

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



New Hampshire Association of REALTORS® Standard Form

PROPERTY LOCATION: 3 Olney Road, Springfield VT. 05156

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

6. EXPENSE INFORMATION:

- a. Annual real estate taxes and year: \$3331.00
- b. Annual hazard insurance: \$2797.00
- c. Annual snow removal expense: Included in Repairs & Maintenance
- d. Annual lawn mowing, yard maintenance expense: Included in Repairs & Maintenance
- e. Annual fuel consumption paid by landlord: # Gallons, cu.ft: Cost: \$2179.00
- f. Annual electric costs paid by landlord: \$3597.00
- g. Annual trash removal expense: \$1290.00 (Casella)
- h. Annual water/sewer expenses paid by landlord: \$6071.00
- i. Other expenses: Repairs and Maintenance \$4083.00

7. ADDITIONAL INFORMATION:

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

Selling with 454 Giddings Street (3 units) as package for \$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.

[Signature] 9/9/25
SELLER DATE

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

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:** 3 Olney Road, Springfield VT. 05156
3. **GENERAL INFORMATION:**
 - a. Number of city/town approved units: 4
 - b. Number and type of appliances included in sale: 4 Stoves 4 Refrigerator
 - c. Number and location of washer / dryer hookups: 0
 - d. Number and type of electrical service entrances: 2
 - e. Number and type of heating systems (note ages): 1 FHW Oil
 - 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 Each Apartment 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	No	10 MO.		\$600.00	Yes	No	<input type="checkbox"/> H <input type="checkbox"/> HW <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> S	<input checked="" type="checkbox"/> H <input checked="" type="checkbox"/> HW <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/> S			<input checked="" type="checkbox"/> H <input checked="" type="checkbox"/> HW <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/> S			
2	No	20 YRS.		\$800.00	Yes	No	<input type="checkbox"/> H <input type="checkbox"/> HW <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> S	<input checked="" type="checkbox"/> H <input checked="" type="checkbox"/> HW <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/> S			<input checked="" type="checkbox"/> H <input checked="" type="checkbox"/> HW <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/> S			
3	No	3 YRS.		\$800.00	Yes	No	<input type="checkbox"/> H <input type="checkbox"/> HW <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> S	<input checked="" type="checkbox"/> H <input checked="" type="checkbox"/> HW <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/> S			<input checked="" type="checkbox"/> H <input checked="" type="checkbox"/> HW <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/> S			
4	No	2 MO.		\$800.00	Yes	\$200.00	<input type="checkbox"/> H <input type="checkbox"/> HW <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> S	<input checked="" type="checkbox"/> H <input checked="" type="checkbox"/> HW <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/> S			<input checked="" type="checkbox"/> H <input checked="" type="checkbox"/> HW <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/> S			
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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? _____

Comments:

Selling with 454 Giddings Street (3 Units) as a package \$410,000.00

SELLER(S) INITIALS TSB

BUYER(S) INITIALS _____



SELLER'S PROPERTY INFORMATION REPORT

TO BE COMPLETED BY SELLER



Date Prepared: _____

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

Physical Property Address: 3 Olney Road 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 earth stability 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 type="checkbox"/> YES	<input checked="" 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 checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input 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 TSB

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 checked="" type="checkbox"/> NO	<input 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 checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input 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 checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW

Further explanation of any of the above:

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 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 type="checkbox"/> Don't Know Primary Fuel Type: <input checked="" 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): _____ Primary Annual Fuel Usage: _____ Gallons (or other measure) Date Range: _____ Provider: _____ 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 type="checkbox"/> Propane Supplier <input type="checkbox"/> Association Property used: <input type="checkbox"/> Full Time <input type="checkbox"/> Seasonally <i>Electricity 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 type="checkbox"/> Hot Water Tank <input type="checkbox"/> Domestic/Off Boiler <input checked="" type="checkbox"/> On Demand <input type="checkbox"/> Heat Pump Water Heater Age of Hot Water System: _____ <input type="checkbox"/> Don't Know Fuel Type: <input checked="" 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: \$ _____ Date Range: _____ Electric utility provider: <u>GREEN MT POWER</u> 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

REB

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 type="checkbox"/> YES <input type="checkbox"/> NO If "Yes," current provider: <u>WAKOON</u> 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 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 type="checkbox"/> Smoke Detectors - How Many? _____</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 type="checkbox"/> NO 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. _____ 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," please explain: _____</p>
<p>If "yes," did you obtain all necessary permits and approvals for such work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input 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? <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

<u>ASB</u>			
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Purchaser's Initials

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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? FRONT 3 YRS + BACK UNKNOWN

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? 3 YRS FRONT SECTION

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: PUBLIC

Seller's Initials

ABZ ☐ ☐ ☐ ☐

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

JLB

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 checked="" type="checkbox"/> NO	<input 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 checked="" type="checkbox"/> NO	<input 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 checked="" 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 EB

Purchaser's Initials

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

TS			
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Buyer's Initials

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Purchaser has:

a. Received a 10-day opportunity (or mutually agreed upon period) to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards; or

b. Waived the opportunity to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards.

Agent's Acknowledgement (initial)



Agent has informed the Seller of the Seller's obligations under 42 U.S.C. 4852(d) and is aware of his/her responsibility to ensure compliance.


Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information respectively provided by each of them is true and accurate.

