

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



New Hampshire Association of REALTORS® Standard Form

1. **SELLER:** Thomas S. Bishop

2. **PROPERTY LOCATION:** 454 Giddings St. Springfield VT. 05156

3. **GENERAL INFORMATION:**

a. Number of city/town approved units: 3

b. Number and type of appliances included in sale: 3 Stoves 3 Refrigerators

c. Number and location of washer / dryer hookups: 1 (apt. 1)

d. Number and type of electrical service entrances: _____

e. Number and type of heating systems (note ages): 3 HW - HOT AIR PROPANE

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? _____

If yes, please explain: _____

j. Smoke detectors: Locations yes Hard-wired? ☒ Yes ☐ No

4. **RENT SCHEDULE:**

Unit #	Lease (Y/N) or Vacant?..	Length of Tenancy	Lease Expires?	Monthly Rent (See Below)	Is Rent Current?	Amount of Security Deposit	Tenant Pays (Check) See Legend Below				Landlord Pays (Check) See Legend Below			
1	N	20 Yrs.		\$900.00	yes	0	<input type="checkbox"/> H	<input checked="" type="checkbox"/> HW	<input type="checkbox"/> S	<input type="checkbox"/> E	<input type="checkbox"/> H	<input type="checkbox"/> HW	<input type="checkbox"/> S	<input type="checkbox"/> E
2	N	3 Yrs.		\$800.00	yes	0	<input type="checkbox"/> H	<input checked="" type="checkbox"/> HW	<input type="checkbox"/> S	<input type="checkbox"/> E	<input type="checkbox"/> H	<input type="checkbox"/> HW	<input type="checkbox"/> S	<input type="checkbox"/> E
3	N	4 Yrs.		\$425.00	yes	0	<input type="checkbox"/> H	<input checked="" type="checkbox"/> HW	<input type="checkbox"/> S	<input type="checkbox"/> E	<input type="checkbox"/> H	<input type="checkbox"/> HW	<input type="checkbox"/> S	<input type="checkbox"/> E
							<input type="checkbox"/> H	<input type="checkbox"/> HW	<input type="checkbox"/> S	<input type="checkbox"/> E	<input type="checkbox"/> H	<input type="checkbox"/> HW	<input type="checkbox"/> S	<input type="checkbox"/> E
							<input type="checkbox"/> H	<input type="checkbox"/> HW	<input type="checkbox"/> S	<input type="checkbox"/> E	<input type="checkbox"/> H	<input type="checkbox"/> HW	<input type="checkbox"/> S	<input type="checkbox"/> E
							<input type="checkbox"/> H	<input type="checkbox"/> HW	<input type="checkbox"/> S	<input type="checkbox"/> E	<input type="checkbox"/> H	<input type="checkbox"/> HW	<input type="checkbox"/> S	<input type="checkbox"/> E
							<input type="checkbox"/> H	<input type="checkbox"/> HW	<input type="checkbox"/> S	<input type="checkbox"/> E	<input type="checkbox"/> H	<input type="checkbox"/> HW	<input type="checkbox"/> S	<input type="checkbox"/> E
							<input type="checkbox"/> H	<input type="checkbox"/> HW	<input type="checkbox"/> S	<input type="checkbox"/> E	<input type="checkbox"/> H	<input type="checkbox"/> HW	<input type="checkbox"/> S	<input type="checkbox"/> E
							<input type="checkbox"/> H	<input type="checkbox"/> HW	<input type="checkbox"/> S	<input type="checkbox"/> E	<input type="checkbox"/> H	<input type="checkbox"/> HW	<input type="checkbox"/> S	<input type="checkbox"/> E
							<input type="checkbox"/> H	<input type="checkbox"/> HW	<input type="checkbox"/> S	<input type="checkbox"/> E	<input type="checkbox"/> H	<input type="checkbox"/> HW	<input type="checkbox"/> S	<input type="checkbox"/> E

Monthly Rent: If vacant please enter most recent rent.

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:

Selling with 3 Olney Street (4 units) as a package for \$410,000.00

SELLER(S) INITIALS T.S.B.

BUYER(S) INITIALS _____

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PROPERTY LOCATION: 454 Giddings St. Springfield VT. 05156

5. ADDITIONAL PROPERTY INCOME (laundry, storage, garage rental, etc.):

6. EXPENSE INFORMATION:

- a. Annual real estate taxes and year: \$3877.00
- b. Annual hazard Insurance: \$2797.00 (The Richard Group)
- c. Annual snow removal expense: Included in Maintenance & Repairs
- d. Annual lawn mowing, yard maintenance expense: Included in Maintenance & Repair
- e. Annual fuel consumption paid by landlord: # Gallons, cu.ft. Cost: \$9411.00 CBTN - COTA
- f. Annual electric costs paid by landlord: \$1368.00
- g. Annual trash removal expense: \$1094.00 (Casella)
- h. Annual water/sewer expenses paid by landlord: \$1704.00
- i. Other expenses: Repairs & Maintenance \$4032.00

7. ADDITIONAL INFORMATION:

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

Selling with 3 Olney Street (4 units) as a package \$410,000.00.

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.

