

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 AGENCY representing the SELLER, and is not a substitute for any inspection by the BUYER. SELLERS authorize AGENCY 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 AGENCY PROMPTLY IN WRITING.

1. SELLER: DAVID J. AND JANET A. DUBIEL
2. PROPERTY LOCATION: 447 FRANCONIA MOUNTAINS RD FRANCONIA, NH
3. CONDOMINIUM, CO-OP, PUD DISCLOSURE RIDER ATTACHED? Yes No
4. SELLER: has has not occupied the property for 2 1/2+ 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: NW CORNER OF GARAGE, OFFSET APPROX 6'
 Installed By: CARR WELL & PUMP Date of Installation: 2008
 What is the source of your information? DIRECT PURCHASE
- c. USE: Number of Persons currently using the system: 4
 Does system supply water for more than one household? Yes No MAIN HOUSE + INLAW APT
- 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: 2008
 IF Yes to any question, please explain in comment section 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: PUMP CONTROL WAS REPLACED IN 1-29-2018

6. SEWAGE DISPOSAL SYSTEM

- a. TYPE OF SYSTEM: Public: Yes No Community/Shared: Yes No
 Private: Yes No Unknown:
- 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: 1500 Gal. Unknown Other
 Tank Type: Concrete Metal Unknown Other
 Location: OFF SOUTH PATIO UNDER ROCKS Location Unknown Date of Installation: 2008
 Date of Last Servicing: 5/2021 Name of Company Servicing Tank: PRESBY
 Have you experienced any malfunctions? Yes No
 Comments: TANK PUMPED & INSPECTED
- d. LEACH FIELD: Yes No Other
 IF Yes: Location: SOUTH LAWN Size: 4 BEDROOM Unknown
 Date of installation of leach field: 2008 Installed By: DODGE CONTRACTING
 Have you experienced any malfunctions? Yes No
 Comments:

SELLER(S) INITIALS [Signature]

BUYER(S) INITIALS _____

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- e. IS SYSTEM LOCATED IN A SHORELAND ZONE? Yes No Unknown
 IF Yes, has a site assessment been done? Yes No Unknown

SOURCE OF INFORMATION: _____
 COMMENTS: _____

7. INSULATION	LOCATION	Yes	No	Unknown	If YES, Type	Amount	Unknown
	Attic or Cap	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SIPS	8' & 10"	<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"/>	SIPS	6"	<input type="checkbox"/>
	Floors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
	<u>BASEMENT</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>PINK FOAM BOARD</u>	<u>2" IN + 2" OUT</u>	<input type="checkbox"/>
					<u>LIQUID SPUNNY FOAM</u>	<u>2" UNDERSLAB</u>	<input type="checkbox"/>
						<u>VARIES</u>	<input type="checkbox"/>

8. **HAZARDOUS MATERIAL** GARAGE APT

- 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 problems, such as leakage, etc.? Yes No Comments: _____

If tanks are no longer in use, have 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: _____ 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: _____

- 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: _____

- f. Are you aware of any other hazardous materials? Yes No
 If YES: Source of information: _____
 Comments: _____

SELLER(S) INITIALS MSJ BUYER(S) INITIALS _____

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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: BIKE PATH RIGHT OF WAY, 50' PERIMETER
 What is your source of information? SUB DIVISION MAP
- 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: _____
- 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 for this property for any reasons? Yes No Unknown
 If YES, Explain: _____
- f. Is any part of this property in Current Use? Yes No Unknown If YES, Explain: 10 ACRES
- 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: UNKNOWN
 If YES, is survey available? Yes No Unknown (HAVE SUBDIVISION MAP)
- i. How is the property zoned? RESIDENTIAL
- j. Heating System Age: 13yrs Type: WATER HEATER Fuel: PROPANE Tank/Location: REAR/SIDE GARAGE
 Owner of Tank: FRANCONIA GAS
 Annual Fuel Consumption: _____ Price: \$3.06 Gallons: APPROX 1400 IN 2020
 Comments: 2020 WITHOUT ANY WOOD SUPPLEMENTAL HEAT
- k. Roof Age: 13 Type of Roof Covering: ASPHALT
 Moisture or leakage: NONE
 Comments: _____
- l. Foundation/Basement: Full Partial Other: _____ Type: POURED CONCRETE
 Moisture or leakage: NONE
 Comments: MAIN HOUSE 10" FOUNDATION, GARAGE 8" THICK
- m. Chimney(s) How Many? 2 Lined? YES Last Cleaned: 4/2020 Problems? NONE
- n. Plumbing Type: COPPER/PVC Age: 13
 Comments: _____
- o. Domestic Hot Water: Age: 13 Type: ON DEMAND Gallons: N/A
- p. Electrical System Amps: 200 Circuit Breakers Fuses
 Comments: _____
- 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: ANNUAL PEST SERVICE - RESIDENTIAL PEST CONTROL
- 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.) NONE