Seller:

 
(Signature) Date

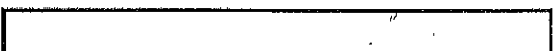
Purchaser:


(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: 3 Olney Road, Springfield, VT 05150

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 type="checkbox"/> Yes	<input checked="" 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 checked="" 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: [Signature] _____
(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)

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 Louise Nelson
Witness
Thomas S. [Signature]
Witness

By: Andrew R. Cay
ANDREW R. CAY, its Vice
President and duly
authorized agent

STATE OF VERMONT
WINDHAM COUNTY, SS.

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

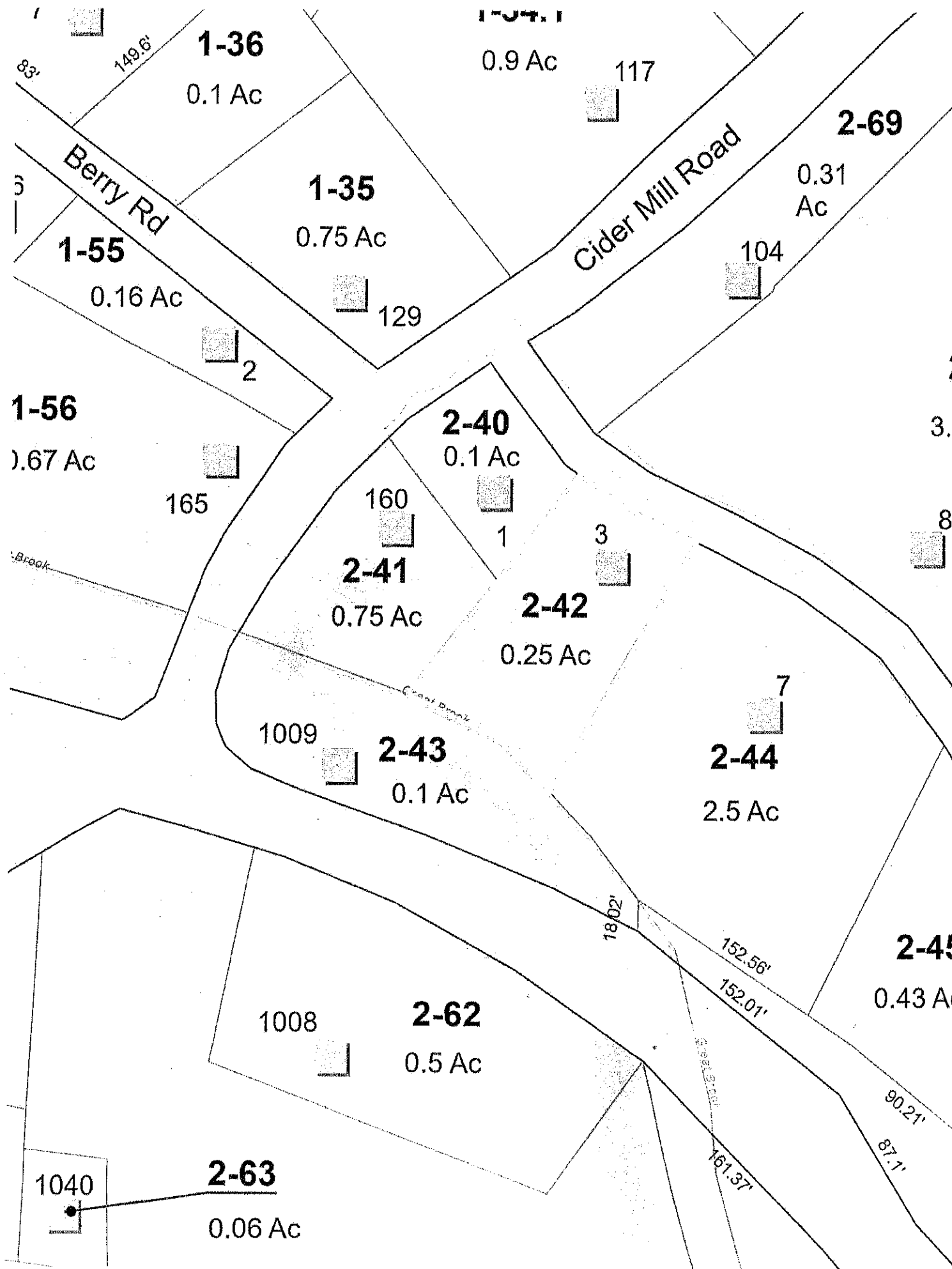
ANDREW R. CAY, Vice President and duly authorized agent of First Vermont Bank & Trust Company, personally appeared, and he acknowledged this instrument, by him sealed and subscribed, to be his free act and deed and the free act and deed of First Vermont Bank & Trust Company.

Before me,

Thomas S. [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



1-36

0.1 Ac

1-34.1

0.9 Ac

117

1-35

0.75 Ac

2-69

0.31
Ac

Berry Rd

1-55

0.16 Ac

Cider Mill Road

104

1-56

0.67 Ac

2-40

0.1 Ac

165

160

2-41

0.75 Ac

2-42

0.25 Ac

Brook

Great Brook

1009

2-43

0.1 Ac

2-44

2.5 Ac

2-45

0.43 Ac

2-62

0.5 Ac

1008

2-63

0.06 Ac

1040

7

8

3

3

1

18.02'

152.56'

152.01'

90.21'

87.7'

161.37'