

**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.**

**SELLER:** Yasha Joy Biron

**PROPERTY LOCATION:** 518 Province Road, Gilmanton, NH 03237

**CONDOMINIUM, CO-OP, PUD DISCLOSURE RIDER OR MULTIFAMILY DISCLOSURE RIDER ATTACHED?**  Yes  No

**SELLER:**  has  has not occupied the property for 2 1/2 years.

**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: Right side (parking lot side)  
 Installed By: By (N) Date of Installation: By (N)  
 What is the source of your information? (N)

c. USE: Number of persons currently using the system: 5  
 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: tenant council hrs  
 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: New water pump, water tank and Hot water Heater  
New water Filtration systems 2024

**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: left side (rd side)  Location Unknown. Date of Installation: 4-22-20

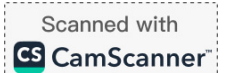
Date of Last Servicing: 4-22-20 Name of Company Servicing Tank: GOSSE

Have you experienced any malfunctions?  Yes  No

COMMENTS:

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d. LEACH FIELD:  Yes  No  Other \_\_\_\_\_  
 IF YES, Location: Left side (Rd side) Size: 1500  Unknown  
 Date of installation of leach field: DN Installed By: UN  
 Have you experienced any malfunctions?  Yes  No  
 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
	Crawl Space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
	Exterior Walls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
	Floors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>

**8. HAZARDOUS MATERIAL**

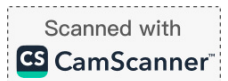
a. UNDERGROUND STORAGE TANKS - Current or previously existing:  
 Are you aware of any past or present underground storage tanks on your property?  Yes  No  Unknown  
 IF YES: Are tanks currently in use?  Yes  No  
 IF NO: How long have tank(s) been out of service? \_\_\_\_\_  
 What materials are, or 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: Removed by prev owner

b. ASBESTOS - Current or previously existing:  
 As insulation on the heating system pipes or ducts?  Yes  No  Unknown  
 In the siding?  Yes  No  Unknown In the roofing shingles?  Yes  No  Unknown  
 In flooring tiles?  Yes  No  Unknown Other \_\_\_\_\_  Yes  No  Unknown  
 If YES, Source of information: \_\_\_\_\_  
 Comments: Had abatement Remove all inside asbestos 2024

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: \_\_\_\_\_

SELLER(S) INITIALS YB, \_\_\_\_\_

BUYER(S) INITIALS \_\_\_\_\_, \_\_\_\_\_



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d. RADON/WATER - Current or previously existing:

Has the property been tested? [ ] Yes [ ] No [x] 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: UU

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

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

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

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

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

f. Are you aware of any other hazardous materials? [ ] Yes [x] 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 [x] 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 [x] 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 [x] No If YES, Explain: \_\_\_\_\_

d. Are you aware of any problems with other buildings on the property?

[ ] Yes [x] 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 [x] No [ ] Unknown If YES, Explain: \_\_\_\_\_

f. Is this property located in a Federally Designated Flood Hazard Zone?

[ ] Yes [x] No [ ] Unknown Comments: \_\_\_\_\_

g. Has the property been surveyed?

[x] Yes [ ] No [ ] Unknown If YES, By: By town

If YES, is survey available? [x] Yes [ ] No [ ] Unknown

h. How is the property zoned? Comme Residential

i. Heating System Age: UN Type: Buder Fuel: oil Tank Location: Basement

Owner of Tank: Borkling

Annual Fuel Consumption: UN Price: UN Gallons: UN

Date system was last serviced and by whom? State inspection 2021

Secondary Heat Systems: Electric & Pellet stoves

Comments: Comm. takes care of Buder and oil

j. Roof Age: 9m Type of Roof Covering: asphalt shingles

Moisture or leakage: Before replaced

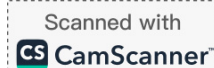
Comments: New roof

SELLER(S) INITIALS

UB, [ ]

BUYER(S) INITIALS

[ ] [ ]



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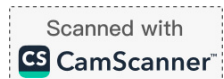
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- k. **Foundation/Basement**  Full  Partial  Other: \_\_\_\_\_  Type: \_\_\_\_\_  
 Moisture or leakage: UU  
 Comments: Part Finished for back apt.
- l. **Chimney(s)** How Many? 2 Lined? UU Last Cleaned: UU Problems? \_\_\_\_\_  
 Comments: Not in use
- m. **Plumbing** Type: apex Age: 2yr except back apt.  
 Comments: all new plumbing com. & secon floor apt.
- n. **Domestic Hot Water** Age: 1yr Type: \_\_\_\_\_ Gallons: \_\_\_\_\_
- o. **Electrical System** # of Amps 200  Circuit Breakers  Fuses  
 Comments: \_\_\_\_\_  
 Solar Panels:  Leased  Owned If leased, explain terms of agreement: \_\_\_\_\_  
 Comments: all new Electrical in comm. space & 2nd floor apt.
- 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: \_\_\_\_\_ Age: \_\_\_\_\_ Date Last Serviced and by whom: \_\_\_\_\_  
 Comments: \_\_\_\_\_
- t. **Pool** Age: \_\_\_\_\_ 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: \_\_\_\_\_
- w. **Other** (e.g. Alarm System, Irrigation System, etc.) None may in future  
 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.

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10. ADDITIONAL INFORMATION

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

Yes  No

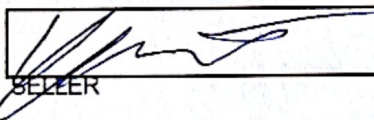
b. ADDITIONAL COMMENTS:

New Roof July 2025, New plumbing and ~~wiring~~ electric in Comm. space and second floor apt. New water pump, water tank and hot water heater. all new drywall and insalation in comm. space and second floor.

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.

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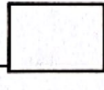
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SELLER DATE

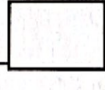
SELLER DATE

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