

PROPERTY DISCLOSURE - RESIDENTIAL ONLY  
New Hampshire Association of REALTORS® Standard Form



TO BE COMPLETED BY SELLER

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

**NOTICE TO SELLER(S): COMPLETE ALL INFORMATION AND STATE NOT APPLICABLE OR UNKNOWN AS APPROPRIATE. IF ANY OF THE INFORMATION IN THIS PROPERTY DISCLOSURE FORM CHANGES FROM THE DATE OF COMPLETION, YOU ARE TO NOTIFY THE LISTING FIRM PROMPTLY IN WRITING.**

1. SELLER: Blue Oak Development LLC

2. PROPERTY LOCATION: 158 court, laconia, nh 03246

3. CONDOMINIUM, CO-OP, PUD DISCLOSURE RIDER OR MULTIFAMILY DISCLOSURE RIDER ATTACHED? \_\_\_ Yes \_\_\_ No

4. SELLER: \_\_\_ has  has not occupied the property for EVER years.

5. WATER SUPPLY

Please answer all questions regardless of type of water supply.

a. TYPE OF SYSTEM:  Public \_\_\_ Private \_\_\_ Seasonal \_\_\_ Unknown  
\_\_\_ Drilled \_\_\_ Dug \_\_\_ Other \_\_\_

b. INSTALLATION: Location: AT STREET  
Installed By: TOWN Date of Installation: \_\_\_  
What is the source of your information? \_\_\_

c. USE: Number of persons currently using the system: BOTH UNITS  
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 Comments 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: TOWN WATER. TOWN IS RESPONSIBLE FOR QUALITY AND TESTING

6. SEWAGE DISPOSAL SYSTEM

a. TYPE OF SYSTEM: Public:  Yes \_\_\_ No Community/Shared: \_\_\_ Yes  No  
Private: \_\_\_ Yes  No \_\_\_ Unknown  
Septic Design Available: \_\_\_ 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 \_\_\_ Gal. \_\_\_ Unknown \_\_\_ Other \_\_\_  
Tank Type \_\_\_ Concrete \_\_\_ Metal \_\_\_ Unknown \_\_\_ Other \_\_\_  
Location: \_\_\_ Location Unknown Date of Installation: N/A  
Date of Last Servicing: \_\_\_ Name of Company Servicing Tank: \_\_\_  
Have you experienced any malfunctions? \_\_\_ Yes \_\_\_ No  
Comments: \_\_\_~~

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BUYER(S) INITIALS \_\_\_

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**d. LEACH FIELD:**  Yes  No  Other \_\_\_\_\_  
 IF YES, Location: \_\_\_\_\_ Size: \_\_\_\_\_ Unknown  
 Date of installation of leach field: \_\_\_\_\_ Installed By: \_\_\_\_\_  
 Have you experienced any malfunctions?  Yes  No N/A  
 Comments: \_\_\_\_\_

**e. IS SYSTEM LOCATED ON "DEVELOPED WATERFRONT" as described in RSA 485-A?**  Yes  No  Unknown  
 IF YES, has a septic system evaluation been done within 180 days?  Yes  No  Unknown  
 Date of Evaluation: \_\_\_\_\_  
 Comments: \_\_\_\_\_

FOR ADDITIONAL INFORMATION THE BUYER IS ENCOURAGED TO CONTACT THE NH DEPARTMENT OF ENVIRONMENTAL SERVICES SUBSURFACE SYSTEMS BUREAU, 603-271-3501

**7. INSULATION**

LOCATION	Yes	No	Unknown	If YES, Type	Amount	Unknown
Attic or Cap	<u>Y</u>	—	—	_____	_____	<u>X</u>
Crawl Space	<u>Y</u>	—	—	_____	_____	<u>Y</u>
Exterior Walls	<u>Y</u>	—	—	_____	_____	<u>Y</u>
Floors	<u>Y</u>	—	—	_____	_____	<u>Y</u>
_____	—	—	—	_____	_____	—

**8. 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 past or present problems such as leakage, etc?  Yes  No  
 Comments: \_\_\_\_\_  
 If tanks are no longer in use, have the tanks been removed?  Yes  No  Unknown  
 Comments: \_\_\_\_\_

**b. ASBESTOS - Current or previously existing:**  
 As insulation on the heating system pipes or ducts?  Yes  No  Unknown  
 In the siding?  Yes  No  Unknown In the roofing shingles?  Yes  No  Unknown  
 In flooring tiles?  Yes  No  Unknown Other \_\_\_\_\_  Yes  No  Unknown  
 If YES, Source of information: HOUSE WAS LAST RENOVATED, NO SIGNS OF ASBESTOS  
 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: \_\_\_\_\_

