

Commercial

PROPERTY DISCLOSURE

TO BE FULLY COMPLETED BY SELLER

The following answers and explanations are true and complete to the best of SELLER'S knowledge. This statement has been prepared to assist prospective BUYERS in evaluating SELLER'S property. This disclosure is not a warranty of any kind by the SELLER, or any real estate BROKER representing the SELLER, and is not a substitute for any inspection by the BUYER. SELLERS authorize BROKER in this transaction to disclose the information in this statement to other real estate agents and to prospective buyers of this property.

Notice to SELLER(S): Complete all information and state "not applicable" or "unknown" as appropriate. If any of the information in this property disclosure form changes from the date of completion, you are to notify the Listing Broker promptly in writing.

1. SELLER: Robert & Jeanne Currier
2. PROPERTY LOCATION: 8 Martin Rd Weare, NH 03281
3. BUILDING ON PROPERTY? Yes No
Is Property Disclosure - Land Only form attached? Yes No
4. CONDOMINIUM? Yes No
If Yes, is Condominium Notification form attached Yes No
If Yes, is Condominium Disclosure form attached? Yes No
5. SELLER: has has not occupied the property for last _____ years.
6. WATER SUPPLY
Please answer all questions regardless of type of water supply.
- a. TYPE OF SYSTEM: Public Private Seasonal Unknown
 Drilled Dug Other _____
- b. INSTALLATION: Location: Behind Right Rear Corner of Building
Installed By: Date of Installation _____
What is the source of your information? _____
- c. USE: Number of Persons currently using the system: _____
Does system supply water for more than one household? Yes No
- d. MALFUNCTIONS: Are you aware of or have you experienced any malfunctions with the (public/private/other) water systems?
Pump: Yes No N/A Quantity: Yes No
Quality: Yes No Unknown
If Yes to any question, please explain in Comments below or with attachment.
- e. WATER TEST: Have you had the water tested? Yes No
Date of most recent test _____
If Yes to any question, please explain in comment section below or with attachment.
Are you aware of any test results reported as unsatisfactory or satisfactory with notations?
 Yes No
If Yes, are test results available? Yes No
What steps were taken to remedy the problem?
COMMENTS: _____

7. SEWAGE DISPOSAL SYSTEM

- a. TYPE OF SYSTEM: Public: Yes No Private: Yes No
Community/Shared: Yes No Unknown: Yes No

b. IF PUBLIC OR COMMUNITY/SHARED:

Have you experienced any problems such as line or other malfunctions? Yes No

What steps were taken to remedy the problem? _____

c. IF PRIVATE:

TANK: Septic Tank Holding Tank Cesspool Unknown Other _____

Tank Size 1200 gallon Unknown Other _____

Tank Type: Concrete Metal Unknown Other _____

Location: Left front corner of building Location Unknown _____

Date of Installation: _____

Date of Last Servicing: _____

Name of Company Servicing Tank: _____

Have you experienced any malfunctions? Yes No

Comments: _____

d. LEACH FIELD: Yes No Other

If Yes: Location: ACROSS Driveway Size _____

Date of installation of leach field: _____ Installed By: _____

Have you experienced any malfunctions? Yes No

Comments: _____

e. IS SYSTEM LOCATED IN A SHORELAND ZONE? Yes No Unknown

If Yes, has a site assessment been done? Yes No Unknown

SOURCE OF INFORMATION: _____

COMMENTS: _____

8. INSULATION

LOCATION :	Yes	No	Unknown	If Yes, Type	Amount	Unknown
Roof/Attic/Cap	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Blown In</u>	<u>12 inches</u>	_____
Crawl Space	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Exterior Walls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Roll</u>	<u>6 inches</u>	_____
Floors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

9. HAZARDOUS MATERIAL

a. UNDERGROUND STORAGE TANKS - Current or previously existing:

Are you aware of any past or present underground storage tanks on your property? Yes No Unknown