SELLER  2/9/25 DATE SELLER

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



SELLER'S PROPERTY INFORMATION REPORT

TO BE COMPLETED BY SELLER



Date Prepared: _____

Seller's Name(s): Thomas S. Bishop

Physical Property Address: 454 Giddings Street Springfield
Street City/Town

Type of Property: ☐ Single Family Residence ☒ Multi-Family Residence (duplex, triplex, etc.)
☐ Condominium/Townhouse ☐ Land Only ☐ Commercial

Use of Property: ☐ Primary Residence ☐ Vacation Property ☒ Rental Property ☐ Other: _____

INTRODUCTION: This Report provides information from the Seller based on Seller's personal knowledge concerning the above Property. Unless otherwise disclosed, Seller does not have any expertise in construction, architecture, engineering, surveying or any other skills that would provide Seller with special knowledge concerning the condition of the Property. Other than having owned the Property, Seller has no greater knowledge about the Property than that which could be obtained by a careful inspection performed by or on behalf of a potential buyer. The real estate agents involved with the sale of this Property do not conduct or perform any inspection of the Property. Unless otherwise disclosed, Seller has not inspected or examined those portions of the Property that are generally inaccessible. **THIS REPORT DOES NOT CONSTITUTE A WARRANTY OF ANY KIND BY THE SELLER OR BY ANY REAL ESTATE AGENT CONCERNING THE CONDITION OF THE PROPERTY. THIS REPORT IS NOT A SUBSTITUTE FOR A PROPERTY INSPECTION. BUYER HAS THE OPPORTUNITY TO REQUEST THAT SELLER AGREE TO A PROPERTY INSPECTION AS PART OF ANY CONTRACT FOR THE SALE OF THE PROPERTY.**

INSTRUCTIONS TO SELLER: (1) Complete this form yourself. (2) Answer ALL questions. (3) Disclose conditions that you know about that affect the Property. (4) Attach additional pages to this Report if additional information is provided. (5) IF YOU DO NOT KNOW THE FACTS, WRITE "DON'T KNOW." DO NOT GUESS THE ANSWER TO ANY QUESTION.

THE STATEMENTS IN THIS REPORT ARE MADE BY THE SELLER.

THEY ARE NOT STATEMENTS OR REPRESENTATIONS MADE BY ANY REAL ESTATE AGENT(S).

1. LAND (SOILS, DRAINAGE, BOUNDARIES AND EASEMENTS)

(a)	Has any fill or off-site material been placed on the Property?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(b)	Do you know of any sliding, settling, subsidence, earth movement, upheaval or earthstability problems that have affected the Property?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(c)	Is the Property located in a federal flood hazard zone or wetlands, public waters or conservation zones designated by federal, state or local statute, regulation or ordinance?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(d)	Do you know of any past or present drainage, high water table, or flood problems affecting the Property?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> DON'T KNOW
(e)	Is the Property served by a road maintained by the municipality?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(f)	If the answer to (e) above is "No," how is the road serving the property maintained? <input type="checkbox"/> Road Maintenance Agreement <input type="checkbox"/> Homeowners/Road Association <input type="checkbox"/> Shared Driveway Other (explain): _____ Annual Cost(s): _____			
(g)	Are there public or private landfills or dumps (compacted or otherwise) on the Property or on any abutting property?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW

Seller's Initials

TAB

Purchaser's Initials

(h)	Are there currently any underground fuel storage tanks on the Property? If "Yes," Fuel Type: _____	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(i)	Have there been any underground fuel storage tanks on the Property in the past? If "Yes," have they been removed? _____ When? _____ By whom? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> DON'T KNOW
(j)	Do you know the location of the boundary lines of the Property?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(k)	Are the boundary lines of the Property marked in any way? If "Yes," how are they marked? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> DON'T KNOW
(l)	Has the Property been surveyed? If "Yes," when? _____ By whom? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> DON'T KNOW
(m)	Are copies of any of the following available? <input type="checkbox"/> Site Plan <input type="checkbox"/> Survey <input checked="" type="checkbox"/> Tax Map <input type="checkbox"/> Subdivision Plan/Sketch	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(n)	Are there any easements or rights of way affecting the Property?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(o)	Are there any boundary line disputes, claims of adverse possession, encroachments, or zoning set back violations affecting the Property?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW

Further explanation of any of the above: 14 ft. along abutting barn for common use with barn owner

2. MECHANICAL, ELECTRICAL, APPLIANCES & OTHER SYSTEMS

HEATING/AIR CONDITIONING/HOT WATER SYSTEMS

(a)	Heating System (check all that apply): <input checked="" type="checkbox"/> Base Board <input checked="" type="checkbox"/> Hot Air <input type="checkbox"/> Radiant <input type="checkbox"/> Heat Pump <input type="checkbox"/> Direct <input type="checkbox"/> Vent <input type="checkbox"/> Steam Other (explain): _____ Age of Furnace/Boiler: <input checked="" type="checkbox"/> Don't Know Primary Fuel Type: <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Wood <input type="checkbox"/> Wood Pellet <input type="checkbox"/> Coal <input type="checkbox"/> Solar <input type="checkbox"/> Geothermal <input type="checkbox"/> Other (explain) _____ Primary Annual Fuel Usage: _____ Gallons (or other measure) Date Range _____ Provider: <u>COTA-COTA</u> Secondary Fuel Type: <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Wood <input type="checkbox"/> Wood Pellet <input type="checkbox"/> Coal <input type="checkbox"/> Solar <input type="checkbox"/> Geothermal <input type="checkbox"/> Other (explain) _____ Secondary Annual Fuel Usage: _____ Gallons (or other measure) Date Range _____ Provider: _____ If propane, who owns propane tank? <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Propane Supplier <input type="checkbox"/> Association Property used: <input type="checkbox"/> Full Time <input type="checkbox"/> Seasonally <i>Fuel consumption may vary by user, number of occupants and weather conditions.</i>			
(b)	Air Conditioning: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "Yes," describe type and number of units (central, heat pump, window, etc.)			
(c)	Hot Water System (check all that apply): <input checked="" type="checkbox"/> Hot Water Tank <input type="checkbox"/> Domestic/Off Boiler <input type="checkbox"/> On Demand <input type="checkbox"/> Heat Pump Water Heater Age of Hot Water System: <input checked="" type="checkbox"/> Don't Know Fuel Type: <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Coal <input type="checkbox"/> Solar <input type="checkbox"/> Wood Pellet <input type="checkbox"/> Other _____ Hot Water Tank is: <input type="checkbox"/> Owned <input type="checkbox"/> Rented If rented, from whom: _____ Monthly rental fee: \$ _____			
(d)	Alternative Energy System(s) (check all that apply): <input type="checkbox"/> Solar <input type="checkbox"/> Wind <input type="checkbox"/> Hydroelectric <input type="checkbox"/> Geothermal <input type="checkbox"/> Unknown Energy returned to grid: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Owned or Leased: _____			
(e)	Electrical System: Electrical service panel has: <input type="checkbox"/> Fuses <input checked="" type="checkbox"/> Circuit Breakers <input type="checkbox"/> Other (explain) _____ Annual electricity usage: \$ <u>1368</u> Date Range: _____ Electric utility provider: _____ Property used: <input type="checkbox"/> Full <input type="checkbox"/> Time Seasonally <i>Electricity consumption may vary by user, number of occupants, number of appliances and weather conditions.</i> Main Breaker Amperes: _____ Amps <input type="checkbox"/> Don't Know			
(f)	Has a Vermont Home Energy Profile been created? If yes, when? _____ By whom? _____	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(g)	Are you aware of any problems or conditions that affect any of the above systems? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "Yes," explain in detail: _____			

