# 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:** Maureen Power, Thomas A Power
2. **PROPERTY LOCATION:** 97 Upper Mile Point Drive, Meredith , NH 03253
3. **CONDOMINIUM, CO-OP, PUD DISCLOSURE RIDER OR MULTIFAMILY DISCLOSURE RIDER ATTACHED?** X Yes ___No
4. **SELLER:** X has ___has not occupied the property for 4 years.
5. **WATER SUPPLY**

Please answer all questions regardless of type of water supply.

**a.** TYPE OF SYSTEM: X 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: _____
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: X 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: _____ ___Location Unknown. Date of Installation: _____
Date of Last Servicing: _____ Name of Company Servicing Tank: _____
Have you experienced any malfunctions? ___Yes ___ No
COMMENTS: _____



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**d.** LEACH FIELD: ___Yes ___No ___Other _____

IF YES, Location: _____ Size: _____ ___Unknown

Date of installation of leach field: _____ Installed By: _____

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 | X | | | | | |
| Crawl Space | | X | | | | |
| Exterior Walls | X | | | | | |
| Floors | X | | | | | |
| | | | | | | |

**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? X Yes ___No ___Unknown
IF YES: Are tanks currently in use? X 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): 10 Size of tank(s): 500 gallons DS: MP Initial: TAP
Location: _____
Are you aware of any past or present problems such as leakage, etc? ___Yes X 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? ___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: _____



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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 _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?
_x_Yes ___No ___Unknown If YES, Explain: _____
What is your source of information? Mortgage,association covenants

**b.** Is this property subject to special assessments, betterment fees, association fees, or any other transferable fees?
_x_Yes ___No ___Unknown If YES, Explain: HOA fees annually $2900, Dock fees $3500
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: Unknown
If YES, is survey available? ___Yes ___No _x_Unknown

**h.** How is the property zoned? Zone S

**i.** **Heating System** Age: 10 yearsType: Forced hot air Fuel: Propane Tank Location: Near shed
Owner of Tank: Stafford Oil
Annual Fuel Consumption: _____ Price: _____ Gallons: 500
Date system was last serviced and by whom? Stafford 1/2025
Secondary Heat Systems: Fireplace
Comments: _____

**j.** **Roof** Age: 10 Type of Roof Covering: Shingle
Moisture or leakage: No
Comments: _____

DS MP Initial TMP

**SELLER(S) INITIALS** MP / TMP **BUYER(S) INITIALS** _____ / _____

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**k. Foundation/Basement** X Full ___Partial ___Other: _____ ___Type: Walkout
Moisture or leakage: _____
Comments: _____

**l. Chimney(s)** How Many? _____ Lined? _____ Last Cleaned: _____ Problems? _____
Comments: _____

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

**n. Domestic Hot Water** Age: _____ Type: Rinnai Gallons: _____

**o. Electrical System** # of Amps 200 ___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: No

**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: Central air Age: _____ Date Last Serviced and by whom: _____
Comments: _____

**t. Pool** Age:_____ Heated: ___Yes X No Type:_____Last Date of Service: _____
By Whom: _____

**u. Generator** Portable: ___Yes X No Whole House: X Yes ___No Kw/Size: _____ Last Date of Service: _____
If Portable: ___Included ___Negotiable
Comments: _____

**v. Internet** Type Currently Used at Property: Cable Breezeline

**w. Other** (e.g. Alarm System, Irrigation System, etc.) 9 zone irrigation system
Comments: Gilford Well services

**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 DS MP / Initial TAP BUYER(S) INITIALS _____ / _____

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**10. ADDITIONAL INFORMATION**

**a.** ATTACHMENT EXPLAINING CURRENT PROBLEMS, PAST REPAIRS, OR ADDITIONAL INFORMATION?
x Yes ___No

**b.** ADDITIONAL COMMENTS:

1. See Addendum related to dock
B. California closets installed in 2023
Outdoor kitchen and bar installed 2024

**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).**

DocuSigned by: Maureen Power — 11/8/2026
SELLER **Maureen Power** DATE

Signed by: Thomas A Power — 11/8/2026
SELLER **Thomas A Power** 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** DS: MP / Initial: TAP **BUYER(S) INITIALS** ___ / ___

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