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 MJD BUYER(S) INITIALS _____

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10. ADDITIONAL INFORMATION

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

Yes No

b. ADDITIONAL COMMENTS:

- BUILD PHOTO BOOK AVAILABLE FOR VIEWING.
- EASEMENTS ON PROPERTY:
 - 1) BIKE PATH
 - 2) 50' BOUNDARY AT REAR OF LOT - FOR TRAILSIDE LOTS.
- SECONDARY WASHING MACHINE HOOK UP IN BASEMENT
- NO HOA FEE'S
- SPECTRUM BROADBAND AVAILABLE
- HAVE HAD SEMI-ANNUAL PEST TREATMENT BY PRESIDENTIAL PEST CONTROL

I HAVE PROVIDED THE INFORMATION CONTAINED IN THIS INFORMATION STATEMENT AND REPRESENT THAT ALL STATEMENTS AND INFORMATION ARE CORRECT. I UNDERSTAND THAT INFORMATION CONTAINED IN THIS INFORMATION STATEMENT WILL BE COMMUNICATED TO PROSPECTIVE BUYERS.

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

[Signature] 5/29/2021 [Signature] 05-25-2021
SELLER DATE SELLER DATE

I/WE HAVE READ AND RECEIVED A COPY OF THIS DISCLOSURE AND UNDERSTAND THAT I/WE SHOULD SEEK INFORMATION FROM PROFESSIONALS NORMALLY ENGAGED IN THE BUSINESS REGARDING ANY SPECIFIC ISSUES OF CONCERN.

BUYER _____ DATE _____ BUYER _____ DATE _____

MULTIFAMILY PROPERTY DISCLOSURE RIDER
(To be used in conjunction with Property Disclosure – Residential)



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1. SELLER: DAVID J. DUBIEL AND JANET A. DUBIEL
2. PROPERTY LOCATION: 447 FRANCONIA MOUNTAINS RD FRANCONIA, NH
3. GENERAL INFORMATION:
- a. Number of city/town approved units: 1 WITH INLAW
 - b. Number and type of appliances included in sale: RANGE, MICROWAVE, REFRIGERATOR, WASHER, DRYER
 - c. Number and location of washer / dryer hookups: 1 - IN UNIT. (WASHER & DRYER INCLUDED)
 - d. Number and type of electrical service entrances: NO SEPARATE UTILITIES -
 - e. Number and type of heating systems (note ages): WARM UNIT - HOT AIR - PROPANE
8 YRS OLD
 - f. Any rented water heaters, burners or other equipment or appliances? Yes No If yes, please explain: _____
 - g. Any other leases or contracts for services on the building? Yes No If yes, please specify: _____
 - h. Is a municipal certificate of compliance required? Yes No If yes, list date of expiration: _____
 - i. Are there any outstanding state or local lead based paint abatement orders or code enforcement orders? NO
If yes, please explain: _____
 - j. Smoke detectors: Locations IN UNIT Hard-wired? Yes No

4. RENT SCHEDULE:

Unit #	Lease (Y/N) or Vacant?	Length of Tenancy	Lease Expires?	Monthly Rent ¹	Is Rent Current?	Amount of Security Deposit	Tenant Pays (Circle)				Landlord Pays (Circle)					
							See Legend Below ²				See Legend Below ²					
							H	HW	E	W	S	H	HW	E	W	S
<u>INLAW</u>	<u>Y</u>	<u>8 yrs</u>	<u>MTM</u>	<u>\$1025.00</u>	<u>YES</u>	<u>\$900.00</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. If vacant please enter most recent rent.
2. Legend: H = Heat, HW = Hot Water, E = Electric, W = Water, S = Sewer

Have any tenants given notice or have you served notices to quit or started eviction proceedings against any tenants? NO

Comments: _____

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

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5. ADDITIONAL PROPERTY INCOME (laundry, storage, garage rental, etc.): NONE

6. EXPENSE INFORMATION:

- a. Annual real estate taxes and year: \$ 13,705
- b. Annual hazard insurance: \$1281
- c. Annual snow removal expense: \$560
- d. Annual lawn mowing, yard maintenance expense: N/A - SELF
- e. Annual fuel consumption paid by landlord: # Gallons, cu.ft.: PROPANE Cost: \$4263
- f. Annual electric costs paid by landlord: \$1128
- g. Annual trash removal expense: N/A - NOT PROVIDED
- h. Other expenses: _____

7. ADDITIONAL INFORMATION:

- a. Attachment regarding expenses, rents, lease information or additional information? Yes No
- b. Additional comments:

*ALL EXPENSES ABOVE ARE FOR MAIN HOUSE/W/IN-LAW.
IN LAW DOES NOT HAVE SEPARATE UTILITIES! NO SEPARATION
OF COSTS ARE AVAILABLE.*

8. 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.

[Signature] 5/25/2021
SELLER DATE

[Signature] 05-25-2021
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 DATE

BUYER DATE