Seller's Initials

EB

Purchaser's Initials

TELEPHONE/INTERNET/TELEVISION

(h)	Is landline telephone service present at the Property? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If "Yes," current provider: _____
(i)	Is cellular telephone service available at the Property? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If "Yes," list available providers: _____
(j)	Is Internet service available at the Property? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If "Yes," current provider: _____ If "Yes," service is: <input type="checkbox"/> Dial Up <input type="checkbox"/> Broadband <input checked="" type="checkbox"/> Cable <input type="checkbox"/> Satellite <input type="checkbox"/> DSL <input type="checkbox"/> Fiber Optic
(k)	Is television service available at the Property? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If "Yes," current provider: _____ If "Yes," source is: <input type="checkbox"/> Antenna <input checked="" type="checkbox"/> Cable <input type="checkbox"/> Satellite <input type="checkbox"/> DSL <input type="checkbox"/> Fiber Optic

OTHER EQUIPMENT AND APPLIANCES

(l)	<p>Check the items that will be included in the sale of the Property:</p> <p><input type="checkbox"/> Electric Garage Door Opener - Number of Transmitters _____ <input type="checkbox"/> Security Alarm System <input type="checkbox"/> Owned <input type="checkbox"/> Leased</p> <p><input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier <input type="checkbox"/> Lawn Sprinklers <input type="checkbox"/> Automatic Timer <input checked="" type="checkbox"/> Smoke Detectors - How Many? <u>3</u></p> <p><input type="checkbox"/> Whirlpool Bath <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Pool Heater <input type="checkbox"/> Spa/Hot Tub</p> <p><input type="checkbox"/> Pool/Spa Equipment (list): _____ <input checked="" type="checkbox"/> Refrigerator <input checked="" type="checkbox"/> Stove <input type="checkbox"/> Hood/Fan <input type="checkbox"/> Microwave Oven</p> <p><input type="checkbox"/> Dishwasher <input type="checkbox"/> Garbage Disposal <input type="checkbox"/> Trash Compactor <input type="checkbox"/> Washer <input type="checkbox"/> Dryer <input type="checkbox"/> Central Vacuum <input type="checkbox"/> Freezer</p> <p><input type="checkbox"/> Intercom <input type="checkbox"/> Ceiling Fans <input type="checkbox"/> Woodstove <input type="checkbox"/> Sump Pump <input type="checkbox"/> Well Pump <input type="checkbox"/> Satellite Dish <input type="checkbox"/> Indoor/Outdoor Grill</p> <p><input type="checkbox"/> Attic Fan(s) <input type="checkbox"/> Window A/C <input type="checkbox"/> Mini Split <input type="checkbox"/> Compost Bin</p> <p><input type="checkbox"/> Wood/Gas/Pellet/Other Stove (describe): _____</p> <p><input type="checkbox"/> OTHER: _____</p> <p>List additional equipment and appliances, including any AC units, that will be excluded from the sale of the Property: _____</p> <p>Are any of the items that will be included in the sale of the Property in need of repair or replacement? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If "yes," explain in detail: _____</p>
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3. STRUCTURAL COMPONENTS

<p>Type of construction (check all that apply)</p> <p><input type="checkbox"/> Manufactured <input type="checkbox"/> Modular <input checked="" type="checkbox"/> Wood Frame <input type="checkbox"/> Other (describe): _____</p>
<p>Age of Building(s): Main Bldg. <u>173</u> yrs. Additions to Main Bldg. _____ Additional Building(s): (a) _____ (b) _____</p>
<p>Has Seller built or caused to be built any of the buildings on the Property, or made any additions, modifications, alterations or renovations to any building on the Property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," please explain: 3 Small Shed</p>
<p>If "yes," did you obtain all necessary permits and approvals for such work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Don't know</p>
<p>Check any of the following items that have significant defects or malfunctions or that need significant repair:</p> <p><input type="checkbox"/> Foundation <input type="checkbox"/> Slab <input type="checkbox"/> Chimney <input type="checkbox"/> Fireplace <input type="checkbox"/> Interior Walls <input type="checkbox"/> Ceilings <input type="checkbox"/> Floors <input type="checkbox"/> Windows <input type="checkbox"/> Doors</p> <p><input type="checkbox"/> Storms/Screens <input type="checkbox"/> Exterior Walls <input type="checkbox"/> Driveway <input type="checkbox"/> Sidewalks <input type="checkbox"/> Pool <input type="checkbox"/> Roof <input type="checkbox"/> Outside Retaining Walls</p> <p><input type="checkbox"/> Other Structures/Components: _____</p> <p>If any of the above items are checked, describe the defect, malfunction or item(s) that need significant repair: _____</p>
<p>Has there ever been damage to the Property or any of the structures from fire, wind, floods, earth movements or landslides?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW If "Yes," explain in detail, including any repairs: _____</p>

Seller's Initials



Purchaser's Initials



BASEMENT/CELLAR/CRAWL SPACE:

Has there ever been any water leakage, accumulation of water, dampness or visible mold within the basement, cellar or any crawl space? ☐ YES ☒ NO

If "Yes," explain in detail: _____

Have there been any repairs or other attempts to control any water or dampness within the basement, cellar or crawl space?