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d. RADON/WATER - Current or previously existing:

Has the property been tested?  Yes  No  Unknown

If YES: Date: \_\_\_\_\_ By: \_\_\_\_\_

Results: \_\_\_\_\_ If applicable, what remedial steps were taken? \_\_\_\_\_

Has the property been tested since remedial steps?  Yes  No

Are test results available?  Yes  No Comments: \_\_\_\_\_

e. LEAD-BASED PAINT - Current or previously existing:

Are you aware of lead-based paint on this property?  Yes  No

If YES: Source of information: ENTIRE HOUSE REPAINTED, NO SIGNS OF LEAD

Are you aware of any cracking, peeling, or flaking lead-based paint?  Yes  No

Comments: \_\_\_\_\_

f. Are you aware of any other hazardous materials?  Yes  No

If YES: Source of information: \_\_\_\_\_

Comments: \_\_\_\_\_

9. GENERAL INFORMATION

a. Is this property subject to liens, encroachments, easements, rights-of-way, leases, restrictive covenants, attachments, life estates, or right of first refusal?

Yes  No  Unknown If YES, Explain: \_\_\_\_\_

What is your source of information? \_\_\_\_\_

b. Is this property subject to special assessments, betterment fees, association fees, or any other transferable fees?

Yes  No  Unknown If YES, Explain: \_\_\_\_\_

What is your source of information? \_\_\_\_\_

c. Are you aware of any onsite landfills or any other factors, such as soil, flooding, drainage, etc?

Yes  No If YES, Explain: \_\_\_\_\_

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

If YES, Explain: \_\_\_\_\_

e. Are you receiving a tax exemption or reduction for this property for any reason including but not limited to current use, land conservation, etc.?

YES  NO  UNKNOWN If YES, Explain: \_\_\_\_\_

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

Comments: \_\_\_\_\_

g. Has the property been surveyed?  Yes  No  Unknown If YES, By: \_\_\_\_\_

If YES, is survey available?  Yes  No  Unknown

h. How is the property zoned? \_\_\_\_\_

i. Heating System Age: 1 YEAR Type: RADIATORS Fuel: NG Tank Location: NATURAL GAS

Owner of Tank: \_\_\_\_\_

Annual Fuel Consumption: \_\_\_\_\_ Price: \_\_\_\_\_ Gallons: \_\_\_\_\_

Date system was last serviced and by whom? \_\_\_\_\_

Secondary Heat Systems: DOWN STAIRS UNIT HAS A HEAT PUMP

Comments: \_\_\_\_\_

j. Roof Age: 0 Type of Roof Covering: ASPHALT SECTIONS REPLACED 2025. MAJOR ROOF DAMAGE

Moisture or leakage: NO AGP

Comments: \_\_\_\_\_

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- k. Foundation/Basement:  Full  Partial  Other: \_\_\_\_\_ Type: FIELD STONE + MORTAR  
Moisture or leakage: NO  
Comments: \_\_\_\_\_
- l. Chimney(s) How Many? 1 Lined? NOT IN USE Last Cleaned: \_\_\_\_\_ Problems? \_\_\_\_\_  
Comments: \_\_\_\_\_
- m. Plumbing Type: PVC AND COPPER Age: 2 YEARS  
Comments: \_\_\_\_\_
- n. Domestic Hot Water: Age: 2 YEARS Type: NATURAL GAS Gallons: \_\_\_\_\_
- o. Electrical System: # of Amps 200 AMPS Circuit Breakers \_\_\_\_\_ Fuses \_\_\_\_\_  
Comments: ELECTRICAL SYSTEM FULLY UPDATED  
Solar Panels:  Leased  Owned If leased, explain terms of agreement: \_\_\_\_\_  
Comments: \_\_\_\_\_
- p. Modifications: Are you aware of any modifications or repairs made without the necessary permits?  Yes  No  
If Yes, please explain: \_\_\_\_\_
- q. Pest Infestation: Are you aware of any past or present pest infestations?  Yes  No Type: \_\_\_\_\_  
Comments: \_\_\_\_\_
- r. 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: \_\_\_\_\_
- s. Air Conditioning: Type: N/A Age: \_\_\_\_\_ Date Last Serviced and by whom: \_\_\_\_\_  
Comments: \_\_\_\_\_
- t. Pool: Age: N/A Heated:  Yes  No Type: \_\_\_\_\_ Last Date of Service: \_\_\_\_\_  
By Whom: \_\_\_\_\_
- u. Generator: Portable:  Yes  No Whole House:  Yes  No Kw/Size: \_\_\_\_\_ Last Date of Service: \_\_\_\_\_  
If Portable:  Included  Negotiable  
Comments: \_\_\_\_\_
- v. Internet: Type Currently Used at Property: FIBER OPTIC
- w. Other (e.g. Alarm System, Irrigation System, etc.) N/A  
Comments: \_\_\_\_\_

