

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: CET Realty

2. PROPERTY LOCATION: 254 No BROADWAY

3. CONDOMINIUM? Yes No

If Yes, is Condominium Notification form attached Yes No

If Yes, is Condominium Disclosure form attached? Yes No

4. SELLER: has has not occupied the property for last 23 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: UNKNOWN

Installed By: Date of Installation

What is the source of your information?

c. USE: Number of Persons currently using the system: UNKNOWN
Does system supply water for more than one household? Yes No
occupant

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:

6. 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 _____ Unknown Other _____
 Tank Type: Concrete Metal Unknown Other _____
 Location: _____ 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: _____ 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: _____

7. INSULATION

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

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: Source of information: KESWICK GROUP PROP MGR
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: MONTHLY CONDO FEES
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? _____

Source of information: _____

j. HVAC:

Heating: Type: _____ Fuel PROPANE / Elec Age: _____

Location & Description: _____

Comments: _____

Source of Information: _____

Air Conditioning: Type: _____ Fuel _____ Age: _____

Location & Description: _____

Comments: _____

Source of Information: _____

k. ROOF

Type of Roof Covering: ASPHALT SHINGLE

Age: UNKNOWN

Moisture or Leakage: _____

Other Problems? _____

Comments: SOMETIMES THERE ARE ICE DAMS IN WINTER

l. Foundation/Basement: Full Partial Concrete Slab Other

Type: UNKNOWN

Moisture or leakage: UNKNOWN

Other Problems: _____

Comments: _____

m. Chimney(s) How Many? _____ Lined? Last Cleaned: _____

Problems: _____

n. Plumbing Type: UNKNOWN Age: _____

Comments: _____

o. Domestic Hot Water: Age: UNKNOWN Type: _____ Gallons: _____

Comments: _____

p. Electrical System: Circuit Breakers Fuses
Amps: _____ Volts: _____
3-Phase: UNKN
Age: _____
Source of information: _____
Comments: _____

q. Modifications: Are you aware of any modifications or repairs made without the necessary permits?
 Yes No Unknown
If Yes, please explain: _____

r. Pest Infestation: Are you aware of any past or present pest infestations? Yes No
Type: _____
Comments: _____

s. 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: _____

t. Other (e.g. Alarm System, Irrigation System, etc.) WHOLE BUILDING SPRINKLER SYSTEM

10 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).

Chad Brown 5-7-08
SELLER DATE

SELLER 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