☐ YES ☐ NO ☒ DON'T KNOW If "Yes," explain in detail, including any repairs: _____

Are any of the above recurring problems? ☐ YES ☐ NO If "Yes," what are the problems and how often have they recurred? _____

ROOF: ☒ Shingle ☐ Slate ☐ Metal ☐ Tile ☐ Other (describe) _____ ☐ Don't Know

Approximate age of roof? _____

Has the roof ever leaked since you have owned the Property? ☐ YES ☐ NO ☒ DON'T KNOW

If "Yes," explain: _____

Has the roof been replaced or repaired since you have owned the Property? ☐ YES ☐ NO ☒ DON'T KNOW

If "Yes," when? _____

Are there any current problems with the roof? ☐ YES ☐ NO ☒ DON'T KNOW

If "Yes," explain: _____

4. WATER SUPPLY

Special Notice: Water supplies, especially those that are not public or municipal supplies, are affected by many conditions about which Seller may have no knowledge or have any ability to control. These water supply systems can change, deteriorate or fail, often with no warning signs. Seller makes no warranty or representation whatsoever that the water supply, including quality or quantity, will operate or continue to function for any period of time. Inspection of these systems by a qualified inspector is strongly recommended. As required by law, any Seller with a potable water supply that is not served by a public water system shall provide the Purchaser with an informational brochure developed by the Vermont Department of Health regarding Testing Water from Private Water Supplies within 72 hours of the execution of a contract for the purchase of the Property.

TYPE OF WATER SYSTEM The Property is connected to and serviced by (check all applicable boxes):

☒ Public or Municipal ☐ Community ☐ Private ☐ Shared ☐ Driven Point Well ☐ On-site ☐ Off-site

☐ Drilled Well ☐ Dug Well ☐ Spring ☐ Lake/Pond ☐ None ☐ Don't Know ☐ Other _____

Water System Features: ☐ Cistern/Reservoir/Holding Tank ☐ Water Softener/Conditioner ☐ Reverse Osmosis

☐ Infrared Light ☐ Ultraviolet ☐ Other: _____ ☒ None ☐ Don't Know

Water Pipes are: ☐ Copper ☐ Galvanized ☐ Metal Lead ☐ PVC (Plastic) ☒ Combination ☐ Don't Know

Age of Water System: _____

If Drilled Well: Drilled by: _____ Tag #: _____ Depth: _____

Gallons Per Minute (at time of driller's report): _____ Date of driller's report: _____

What is the annual cost for municipal water \$ _____ Date Range: _____ Metered ☐ YES ☐ NO

CONDITION OF WATER AND WATER SYSTEM

Has the water been tested for coliform bacteria? ☐ YES ☒ NO ☐ DON'T KNOW

If "Yes," when? _____ By whom? _____ Results: _____

Has any other water quality or water chemistry testing been done? ☐ YES ☐ NO ☐ DON'T KNOW

If "Yes," when? _____ By whom? _____ Results: _____

Water softener ☐ YES ☐ NO If "Yes," ☐ Own ☐ Rent If rented, from whom: _____

Are you aware of low pressure in your water system? ☐ YES ☐ NO

Has your water supply ever run out or run low? ☒ YES ☐ NO If "Yes," describe: _____

Does the water have any odor, bad taste, cloudiness or discoloration? ☐ YES ☒ NO If "Yes," describe in detail: _____

Describe in detail any other problems you have had with your water system, including water quality or quantity: _____

Seller's Initials

RR ☐ ☐ ☐ ☐

Purchaser's Initials

☐ ☐ ☐ ☐

5. SEWER/SEPTIC/WASTEWATER SYSTEM

Special Notice: Sewer septic and wastewater systems that are not public or municipal systems are not designed to perform indefinitely and are affected by many conditions about which Seller may have no knowledge or have any ability to control. In addition, the useful life of these systems is affected by the amount and type of use, soil conditions, maintenance, the inherent design of these systems and many other factors. *Seller makes no warranty or representation whatsoever that these systems will operate or continue to function for any period of time. Inspection of these systems by a qualified inspector is recommended. State and local permits may be required for sewer, septic and wastewater systems.*

TYPE OF SYSTEM The Property is connected to and serviced by (check appropriate boxes):	
<input checked="" type="checkbox"/> Public or Municipal Sewer System	<input type="checkbox"/> Shared <input type="checkbox"/> On-site septic/wastewater system <input type="checkbox"/> Off-site septic/wastewater system
<input type="checkbox"/> Septic Tank	<input type="checkbox"/> New or Alternate Technology (explain technology) _____
<input type="checkbox"/> Holding Tanks	<input type="checkbox"/> Cesspool <input type="checkbox"/> Sewage Pump <input type="checkbox"/> Dry Well <input type="checkbox"/> Conventional disposal area <input type="checkbox"/> Mound System disposal area
<input type="checkbox"/> At Grade	<input type="checkbox"/> Other <input type="checkbox"/> Don't Know If other, please explain: _____
What is the annual cost of municipal sewer? \$ _____ Date Range: _____	
CONDITION OF SYSTEM If other than public or municipal sewer/wastewater system, answer the following:	
Date system installed: _____ Is the system entirely on your Property? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW	
If "No," where is it? _____	
Has the system been repaired since you have owned the Property? <input type="checkbox"/> YES <input type="checkbox"/> NO If "Yes," when? _____	
What was done? _____ By whom? _____	
Type of septic tank: <input type="checkbox"/> Concrete <input type="checkbox"/> Metal <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other (describe) _____ <input type="checkbox"/> Don't Know	
Septic tank capacity (in gallons) _____ <input type="checkbox"/> Don't Know	
Date Septic Tank Last Inspected? _____ <input type="checkbox"/> Don't Know Reports of last inspection/pumping attached <input type="checkbox"/> YES <input type="checkbox"/> NO	
Date Septic Tank Last Pumped? _____ <input type="checkbox"/> Don't Know By whom? _____	
If required by a State of Vermont wastewater permit, have required periodic maintenance/inspections been completed <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, date of most recent service _____ Cost: \$ _____ By whom: _____	
To your knowledge, is any portion of the system in need of repair or replacement? <input type="checkbox"/> YES <input type="checkbox"/> NO If "Yes," describe in detail: _____	
Has the property been occupied as a primary residence for at least 181 days during any one calendar year between December 31, 1986 and December 31, 2006? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW	