IF Yes: Are tanks currently in use? Yes No

IF No: How long have tank(s) been out of service? _____

What materials are, or were, stored in the tank(s)? _____

Age of tank(s): _____ Size of tank(s): _____

Location: _____

Are you aware of any problems, such as leakage, etc.? Yes No

Comments: _____

If tanks are no longer in use, have tanks been removed? Yes No Unknown

If removed, by whom: _____; when: _____; and was there a closure report completed and on file with the State of New Hampshire? Yes No Unknown

b. ASBESTOS - Current or previously existing:
As insulation on the heating system pipes or ducts? Yes No Unknown
In the siding? Yes No Unknown
In flooring tiles? Yes No Unknown
If Yes, source of information? _____
COMMENTS: _____

c. RADON/AIR - Current or previously existing:
Has the property been tested? Yes No Unknown
If, YES: Date: _____ By: _____
Results: _____
If applicable, what remedial steps were taken? _____
Has the property been tested since remedial steps? Yes No
Are test results available? Yes No
Comments: _____

d. RADON/WATER - Current or previously existing:
Has the property been tested? Yes No Unknown
If, YES: Date: _____ By: _____
Results: _____
If applicable, what remedial steps were taken? _____
Has the property been tested since remedial steps? Yes No
Are test results available? Yes No
Comments: _____

e. LEAD-BASED PAINT - Current or previously existing:
Is Lead Paint Disclosure required? Yes No;
If yes, has the Lead Paint Disclosure & Informational Pamphlet been provided? Yes No
Are you aware of lead-based paint on this property? Yes No
If YES: Source of information: _____
Are you aware of any cracking, peeling, or flaking lead-based paint? Yes No
Comments: _____

f. Are you aware of the following hazardous materials?
- Industrial, Radioactive, or Chemical Wastes Yes No Unknown
- PCB's & PCB containing transformers, Capacitors or other Equipment Yes No Unknown
- Waste Disposal Areas Yes No Unknown
- Other Toxic, Hazardous or Contaminated Substances including present & past use of the property
 Yes No Unknown
If YES: Source of information: _____
Comments: _____

10. METHAMPHETAMINE PRODUCTION
To the best of Seller's knowledge, has methamphetamine production occurred on this property?
 Yes No Unknown
If yes, source of information: _____
Comments: _____

11. GENERAL INFORMATION

a. Is this property subject to liens, encroachments, easements, rights-of-way, leases, restrictive covenants, attachments, life estates, or right of first refusal? Yes No Unknown

If YES: Source of information: Driveway Access to house next door
Comments: _____

b. Is this property subject to special assessments, betterment fees, association fees, or any other transferable fees? Yes No Unknown

If YES: Source of information: _____
Comments: _____

c. Are you aware of any onsite landfills or any other factors, such as soil, flooding, drainage, etc? Yes No Unknown

If YES: Source of information: _____
Comments: _____

d. Are you aware of any problems with other buildings on the property? Yes No Unknown

If YES: Source of information: _____
Comments: _____

e. Are you receiving a tax exemption for this property for any reasons? Yes No Unknown

If YES: Source of information: _____
Comments: _____

f. Is any part of this property in Current Use? Yes No Unknown

If YES: Source of information: _____
Comments: _____

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

h. Has the property been surveyed? Yes No Unknown

If YES, By: _____
If YES, is survey available? Yes No Unknown

i. How is the property zoned? Commercial
Source of information: _____

j. Are you aware of any municipal variances, special enforcements or other municipal approvals for this property? Yes No

If yes, are copies of municipal notice of decision available? Yes No
Comments: _____

k. HVAC:

Heating: Type: Forced Hot Air Fuel Oil Age: 10
 Location & Description: Ceiling Mounted
 Comments: _____
 Source of Information: _____
 Air Conditioning: Type: No Fuel _____ Age: _____
 Location & Description: _____
 Comments: _____
 Source of Information: _____

l. ROOF

Type of Roof Covering: Metal
 Age: 12 years
 Moisture or Leakage: No
 Other Problems? _____
 Comments: _____

m. Foundation/Basement: Full Partial Concrete Slab Other

Type: Concrete
 Moisture or leakage: _____
 Other Problems: _____
 Comments: _____

n. Chimney(s) How Many? 1 Metal Lined? Last Cleaned: _____

Problems: _____

o. Plumbing Type: _____ Age: _____

Comments: _____

p. Domestic Hot Water: Age: 12 Type: Electric Gallons: 10

Comments: _____

q. Electrical System: Circuit Breakers Fuses

Amps: 200 Volts: 240
 3-Phase: No
 Age: 12
 Source of Information: _____
 Comments: _____

r. Modifications: Are you aware of any modifications or repairs made without the necessary permits?

Yes No Unknown

If Yes, please explain: _____

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

Type: _____
 Comments: _____

t. Methamphetamine Production: Do you have knowledge of methamphetamine production ever occurring on the property? (Per RSA 477:4-g) Yes No If Yes, please explain: _____

u. Other (e.g. Alarm System, Irrigation System, etc.) Alarm - ADT

12 ADDITIONAL INFORMATION

a. Attachment explaining current problems, past repairs, or additional information? Yes No

b. Additional Comments: _____

AS THE SELLER, I/WE HAVE PROVIDED THE INFORMATION CONTAINED IN THIS INFORMATION STATEMENT AND REPRESENT THAT ALL STATEMENTS AND INFORMATION ARE CORRECT. I/WE UNDERSTAND THAT INFORMATION CONTAINED IN THIS INFORMATION STATEMENT WILL BE COMMUNICATED TO PROSPECTIVE BUYERS. SELLER(S) MAY BE RESPONSIBLE AND LIABLE FOR ANY FAILURE TO PROVIDE KNOWN INFORMATION TO BUYER(S).

Robert C. ...
SELLER

5/14/23
DATE

Jeanne M. ...
SELLER

5/14/23
DATE

NOTICE TO PURCHASER(S): PRIOR TO CLOSING YOU SHOULD EXERCISE WHATEVER DUE DILIGENCE YOU DEEM NECESSARY WITH RESPECT TO THE PROPERTY AND ADJACENT PARCELS IN ACCORDANCE WITH THE TERMS AND CONDITIONS AS MAY BE CONTAINED IN PURCHASE AND SALES AGREEMENT AND DEPOSIT RECEIPT.

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

BUYER

DATE

BUYER

DATE

Listing Information Service, Maintenance & Utilities

Property Address: 8 Martin Rd, Weare, NH 03281

Associations: Homeowners (PUD) Condo Lake/Pond

Association Name: _____

Contact Person: _____ Phone: _____

Current Fee: \$ _____ Annual Monthly

What is included in the fee? _____

Do you have a copy of the Association Documents? _____

Taxes - Is the property in current use? No

Are there any special assessments/betterments currently? No

Please define: _____

Are there any active warranties on the home, systems, appliances, roof, etc.? No

Please define: _____

Are they transferable? _____

Do you have a current plot plan, septic plan or survey? No

School District(s): Weare / John Stark

Nearest Bus Stop(s)? End of Martin Rd

Standard Summertime Thermostat Setting: 68

Standard Wintertime Thermostat Setting: 72

Electric Company: Eversource Phone: _____

Average Monthly Bill in Summer? 244.00 Winter? 244.00

Local Telephone Company: Granite State Telephone Phone: _____

Cable/Satellite Company: _____ Phone: _____

Do they Provide Internet Service? Granite State Communications

Fuel Company: Dunbarton Fuel Phone: _____

Average Seasonal Costs? _____

Are there any fuel tanks on the property? No

Above or Below ground? _____ Size: _____

Septic Company: _____ Phone: _____

Well Service: _____ Phone: _____

Trash Service: Pinard Waste - Dumpster Phone: _____

Pick-Up Schedule/Information? Twice a month

Recycling Service: _____ Phone: _____

Pick-Up Schedule/Information? _____