | Holding Tank     | ☐ Cesspool ☐                 |                 | Other         |                           |  |  |
|                                                                                        |      | Tank Size 1000 Gal.                                                                       | Unknown          | Other                        |                 |               |                           |  |  |
|                                                                                        |      | Tank Type ☐ Concrete ☐                                                                    | Metal            | □Unknown □Oth                | er              |               |                           |  |  |
|                                                                                        |      | Location: behind patio, south side of                                                     |                  | of Installation: <u>ա</u>    |                 |               |                           |  |  |
|                                                                                        |      | Date of Last Servicing: 06/02/2015                                                        | Onge Septic Serv | ice                          |                 |               |                           |  |  |
|                                                                                        |      | Have you experienced any malf                                                             |                  |                              |                 |               |                           |  |  |
| Comments: has been pumped every 2 years. Scheduled for 3/28/17                         |      |                                                                                           |                  |                              |                 |               |                           |  |  |
|                                                                                        | d.   | LEACH FIELD: ☑ Yes ☐ No                                                                   |                  |                              |                 |               |                           |  |  |
|                                                                                        |      | IF YES, Location: to south of septi                                                       |                  |                              | Size            |               | 🗹 Unknown                 |  |  |
|                                                                                        |      | Date of installation of leach field                                                       |                  |                              | Installed By:_  |               |                           |  |  |
|                                                                                        |      | Have you experienced any malf                                                             | unctions? ⊔Ye    | s <b>⊠</b> No                |                 |               |                           |  |  |
|                                                                                        |      | Comments:                                                                                 | <del></del>      |                              |                 |               |                           |  |  |
| S                                                                                      | ELLE | ER(S) INITIALS   Mark   /                                                                 | 1                |                              | BUYE            | R(S) INITIALS | 171                       |  |  |

New Hampshire Association of REALTORS® Standard Form



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| PR | OPE                                                                                   |                                                                                                      | N: 116 Greenfield Road                                                                              |                                               |                                     |                                      |                        |                            |        |               |  |
|----|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------|--------------------------------------|------------------------|----------------------------|--------|---------------|--|
|    | e.                                                                                    | IS SYSTEM LO<br>IF YES, has a<br>Source of Info<br>Comments:                                         | OCATED ON "DEVEL site assessment beer rmation:                                                      | OPED V<br>n done?                             | VATERF                              | RONT" as des                         | scribed in RSA<br>Yes  | 485-A? ☐ Yes<br>☐? Unknown | s 🗹 No | □Unknown      |  |
|    |                                                                                       | FOR ADDITION                                                                                         | ONAL INFORMATIONTAL SERVICES SUI                                                                    |                                               |                                     |                                      |                        | ONTACT THI                 | E NH C | DEPARTMENT OF |  |
| 7. | INS                                                                                   | ULATION                                                                                              | LOCATION Attic or Cap Crawl Space Exterior Walls                                                    | Yes<br>☑<br>□<br>☑                            | <u>No</u><br>□<br>☑                 | Unknown  □ □ □                       |                        | Amount                     |        | _             |  |
|    |                                                                                       |                                                                                                      | Floors                                                                                              |                                               |                                     |                                      |                        | some floors                | none   |               |  |
| 8. | HAZARDOUS MATERIAL     a. UNDERGROUND STORAGE TANKS - Current or previously existing: |                                                                                                      |                                                                                                     |                                               |                                     |                                      |                        |                            |        |               |  |
|    |                                                                                       | IF YES: Are ta<br>IF NO: How lo<br>What materials                                                    | e of any past or preser<br>inks currently in use?<br>ng have tank(s) been<br>s are, or were, stored | out of se                                     | Yes [<br>ervice? <u>N</u><br>nk(s)? | □ No<br>A                            |                        |                            |        |               |  |
|    |                                                                                       | Are you aware                                                                                        | of any past or preser                                                                               | nt proble                                     | ms such                             | as leakage, et                       | tc? □Yes □1            | No Comments                | s:     |               |  |
|    |                                                                                       | ASBESTOS -<br>As insulation of<br>In the siding?<br>In flooring tiles<br>If YES, Source<br>Comments: | e of information:                                                                                   | y existii<br>pipes or<br>☑ Unl                | ng:<br>ducts?<br>known<br>vn C      | ☐Yes ☐ In the roofin                 | No ☑ Unknong shingles? | own<br>Yes                 | s □ No | □Unknown      |  |
|    | C.                                                                                    | Has the prope If YES: Date: Results: Has the prope                                                   | Current or previous rty been tested?  rty been tested since                                         | ☐ Yes                                         | s □ No applicab steps?              | By:<br>ble, what reme<br>□ Yes □     | dial steps were        |                            |        |               |  |
|    | d.                                                                                    | RADON/WATI<br>Has the prope<br>If YES: Date:<br>Results:<br>Has the prope                            | s available?                                                                                        | iously examples [Yes [Incomplete] If remedial | xisting: No  applicable steps?      | I Unknown By: ble, what reme □ Yes □ | dial steps were        | e taken?                   |        |               |  |
|    | e.                                                                                    | LEAD-BASED<br>Are you aware<br>If YES: Source<br>Are you aware                                       | s available?                                                                                        | previous<br>on this pr<br>ling, or fl         | sly existi<br>roperty?<br>aking lea | ing:<br>□Yes ☑<br>id-based paint     | No<br>? □Yes           | <b>☑</b> No                |        |               |  |
| s  | ELLE                                                                                  | R(S) INITIALS                                                                                        | MLLA I                                                                                              |                                               |                                     |                                      |                        | BUYER(S) INITIA            | LS     |               |  |