**NOTICE TO PURCHASER(S): PRIOR TO SETTLEMENT YOU SHOULD EXERCISE WHATEVER DUE DILIGENCE YOU DEEM NECESSARY WITH RESPECT TO ADJACENT PARCELS IN ACCORDANCE WITH THE TERMS AND CONDITIONS AS MAY BE CONTAINED IN PURCHASE AND SALES AGREEMENT AND DEPOSIT RECEIPT. YOU SHOULD EXERCISE WHATEVER DUE DILIGENCE YOU DEEM NECESSARY WITH RESPECT TO INFORMATION ON ANY SEXUAL OFFENDERS REGISTERED UNDER NH RSA CHAPTER 651-B. SUCH INFORMATION MAY BE OBTAINED BY CONTACTING THE LOCAL POLICE DEPARTMENT.**

SELLER(S) INITIALS \_\_\_\_\_ / \_\_\_\_\_

BUYER(S) INITIALS \_\_\_\_\_ / \_\_\_\_\_

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10. ADDITIONAL INFORMATION

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

   Yes    No

b. ADDITIONAL COMMENTS:

THE HOUSE WAS GUT RENOVATED BY THE PAST OWNER,  
WE COMPLETED THE REMAINING ITEMS WHICH INCLUDE EXTERIOR  
WOOD ROT REPAIRS, FULL EXTERIOR PAINT AND REPLACED OLD  
SECTIONS OF THE ROOF

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

[Signature]

SELLER Blue Oak Development LLC

11/03/2025  
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

SELLER(S) INITIALS

TN

BUYER(S) INITIALS

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



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1. SELLER: Blue Oak Development LLC
2. PROPERTY LOCATION: 158 court, laconia, nh 03246
3. GENERAL INFORMATION:
  - a. Number of city/town approved units: 2 UNITS
  - b. Number and type of appliances included in sale: ALL APPLIANCES
  - c. Number and location of washer / dryer hookups: \_\_\_\_\_
  - d. Number and type of electrical service entrances: THREE METERS
  - e. Number and type of heating systems (note ages): 2. BOTH SYSTEMS REPLACE IN 2023
  - 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 THROUGHOUT BOTH UNITS 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						
<u>1</u>	<u>Y</u>	<u>2+ YEARS</u>	<u>10/2026</u>	<u>\$2200</u>	<u>Y</u>	<u>NONE</u>	<input checked="" type="checkbox"/> H	<input checked="" type="checkbox"/> HW	<input type="checkbox"/> E	<input type="checkbox"/> W	<input type="checkbox"/> S	<input type="checkbox"/> H	<input type="checkbox"/> HW	<input type="checkbox"/> E	<input type="checkbox"/> W	<input type="checkbox"/> S
<u>2</u>	<u>Y</u>	<u>2+ YEARS</u>	<u>08/2026</u>	<u>\$2150</u>	<u>Y</u>	<u>NONE</u>	<input checked="" type="checkbox"/> H	<input checked="" type="checkbox"/> HW	<input type="checkbox"/> E	<input type="checkbox"/> W	<input type="checkbox"/> S	<input type="checkbox"/> H	<input type="checkbox"/> HW	<input type="checkbox"/> E	<input checked="" type="checkbox"/> W	<input 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? UPSTAIRS TENANT WAS LATE ON RENT, BUT HAS CAUGHT UP AND IS PAYING ON TIME

Comments: \_\_\_\_\_

SELLER(S) INITIALS TN BUYER(S) INITIALS \_\_\_\_\_

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

6. EXPENSE INFORMATION:

- a. Annual real estate taxes and year: \$3,706 2023
- b. Annual hazard insurance: \$2750
- c. Annual snow removal expense: TENANTS CLEAR SNOW
- d. Annual lawn mowing, yard maintenance expense: \$ 600
- e. Annual fuel consumption paid by landlord: # Gallons, cu.ft: 0 Cost: 0
- f. Annual electric costs paid by landlord: COMMON METER. \$35 / MONTH
- g. Annual trash removal expense: COVERED BY DWN
- h. Annual water/sewer expenses paid by landlord: \$ 800
- i. Other expenses: \_\_\_\_\_

7. ADDITIONAL INFORMATION:

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

WE CAN PROVIDE LEASES, UNIT ONE TENANT HAS USE OF BARN AS PART OF HIS LEASE

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[Signature] 11/03/2025  
SELLER Blue Oak Development LLC DATE SELLER DATE

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BUYER DATE BUYER DATE