PROPERTY DISCLOSURE - RESIDENTIAL ONLY

New Hampshire Association of REALTORS® Standard Form

NEW HAMPSHIRE REALTORS

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:** The Jackson Woods Grantor Protection Trust
2. **PROPERTY LOCATION:** 1539 Province Rd, Strafford, NH 03884
3. **CONDOMINIUM, CO-OP, PUD DISCLOSURE RIDER OR MULTIFAMILY DISCLOSURE RIDER ATTACHED?** ___Yes X No
4. **SELLER:** X has ___has not occupied the property for 3 years.
5. **WATER SUPPLY**

   Please answer all questions regardless of type of water supply.

   a. TYPE OF SYSTEM: ___Public X Private ___Seasonal ___Unknown
   X Drilled ___Dug ___Other _____

   b. INSTALLATION: Location: RIGHT OF DRIVEWAY, END OF TURN AROUND
   Installed By: JAMES GRAY WATER WELLS INC Date of Installation: 9/21/06
   What is the source of your information? PRIOR DISCLOSURE

   c. USE: Number of persons currently using the system: 2
   Does system supply water for more than one household? ___Yes X No

   d. MALFUNCTIONS: Are you aware of or have you experienced any malfunctions with the (public/private/other) water systems?
   Pump: ___Yes X No ___N/A Quantity: ___Yes X No
   Quality: ___Yes X No ___Unknown
   If YES to any question, please explain in Comments below or with attachment.

   e. WATER TEST: Have you had the water tested? X Yes ___No Date of most recent test 9/30/2023
   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 X No
   IF YES, are test results available? ___Yes X No
   What steps were taken to remedy the problem?
   COMMENTS: COMPLETED BY NELSON ANALYTICAL LAB

6. **SEWAGE DISPOSAL SYSTEM**

   a. TYPE OF SYSTEM: Public: ___Yes ___No Community/Shared: ___Yes ___No
   Private: X Yes ___No ___Unknown
   Septic Design Available: X Yes ___No

   b. IF PUBLIC OR COMMUNITY/SHARED
   Have you experienced any problems such as line or other malfunctions? ___Yes X No N/A
   What steps were taken to remedy the problem?

   c. IF PRIVATE:
   TANK: X Septic Tank ___Holding Tank ___Cesspool ___Unknown ___Other
   Tank Size 1250 Gal. ___Unknown ___Other
   Tank Type X Concrete ___Metal ___Unknown ___Other
   Location: FRONT OF MASTER BATH ___Location Unknown. Date of Installation: 8/9/2006
   Date of Last Servicing: 3/25/26 Name of Company Servicing Tank: HUNTS SEPTIC
   Have you experienced any malfunctions? ___Yes X No
   COMMENTS:

SELLER(S) INITIALS RCD / BSJ BUYER(S) INITIALS _____

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d. LEACH FIELD: X Yes ___No ___Other ___
IF YES, Location: FRONT OF HOUSE TO RIGHT OF MB Size: 800 sqft ___Unknown
Date of installation of leach field: 9/9/2006 Installed By: ___
Have you experienced any malfunctions? ___Yes X No
Comments: ___

e. IS SYSTEM LOCATED ON "DEVELOPED WATERFRONT" as described in RSA 485-A? ___Yes X 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	X			R30	ALL	
Crawl Space		X				
Exterior Walls	X			R19	ALL	
Floors	X			R30	COLD AREAS	

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 X 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 X No ___Unknown
In the siding? ___Yes X No ___Unknown In the roofing shingles? ___Yes X No ___Unknown
In flooring tiles? ___Yes X No ___Unknown Other ___ ___Yes ___No ___Unknown
If YES, Source of information: ___
Comments: ___

c. RADON/AIR - **Current or previously existing:**
Has the property been tested? X Yes ___No ___Unknown
If YES: Date: 10/2006 By: UNKNOWN
Results: NEGATIVE If applicable, what remedial steps were taken? ___
Has the property been tested since remedial steps? ___Yes ___No
Are test results available? ___Yes X No
Comments: ___

SELLER(S) INITIALS VCP / BD BUYER(S) INITIALS ___

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d. RADON/WATER - **Current or previously existing:**
Has the property been tested? X Yes __No __Unknown
If YES: Date: 1/2017 By: NH DIV. OF PUBLIC HEALTH SERV.
Results: ACCEPTABLE If applicable, what remedial steps were taken? _____
Has the property been tested since remedial steps? __Yes __No
Are test results available? X Yes __No Comments: _____

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 __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: RICHARD TURNER, DAVID BERRY
If YES, is survey available? X Yes __No __Unknown

h. How is the property zoned? RESIDENTIAL, AGRICULTURAL

i. **Heating System** Age: 3 YRS Type: HYDRONIC Fuel: PROPANE Tank Location: LEFT OF GARAGE
Owner of Tank: EASTERN PROPANE
Annual Fuel Consumption: 1100/YR Price: 3.49 Gallons: 1400
Date system was last serviced and by whom? 9/2026
Secondary Heat Systems: FARM WOOD BOILER USED VERY LITTLE
Comments: THIRD - GLENWOOD COOK STOVE (WOOD) OFFERS ADDITION SOURCE OF HEAT

j. **Roof** Age: 20 YRS Type of Roof Covering: ASPHALT
Moisture or leakage: NONE
Comments: _____

SELLER(S) INITIALS RCD BD BUYER(S) INITIALS _____

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k. **Foundation/Basement** X Full __Partial __Other: _____ __Type: 8 INCH POURED CONCRETE
Moisture or leakage: NONE
Comments: _____

l. **Chimney(s)** How Many? 3 FLUES Lined? 2 STEEL 1 CLAY Last Cleaned: 4/2026 Problems? NO
Comments: CHESTNUT HILL CHIMNEY SERVICE

m. **Plumbing** Type: COPPER Age: 20 YRS
Comments: _____

n. **Domestic Hot Water** Age: 2017 Type: HEAT SINK Gallons: 620

o. **Electrical System** # of Amps 200 X 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 X No
If Yes, please explain: _____

q. **Pest Infestation:** Are you aware of any past or present pest infestations? __Yes X No Type: _____
Comments: _____

r. **Methamphetamine Production** Do you have knowledge of methamphetamine production ever occurring on the property? (Per RSA 477:4-g) __Yes X No If YES, please explain: _____

s. **Air Conditioning** Type: WINDOW A/C Age: 9/3 Date Last Serviced and by whom: N/A
Comments: _____

t. **Pool** Age: 19 YRS Heated: __Yes X No Type: INGROUND VINYL Last Date of Service: 5/2026
By Whom: NORTHERN POOL & SPA

u. **Generator** Portable: __Yes __No Whole House: X Yes __No Kw/Size: 18 Last Date of Service: 4/2026
If Portable: __Included __Negotiable
Comments: _____

v. **Internet** Type Currently Used at Property: BREEZELINE

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 RD , BD 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:

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).

SELLER _____ 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 RD , BD **BUYER(S) INITIALS** _____ / _____

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