6. ADDITIONAL INFORMATION CONCERNING THE PROPERTY

(a)	Is Seller currently occupying the Property? If "No," how long has it been since Seller occupied?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
(b)	Are any property or development rights (e.g. conservation easements to Land Trusts, etc.) owned by others? If "Yes," by whom: _____	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
(c)	Is property enrolled in Vermont's Current Use program?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
(d)	Has Seller received written notice of any violations of local, state or federal laws, building codes and/or zoning ordinances affecting the Property?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
(e)	Are there any property tax abatements, land use value appraisal, land use tax stabilization agreements or other special property tax arrangements applicable to the Property? If yes, explain: _____	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(f)	If the house was built after December 31, 1997, is a Residential Building Energy Standard (RBES) certification available?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(g)	Has Seller received notice that the Property will be reassessed by any taxing authority during the next 12 months?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
(h)	Does the property have Urea-Formaldehyde Foam Insulation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> DON'T KNOW
(i)	Does the Property have Asbestos and/or Asbestos Materials in the siding, walls, plaster, flooring, insulation, heating system?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> DON'T KNOW

Seller's Initials

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Purchaser's Initials

(j)	Has the Property been tested for Radon Gas? If "Yes," when? _____ By whom? _____ Results: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> DON'T KNOW
(k)	Has paint containing lead been used on the Property?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> DON'T KNOW
(l)	Does the Property have evidence of mold? If "Yes," what has been done about the mold? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> DON'T KNOW
(m)	Are you aware of any off-site conditions in your neighborhood/community that could affect the value or desirability of the Property, such as noise, proposed major new development, relocation or major construction of roads or highways, proposed zoning changes, etc.? If "Yes," explain in detail: _____	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
(n)	Is there any infestation by pests that affect the property? If "Yes," explain: _____	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(o)	Do you have any knowledge of any damage to the Property caused by pests?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> DON'T KNOW
(p)	Is the Property currently under warranty or other coverage by a pest control company?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(q)	Do you know of any termite/pest control reports or treatments for the Property in the last five years?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(r)	Does the Property have any audio and/or video surveillance or recording equipment? If Yes, will said equipment be active during showings? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(s)	Further explanation of answers to any of the above:			

7. CONDOMINIUMS/SUBDIVISIONS/HOMEOWNERS' ASSOCIATIONS

(a)	Is the Property part of a condominium or other common interest ownership association or is it subject to covenants, conditions and restrictions (CC&R's)? If "Yes," Condo docs or CC&R's attached?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
(b)	Is there any defect, damage, or problem with any common elements or common areas? If "Yes," describe below.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(c)	Is there any condition or claim which may result in an increase in assessment or fees? If "Yes," describe below.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(d)	Are pets allowed? If yes, what is allowed? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(e)	Are there any rental restrictions? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
(f)	Are there any homeowners' association dues associated with the Property? If "Yes," amount: \$ _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
(g)	Are there any special assessments on the Property? If "Yes," amount: \$ _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly Purpose of special assessments: _____ Years or term remaining on any outstanding special assessments: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
(h)	Are there any current actions, disputes or lawsuits pending between the homeowners/condominium owners' association and any other parties? If "Yes," describe below.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(i)	Do you know of any violations of local, state, or federal laws or regulations, condominium rules or CC&R's relating to the Property? If "Yes," describe below.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(j)	Contact person/manager for condominium/homeowner association: Name: _____ Phone number/e-mail: _____			
Further explanation of any of the above:				

Seller's Initials

<i>TS</i>			
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Purchaser's Initials

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IS THERE ANYTHING ELSE THAT SHOULD BE DISCLOSED ABOUT THE CONDITION OF THE PROPERTY? (In answering this question, you should be guided by what you would want to know about the condition of the Property if you were buying it.)

☐ YES ☐ NO ☒ DON'T KNOW OF ANYTHING ELSE. If "Yes," explain:

SELLER'S STATEMENT: Seller is providing the information in this report to reduce the likelihood of DISPUTES or LEGAL ACTION concerning the sale of the Property. The information provided herein does not constitute any warranty, express or implied, by Seller about the Property or any feature of the Property. Seller hereby authorizes any real estate agent to provide a copy of this report to any prospective buyer. IN DELIVERING THIS REPORT TO A BUYER OR PROSPECTIVE BUYER, NO REPRESENTATION IS MADE BY ANY REAL ESTATE AGENT THAT THEY HAVE ANY INDEPENDENT OR PERSONAL KNOWLEDGE ABOUT THE CONDITION OF THE PROPERTY, THAT THEY HAVE MADE ANY INQUIRY OR INVESTIGATION ABOUT THE CONDITION OF THE PROPERTY OR ANY OF THE INFORMATION PROVIDED IN THIS REPORT BY SELLER OR THAT THEY HAVE VERIFIED THE INFORMATION PROVIDED IN THIS REPORT BY THE SELLER. Seller acknowledges that the information provided in this report is correct to the best of Seller's knowledge as of the date signed by Seller.

