

# 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: William A. and Winifred S. Matteson

2. PROPERTY LOCATION: 533 Wild Ammonoosuc Road, Bath, NH 03740

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 18 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: North west end of building  
Installed By: Date of Installation About 1985  
What is the source of your information? Age of building

c. USE: Number of Persons currently using the system: 2  
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: Water is tested to conform with fed and state regulations

## 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 1000 gallon  Unknown  Other \_\_\_\_\_  
 Tank Type:  Concrete  Metal  Unknown  Other \_\_\_\_\_  
 Location: East end gable \_\_\_\_\_ Location Unknown \_\_\_\_\_  
 Date of Installation: 1985 \_\_\_\_\_  
 Date of Last Servicing: September 2019 \_\_\_\_\_  
 Name of Company Servicing Tank: Schofield \_\_\_\_\_  
 Have you experienced any malfunctions?  Yes  No  
 Comments: \_\_\_\_\_

d. LEACH FIELD:  Yes  No  Other \_\_\_\_\_

If Yes: Location: East of septic tank \_\_\_\_\_ Size 20 x 35 \_\_\_\_\_  
 Date of installation of leach field: Unknown \_\_\_\_\_ 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <i>W/STYRO</i>	_____	_____	_____
Crawl Space	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <i>W/STYRO</i>	_____	_____	_____
Exterior Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <i>SPW</i>	_____	_____	_____
Floors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <i>W/STYRO</i>	_____	_____	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <i>SPW</i>	_____	_____	_____

8. HAZARDOUS MATERIAL

*5-13-20*

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? Removed in 2011  
 What materials are, or were, stored in the tank(s)? Gasoline  
 Age of tank(s): 25 years \_\_\_\_\_ Size of tank(s): 2) 6000 1) 4000  
 Location: North side parking area  
 Are you aware of any problems, such as leakage, etc.?  Yes  No  
 Comments: We have a no contaminates found letter from DES after tank removal

If tanks are no longer in use, have tanks been removed?  Yes  No  Unknown  
 If removed, by whom: Chief logging & excavation \_\_\_\_\_; when: 5/15/2011 \_\_\_\_\_; 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. RADONIWATER - 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: See deed  
Comments: Right of way for driveway for home next door

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: Harry Burgess

If YES, is survey available?  Yes  No  Unknown

i. How is the property zoned? Commercial Residential mixed use

Source of information: Town zoning/ Records

j. HVAC:

Heating: Type: FHA Fuel Propane Age: 4 years

Location & Description: Tank is 500 gallon buried north of building

Comments: Owned by Deadriver co.

Source of Information: \_\_\_\_\_

Air Conditioning: Type: Central air Fuel \_\_\_\_\_ Age: 4 years

Location & Description: Basement

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

Source of Information: \_\_\_\_\_

k. ROOF

Type of Roof Covering: Metal over asphalt

Age: 16 years

Moisture or Leakage: None

Other Problems? None

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

l. Foundation/Basement:  Full  Partial  Concrete Slab  Other \_\_\_\_\_

Type: Finished Apartment

Moisture or leakage: \_\_\_\_\_

Other Problems: \_\_\_\_\_

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

m. Chimney(s) How Many? 0  Lined?  Last Cleaned: \_\_\_\_\_

Problems: \_\_\_\_\_

n. Plumbing Type: Copper Age: \_\_\_\_\_

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

o. Domestic Hot Water: Age: 10 years Type: Propane Gallons: 40

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

p. Electrical System:  Circuit Breakers  Fuses

Amps: 200 Volts: 240

3-Phase: Yes

Age: \_\_\_\_\_

Source of Information: \_\_\_\_\_

Comments: Two panels in basement

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.) Security cameras

10 ADDITIONAL INFORMATION

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

*WSM  
WSD  
S-13-20*

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).

*William A. Matteson*  
SELLER \_\_\_\_\_ DATE \_\_\_\_\_

dotloop verified  
05/11/20 8:11 PM EDT  
2SV7-VB2N-Q65J-ZND5

*Winifred S. Matteson*  
SELLER \_\_\_\_\_ DATE \_\_\_\_\_

dotloop verified  
05/11/20 7:15 PM EDT  
PG15-4WQJ-RUNG-2585

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 \_\_\_\_\_

**Mandatory New Hampshire Disclosure & Notification Form  
Non-Residential**

Pursuant to RSA 477: 4-a, The SELLER hereby advises the BUYERS of the following:

**RADON GAS:** Radon gas, the product of decay of radioactive materials in rock may be found in some areas of New Hampshire. This gas may pass into a structure through the ground or through water from a deep well. Testing can establish its presence and equipment is available to remove it from the air or water.

**LEAD PAINT:** Before 1977, paint containing lead may have been used in structures. The presence of flaking lead paint can present a serious health hazard, especially to young children and pregnant women. Tests are available to determine whether lead is present.

PURSUANT TO RSA 477:4-c & d, The SELLER hereby provides the BUYER with information relating to the water and sewerage systems:

**WATER SUPPLY SYSTEM**

Type: Town Water  
Location: West end gable  
Malfunctions: None  
Date of Installation: \_\_\_\_\_  
Date of most recent water test: \_\_\_\_\_  
Problems with system: None  
Other known issues: \_\_\_\_\_

**SEWERAGE DISPOSAL SYSTEM**

Size of Tank: 1000 gallon  
Type: Concrete  
Location: East end gable  
Malfunctions: None  
Age of system: 1985  
Date most recently serviced: 09/10/2019  
Name of Contractor who services system: Schofield  
Other known issues None

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: \_\_\_\_\_

*William A. Matteson* dotloop verified  
05/11/20 8:11 PM EDT  
MK7M-3VWG-UWF8-X6JC  
SELLER \_\_\_\_\_ Date

*Winifred S. Matteson* dotloop verified  
05/11/20 7:15 PM EDT  
CGSY-LLYW-08GX-TZOQ  
SELLER \_\_\_\_\_ Date

The BUYER(S) hereby acknowledge receipt of a copy of this disclosure prior to the execution of the Purchase and Sale Agreement to which this is appended.

\_\_\_\_\_  
BUYER \_\_\_\_\_ Date

\_\_\_\_\_  
BUYER \_\_\_\_\_ Date