

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:** Flora Jane Spriggs and Eric M Spriggs

2. **PROPERTY LOCATION:** 3 Glen Ct, Amherst, NH 03031

3. **CONDOMINIUM, CO-OP, PUD DISCLOSURE RIDER OR MULTIFAMILY DISCLOSURE RIDER ATTACHED?** ☒ Yes ☐ No

4. **SELLER:** ☒ has ☐ has not occupied the property for 6 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: _____
 Installed By: _____ Date of Installation: _____
 What is the source of your information? _____

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 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: _____

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
 Tank Size 1500 Gal. ☐ Unknown ☐ Other _____
 Tank Type ☒ Concrete ☐ Metal ☐ Unknown ☐ Other _____
 Location: Front Yard ☐ Location Unknown Date of Installation: Unknown
 Date of Last Servicing: 9/19/2023 Name of Company Servicing Tank: Souhegan Septic Tank Service
 Have you experienced any malfunctions? ☐ Yes ☒ No
 Comments: _____

SELLER(S) INITIALS

FS / EMS
09/02/25 09/02/25

BUYER(S) INITIALS

_____/_____
09/02/25 09/02/25

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d. LEACH FIELD: ☒ Yes ☐ No ☐ Other _____
 IF YES, Location: Unknown Size: _____ ☐ Unknown
 Date of installation of leach field: Unknown Installed By: Unknown
 Have you experienced any malfunctions? ☐ Yes ☒ No
 Comments: Maintained by HOA

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	<u>LOCATION</u>	<u>Yes</u>	<u>No</u>	<u>Unknown</u>	<u>If YES, Type</u>	<u>Amount</u>	<u>Unknown</u>
	Attic or Cap	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loose fill	Unknown	<input type="checkbox"/>
	Crawl Space	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
	Exterior Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
	Floors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
		<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)? Propane
 Age of tank(s): Unknown Size of tank(s): 500 Gallon
 Location: Right side of the house
 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: _____
 Comments: _____

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

SELLER(S) INITIALS

FSB / ENC
09/02/25 5:03 PM EDT 09/02/25 11:58 AM EDT

BUYER(S) INITIALS

____ / _____

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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: _____

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: Monthly Condo fee

What is your source of information? Foxfire Property Management

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? Unknown

i. Heating System Age: 5 **Type:** Gas **Fuel:** Propane **Tank Location:** Right side of house

Owner of Tank: Amerigas

Annual Fuel Consumption: _____ Price: \$2.23 per gallon Gallons: 1500

Date system was last serviced and by whom? 1/7/2025 Sanford Temperature Control

Secondary Heat Systems: _____

Comments: _____

j. Roof Age: 20 **Type of Roof Covering:** Shingles

Moisture or leakage: No

Comments: _____

SELLER(S) INITIALS

TS / ES

BUYER(S) INITIALS

____ / _____

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k. Foundation/Basement: ☒ Full ☐ Partial ☐ Other: _____ ☐ Type: Walkout/Partially Finished
 Moisture or leakage No
 Comments: _____

l. Chimney(s) How Many? 1 Lined? Unknown Last Cleaned: Unknown Problems? No
 Comments: _____

m. Plumbing Type: Unknown Age: Unknown
 Comments: _____

n. Domestic Hot Water: Age: 1 Month Type: Propane Gallons: 50

o. Electrical System: # of Amps Unknown ☒ Circuit Breakers ☐ Fuses
 Comments: _____
 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: Electric Age: Unknown Date Last Serviced and by whom: 8/7/2025 Sanford Temperature
 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: 12/6/24
 If Portable: ☐ Included ☐ Negotiable
 Comments: Chamberlain Electric

v. Internet: Type Currently Used at Property: Comcast

w. Other (e.g. Alarm System, Irrigation System, etc.) Irrigation system which is maintained by HOA
 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:

Toilet supply line leaked in basement. Replaced all floor with luxury vinyl plank and replaced the bathroom vanity/sink.

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).

Flora Jane Spriggs
dotloop verified
09/02/25 5:03 PM EDT
7VJF-3TDC-U8PN-51RW
SELLER DATE

Eric M Spriggs
dotloop verified
09/02/25 11:58 AM EDT
95G4-OEYH-8RGB-DCVY
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

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