BUYER/PROSPECTIVE BUYER ACKNOWLEDGES RECEIPT OF A COPY OF THIS REPORT ON THE DATE SET FORTH BELOW. BUYER/PROSPECTIVE BUYER UNDERSTANDS THAT THIS REPORT PROVIDES INFORMATION ABOUT THE PROPERTY MADE BY THE SELLER AS OF THE ABOVE DATE. IT IS NOT A WARRANTY OF ANY KIND BY SELLER OR ANY REAL ESTATE AGENT. THIS REPORT IS NOT A SUBSTITUTE FOR ANY PROPERTY INSPECTION. BUYER/PROSPECTIVE BUYER MAY OBTAIN A PROPERTY INSPECTION. HOWEVER, ANY SUCH INSPECTION MUST BE BY WRITTEN AGREEMENT WITH SELLER. BUYER/PROSPECTIVE BUYER UNDERSTANDS THAT THERE MAY BE MATTERS RELATING TO THE PROPERTY WHICH ARE NOT ADDRESSED IN THIS REPORT.

Seller: [Signature] 9/9/25
(Signature) (Date)

Purchaser: _____
(Signature) (Date)

Seller: _____
(Signature) (Date)

Purchaser: _____
(Signature) (Date)

Seller: _____
(Signature) (Date)

Purchaser: _____
(Signature) (Date)

Seller: _____
(Signature) (Date)

Purchaser: _____
(Signature) (Date)



DISCLOSURE OF INFORMATION ON LEAD-BASED PAINT AND/OR LEAD-BASED PAINT HAZARDS

Required Federal Lead Warning Statement

Every purchaser of any interest in residential real property on which a residential dwelling was built prior to 1978 is notified that such property may present exposure to lead from lead-based paint that may place young children at risk of developing lead poisoning. Lead poisoning in young children may produce permanent neurological damage including learning disabilities, reduced intelligence quotient, behavioral problems, and impaired memory. Lead poisoning also poses a particular problem to pregnant women. The seller of any interest in residential real property is required to provide the buyer with any information on lead-based paint hazards from risk assessments or inspections in the seller's possession and notify the buyer of any known lead-based paint hazards. A risk assessment or inspection for possible lead-based paint hazards is recommended prior to purchase.

Property Address: 3 Olney St. & 454 Giddings St. Springfield VT 05156

Seller's Disclosure (initial applicable sections)

1. Presence of lead-based paint and/or lead based paint hazards:

a. Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

2. Records and reports available to the Seller:

a. Seller has provided the Purchaser with all available records and reports available pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below):

b. Seller has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Purchaser's Acknowledgement (initial applicable sections)

3. Purchaser has received copies of all information listed above.

4. Purchaser has received the pamphlet *Protect Your Family from lead in Your Home*.

Seller's Initials

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Buyer's Initials

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Seller: [Signature] Date 7/9/05
(Signature)

Purchaser: _____
(Signature) Date

Seller: _____
(Signature) _____ Date _____

Purchaser: _____
(Signature) Date

Seller: _____
(Signature) _____ Date _____

Purchaser: _____
(Signature) Date

Seller: _____
(Signature) Date

Purchaser: _____
(Signature) Date



Vermont Mandatory Flood Disclosure



Date Prepared: _____

Seller's Name(s): Thomas S. Bishop

Property Address: 454 Giddings Street Springfield, VT. 0515
Street City/Town

27 V.S.A. § 380 requires all Sellers of real property in Vermont to disclose the flood status of their property to the Purchaser. The FEMA search engine can be found at <https://msc.fema.gov/portal/home>.

Descriptions of FEMA's flood hazard areas can be found at <https://www.fema.gov/glossary/flood-zones>.

1	Is the real property located in a Federal Emergency Management Agency (FEMA) mapped Special Flood Hazard Area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
2	Is the real property located in a Federal Emergency Management Agency (FEMA) mapped Moderate Flood Hazard Area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3	Has the real property been subject to flooding or flood damage while the seller possessed the property, including flood damage from inundation or from flood-related erosion or landslide damage?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3a	If yes, please describe:		
4	Does the seller maintain flood insurance on the real property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Seller has completed this form personally, reviewed the FEMA map and associated data themselves, and has not relied upon anyone else to provide this information.

THE STATEMENTS IN THIS REPORT ARE MADE BY THE SELLER. THEY ARE NOT STATEMENTS OR REPRESENTATIONS MADE BY ANY REAL ESTATE AGENT(S).

Seller: X [Signature] 9/9/25
(Signature) (Date)

Seller: _____
(Signature) (Date)

Seller: _____
(Signature) (Date)

Seller: _____
(Signature) (Date)

Purchaser acknowledges receipt of this Disclosure

Purchaser: _____
(Signature) (Date)

Purchaser: _____
(Signature) (Date)

Purchaser: _____
(Signature) (Date)

Purchaser: _____
(Signature) (Date)

EXTERIOR INFORMATION

CATEGORIES		Full Bath: 1		Rating: FAIR/AVG
Type: 12 - MULT/CONV		A Bath: 2	Rating: FAIR	
Sly Ht: 114 - ONE/ONE HALF		3/4 Bath: 1	Rating: VERY POOR	
(Liv) Units: 3	Total: 3			
Foundation: 3 - MASONRY		A 3.0Bth	Rating:	
Frame: 1 - WOOD		1/2 Bath:	Rating:	
Prime Wall: 4 - VINYL		A HBth:	Rating:	
Sec Wall:	%	Other Fx:	Rating:	
Roof Struct: 1 - GABLE		OTHER FEATURES		
Roof Cover: 1 - ASPHALT SH		Kits: 2	Rating: AVERAGE	
Color: WHITE		A Kits: 1	Rating: FAIR/AVG	
View / Deslr:		Ftpt:	Rating:	

BATH FEATURES

Fuji Bath	1	Rating:	FAIR/AVG
A Bath	2	Rating:	FAIR
3/4 Bath	1	Rating:	VERY POOR
A 3/4Bth		Rating:	
1/2 Bath		Rating:	
A HBth		Rating:	
Other/Fix		Rating:	

COMMENTS

WORN DATED INT ; EXT MIX UPDATES ; HEAT
= WALL UNITS , UNIT #2 = FHW , MAIN OFF
WATER HEATER; CORNER LOT ; WATER WAY
CLOSE TO REAR HSE.