## TO BE COMPLETED BY SELLER

| PR                                                            | PROPERTY LOCATION: 116 Greenfield Road, Francestown, NH 03043                                                  |                                                                                                                                         |  |  |  |  |  |  |  |
|---------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|
| f. Are you aware of any other hazardous materials? ☐ Yes ☑ No |                                                                                                                |                                                                                                                                         |  |  |  |  |  |  |  |
| If YES: Source of information:                                |                                                                                                                |                                                                                                                                         |  |  |  |  |  |  |  |
|                                                               |                                                                                                                | Comments:                                                                                                                               |  |  |  |  |  |  |  |
|                                                               |                                                                                                                |                                                                                                                                         |  |  |  |  |  |  |  |
| 9.                                                            |                                                                                                                | NERAL 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?                     |  |  |  |  |  |  |  |
|                                                               |                                                                                                                | ☑? 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:        |  |  |  |  |  |  |  |
|                                                               | d.                                                                                                             | Are you aware of any problems with other buildings on the property?   Yes No If YES, Explain:                                           |  |  |  |  |  |  |  |
|                                                               |                                                                                                                | Are you receiving a tax exemption or reduction for this property for any reason including but not limited to current use, land          |  |  |  |  |  |  |  |
|                                                               | ٠.                                                                                                             | conservation, etc.?                                                                                                                     |  |  |  |  |  |  |  |
|                                                               |                                                                                                                |                                                                                                                                         |  |  |  |  |  |  |  |
|                                                               | 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?                                                                          |  |  |  |  |  |  |  |
|                                                               | ĥ.                                                                                                             | 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?Part in Village District and part in Rural District                                                           |  |  |  |  |  |  |  |
|                                                               | j.                                                                                                             | Heating System Age: 8 years Type: steam Fuel: oil Tank/Location: basement                                                               |  |  |  |  |  |  |  |
|                                                               | -                                                                                                              | Owner of Tank: home ownter                                                                                                              |  |  |  |  |  |  |  |
|                                                               |                                                                                                                | Annual Fuel Consumption: 850 gallons Price: 2.25/ gal Gallons:                                                                          |  |  |  |  |  |  |  |
|                                                               |                                                                                                                | Comments: master bedroom has propane heater, 5 years old. several rooms with electric heaters and we use wood stove, 1-2 cords per year |  |  |  |  |  |  |  |
|                                                               | k.                                                                                                             | Roof Age: 8 years Type of Roof Covering: owens corning duration shingles                                                                |  |  |  |  |  |  |  |
|                                                               |                                                                                                                | Moisture or leakage: no                                                                                                                 |  |  |  |  |  |  |  |
|                                                               |                                                                                                                | Comments:                                                                                                                               |  |  |  |  |  |  |  |
|                                                               | I.                                                                                                             | Foundation/Basement:  Pull Partial Other: Type:stone                                                                                    |  |  |  |  |  |  |  |
|                                                               | Moisture or leakage: in very heavy rain. very rare when water table very high                                  |                                                                                                                                         |  |  |  |  |  |  |  |
|                                                               |                                                                                                                | Comments:                                                                                                                               |  |  |  |  |  |  |  |
|                                                               |                                                                                                                | Chimney(s) How Many? 2 Lined? stainless steel Last Cleaned: summer 2016 Problems? no                                                    |  |  |  |  |  |  |  |
|                                                               | n.                                                                                                             | Plumbing Type: copper Age: unknown                                                                                                      |  |  |  |  |  |  |  |
|                                                               | _                                                                                                              | Comments:  Domestic Hot Water: Age: unknown                                                                                             |  |  |  |  |  |  |  |
|                                                               | 0.<br>n                                                                                                        | • • • • • • • • • • • • • • • • • • • •                                                                                                 |  |  |  |  |  |  |  |
|                                                               | p.                                                                                                             | Electrical System Amps: 200                                                                                                             |  |  |  |  |  |  |  |
|                                                               | q.                                                                                                             | Modifications: Are you aware of any modifications or repairs made without the necessary permits?  Yes No                                |  |  |  |  |  |  |  |
|                                                               | ч.                                                                                                             | If Yes, please explain:                                                                                                                 |  |  |  |  |  |  |  |
|                                                               | r.                                                                                                             | Pest Infestation: Are you aware of any past or present pest infestations? ☑ Yes ☐ No Type:                                              |  |  |  |  |  |  |  |
|                                                               |                                                                                                                | Comments: Mice: well controlled with regular management by JP Pest. sugar ants completely controlled. never termites or carpenter ants  |  |  |  |  |  |  |  |
|                                                               | s.                                                                                                             |                                                                                                                                         |  |  |  |  |  |  |  |
|                                                               |                                                                                                                | (Per RSA 477:4-g) ☐ Yes ☑ No If YES, please explain:                                                                                    |  |  |  |  |  |  |  |
|                                                               | t.                                                                                                             | Other (e.g. Alarm System, Irrigation System, etc.)                                                                                      |  |  |  |  |  |  |  |
|                                                               |                                                                                                                |                                                                                                                                         |  |  |  |  |  |  |  |
|                                                               |                                                                                                                |                                                                                                                                         |  |  |  |  |  |  |  |
|                                                               | MAR MARINE M |                                                                                                                                         |  |  |  |  |  |  |  |
| S                                                             | SELLER(S) INITIALS 03/18/17 / BUYER(S) INITIALS / /                                                            |                                                                                                                                         |  |  |  |  |  |  |  |
|                                                               | 4 4 515                                                                                                        | ALLAMPAUDE ACCOUNTED OF DEAL TODGE INC. ALL DIQUES PROFINED FOR USE DVALUED DEAL TODG MEMBERS ONLY ALL OTHER HOE PROHIBITED. ACCOUNT    |  |  |  |  |  |  |  |