RESIDENTIAL GRID

Level	1st Res Grid	Desc: Line 1	# Units 2
Other	PT LR DR D K FR PR BR FB	HB L	0
Upper			
UW 2			
UW 1			
Lower			
Totals	RMS: 12	BRS: 6	Basis: 1 HB

INTERIOR INFORMATION

Alt Loc.	Alt %:	Store	
Jurisdic.	Fact.	Floor:	
Const Mod:		% Own:	
Lump Sum Adj:		Name:	
		Dir No:	

DEPRECIATION

Functional:		%
Economic:		%
Special:		%
Override:		%
Total:	62.5	%

CALC SUMMARY

Basic \$ / SQ:	92.00	C
Size Adj.:	0.82810217	Rate

COMPARABLE SALES

Rate	Parcel ID	Type	Date	Sale Price
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REMODELING

Exterior:	No Unit	RMS	BRS	FL
Interior:	2	4	2	M

RES BREAKDOWN

1	4	2	1
Totals			
3	12	6	

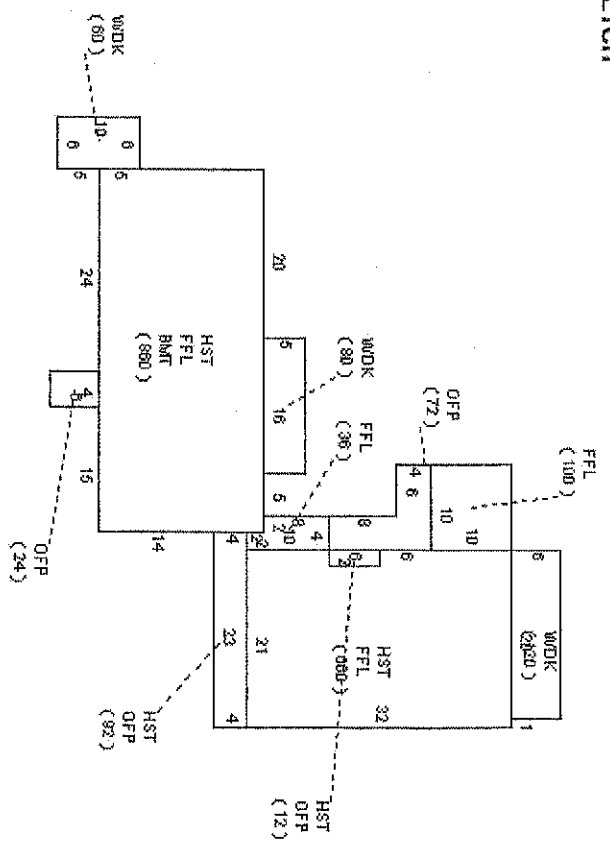
SUB AREA

Code	Description	Area - SQ	Rate - /V	Undergar Value	Sub %	Descrp	%	Cu # Ten
					Area	Usbl	Type	
FFL	1ST FLOOR	1,656	69.230	115,472				
HST	HALE STORY	974	64,150	62,509				
BM1	BASEMENT	860	17,430	14,982				
WDDK	WOOD DECK	280	11,330	2,945				
OPN	OPEN PORCH	200	13,930	2,783				

SUB AREA DETAIL

Sub %	Descip	%	Qu #	Ter
Area Usbl	Type			

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000 1001 1002 1003 1004 1005 1006 1007 1008 1009 1010 1011 1012 1013 1014 1015 1016 1017 1018 1019 1020 1021 1022 1023 1024 1025 1026 1027 1028 1029 1030 1031 1032 1033 1034 1035 1036 1037 1038 1039 1040



SPEC FEATURES/YARD ITEMS

Heat Type: 11 - RES WALL UNIT	NEHD Mod:	WV
# Head Sys: 2	LUC Factor: 1.00	
% Heated: 100	Aqf Total: 242907	
Solar HW: NO	Deprecation: 151817	Spe
% Com Vtal	% Sprinkled	
Make:	Model:	
MOBILE HOME		
Depreciated Total: 91090		

Table 1 Demographic characteristics of study population

Code	Description	A Y/S	Qty	Size/Dim	Qual	Con	Year	Unit Price
2	SHED/FR	D Y	1	12X12	D	AV	1950	0

PARCELID 01B/3/06

IMAGE



AssessPro Patriot Properties, Inc.

More in

Total Y and Items:

Total Special Features:

Total:

BK0105PG0001

LIMITED WARRANTY DEED

THIS LIMITED WARRANTY DEED is made this 5th day of June, 1992 between First Vermont Bank & Trust Company, a corporation existing under the laws of the State of Vermont, and having its principal place of business in Brattleboro, in the County of Windham and State of Vermont, hereinafter called the Grantor, and Thomas S. Bishop and Mabel E. Bishop, of Springfield, in the County of Windsor and State of Vermont, hereinafter called the Grantee, (wherever used herein the terms "Grantor" and "Grantee" include all the parties to this instrument and the successors and assigns of corporations).