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New Hampshire Association of REALTORS® Standard Form



TO BE COMPLETED BY SELLER

PROPERTY LOCATION: 116 Greenfield Road, Francestown, NH 03043

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.

| REGISTERED UNDER NH RSA CHAPTER 651-B. SUCH INFORMATION MAY BE OBTAINED BY CONTACTING THE LOCAL POLICE DEPARTMENT.                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                         |                                                                |                          |                                 |  |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|--------------------------|---------------------------------|--|--|--|--|--|
| a.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DITIONAL INFORMATION  ATTACHMENT EXPLAINING CURRENT PROBLEMS, PAST REPAIRS, OR ADDITIONAL INFORMATION?  ☐ Yes ☑ No ADDITIONAL COMMENTS: |                                                                |                          |                                 |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Property also has a separate du                                                                                                         | g well that services                                           | s the barn ONLY.         |                                 |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | OWLEDGEMENTS:                                                                                                                           | AS PROVIDED THE                                                | · ABOVE INFORMATIO       | ON AND THAT SUCH INFORMATION IS |  |  |  |  |  |
| 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.                                                                                                                                                                                                                                                                     |                                                                                                                                         |                                                                |                          |                                 |  |  |  |  |  |
| SELLEI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | R(S) MAY BE RESPONSIBLE AND LIA                                                                                                         |                                                                | LURE TO PROVIDE <u>K</u> | NOWN INFORMATION TO BUYER(S).   |  |  |  |  |  |
| Maure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | en L Angelini Revocable Trust                                                                                                           | dotloop verified<br>03/18/17 9:20AM EDT<br>NNM5-U1CW-H6YR-PK2A |                          |                                 |  |  |  |  |  |
| SELLEF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | R DAT                                                                                                                                   | Ē                                                              | SELLER                   | DATE                            |  |  |  |  |  |
| 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. |                                                                                                                                         |                                                                |                          |                                 |  |  |  |  |  |
| BUYER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | DAT                                                                                                                                     |                                                                | BUYER                    | DATE                            |  |  |  |  |  |
| BUTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | DAI                                                                                                                                     | L                                                              | BOILK                    | DATE                            |  |  |  |  |  |