WITNESSETH:

That the Grantor for and in consideration of the sum of Ten and More Dollars and Other Valuable Considerations, receipt whereof is hereby acknowledged, by these presents do GRANT, BARGAIN, SELL, REMISE, RELEASE, CONVEY AND CONFIRM to the said Grantee, all that certain land located in the Town of Springfield, County of Windsor and State of Vermont, described as follows, viz:

Being a portion of the lands and premises foreclosed by Grantor in a matter entitled "First Vermont Bank & Trust Company v. Hamilton Realty Trust, et. al.", Windham Superior Court Docket No. S402-91Wmc." A Certificate of Non-Redemption was made of record at Book 103, Page 515 of the Springfield Land Records on March 13, 1992. The land and premises hereby conveyed is more specifically described therein as follows:

BK0105PG0002

PARCEL A (3 Olney Road, a/k/a Creekside Apartments, North Springfield, Vermont);

Being all and the same land and premises conveyed to Hamilton Realty Trust by the Warranty Deed of Executive Plan VI dated July 28, 1987, and to be recorded in the Springfield Land Records, wherein said premises are more particularly described as follows:

"Being all and the same land and premises conveyed to Executive Plan VI by the Warranty Deed of Thomas S. Bishop and Mabel E. Bishop dated December 5, 1986, and recorded in Book 87 at Page 458 of the Springfield Land Records on December 8, 1986.

The above described premises are also conveyed subject to an easement and right of way given by Agnes E. Stevens, joined by the First National Bank of Springfield, to the Town of Springfield, which deed dated December 26, 1967 is recorded in Volume 61, Page 560 of the Springfield Land Records."

PARCEL B (56 Main Street, a/k/a North Village Apartments, North Springfield, Vermont);

Being all and the same land and premises conveyed to Hamilton Realty Trust by the Warranty Deed of Executive Plan VI dated July 28, 1987 and to be recorded in the Springfield Land Records wherein said premises are more particularly described as follows:

"Said premises may be described as commencing at a point in the southerly side of the highway, known as Main Street, in North Springfield Village, from which point a line extended southerly would pass easterly of, parallel with and 11 feet distant from the easterly foundation of the barn on the premises now owned by Gerald R. and Joan R. Johnson; thence southerly in a straight line which line passes easterly of, parallel with and 11 feet distant from the easterly foundation of the barn on the premises of said Johnsons to the North Springfield Brook; thence easterly along the North Springfield Brook to a point from which a line extended northerly would pass easterly of, parallel with and 17 feet distant from the easterly foundation of the dwelling house on the premises hereby conveyed; thence northerly in a straight line along the westerly boundary line of premises of Thomas G. Joyce, which line passes easterly of, parallel with and 17 feet distant from the easterly foundation of the dwelling house on the premises hereby conveyed to the southerly side of said highway; thence westerly along the southerly side of said highway to the place of beginning.

The premises hereby conveyed are conveyed subject to whatever rights, if any, the Town of Springfield or the State of Vermont may have to lay, maintain, repair and/or relay a tile, culvert or sluice below the surface of the ground extending from the southerly side of said highway to the North Springfield Brook and crossing the easterly side of the premises conveyed.

The premises hereby conveyed are conveyed subject to a right of way on and over a strip of land 14 feet in width which strip of land commences at the northwesterly corner of the premises hereby conveyed; thence extends southerly along the westerly boundary of the premises hereby conveyed, which line passes easterly of, parallel with and 11 feet distant from the easterly foundation of the main barn on the premises of said Johnsons a distance of approximately 60 feet to a point where a line drawn easterly from an extension of the line of the southerly foundation of the barn on said Johnson premises intersects with the westerly boundary line of the premises hereby conveyed; thence easterly in a straight line a distance of 14 feet; thence northerly in a straight line which line is easterly of, parallel with and 14 feet distant from the line first mentioned and described to the southerly side of said highway; thence westerly along said highway to the place of beginning. Said right of way is to be used as a common driveway or a pass way for persons, animals and vehicles by the owners of the premises hereby conveyed and the owners of said Johnson barn.

Said premises are subject to the easement right for a stub pole and anchor guy on the southerly side of Main Street in North Springfield conveyed to Central Vermont public Service Corporation and Continental Telephone Company of Vermont, Inc. by Thomas S. and Mabel E. Bishop by Easement Deed dated December 5, 1985, recorded in Book 85 at Page 468 of the Springfield Land Records."

The buildings and improvements upon such property, if any, are sold in an AS IS CONDITION, WITH ALL FAULTS, and Grantee, by acceptance of this deed, agrees to accept same in its present condition.

Current real estate taxes are to be prorated between the Grantor and Grantee as of the date of this deed.

TO HAVE AND TO HOLD the same in fee simple forever, AND, the Grantor hereby covenants with said Grantee that it is lawfully seized of said premises in fee simple; that it has

BK0105PG0004

good right and lawful authority to convey said premises; and that it will defend the same against lawful claims of all persons claiming by, through or under the said Grantor.

IN WITNESS WHEREOF, the Grantor has caused these presents to be executed in its name, and its corporate seal to be hereunto affixed, by its proper officer thereunto duly authorized, the day and year first above written.

FIRST VERMONT BANK & TRUST CO.

Mary Ann Molloy
Witness
Thomas S. [Signature]
Witness

By: [Signature]
ANDREW R. CAY, its Vice
President and duly
authorized agent

STATE OF VERMONT
WINDHAM COUNTY, SS.

At Brattleboro, this 5th day
of June, 1992.

ANDREW R. CAY, Vice President and duly authorized agent of First Vermont Bank & Trust Company, personally appeared, and he acknowledged this instrument, by him sealed and subscribed, to be his free act and deed and the free act and deed of First Vermont Bank & Trust Company.

Before me,

[Signature]
Notary Public
My commission expires 2/10/95.

VT PROPERTY TRANSFER TAX RECEIVED
Return No. 92-113 Date June 5, 1992
Bonnie B. Greer, Town Clerk, Springfield, VT

SPRINGFIELD, VT RECEIVED FOR RECORD
June 5, 1992 at 11:15 A.M.
Recorded In Vol. 105 Page 0001
Bonnie B. Greer, Town Clerk

