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: Michael A Fedder and Deborah P Fedder | | | | | | |
|--|---|---|--|--|--|--|
| 2. | | OPERTY LOCATION: 35 Church Rd, Bedford, NH 03110 NDOMINIUM, CO-OP, PUD DISCLOSURE RIDER OR MULTIFAMILY DISCLOSURE RIDER ATTACHED? 🔲 Yes 📝 | | | | |
| 3. CONDOMINIUM, CO-OP, PUD DISCLOSURE RIDER OR MULTIFAMILY DISCLOSURE RIDER ATTACHED | | | | | | |
| 4. 5. | | LLER: ☑ has has not occupied the property for _4years. ▲ TER SUPPLY | | | | |
| | | ase answer all questions regardless of type of water supply. | | | | |
| | | TYPE OF SYSTEM: D Public D Private Seasonal D Unknown | | | | |
| $\square \text{ Declassing} \square \text{ Other}$ | | | | | | |
| | b. INSTALLATION: Location: Front yard toward West side of House - New pump and interior equipment - 2018 by Smith Pump | | | | | |
| Installed By: Original Well: Unknown Date of Installation: Original Well: unknown | | | | | | |
| | | What is the source of your information? Homeowner | | | | |
| | 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/ systems? | | | | | | |
| | | Pump: 🔲 Yes 🔽 No 🔛 N/A 🦳 Quantity: 🗖 Yes 💆 No | | | | |
| Quality: \square Yes \square No \square Unknown | | | | | | |
| | | If YES to any question, please explain in Comments below or with attachment. | | | | |
| | е. | WATER TEST: Have you had the water tested? Yes No Date of most recent test 1/3/2017 | | | | |
| | | 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? Description of the problem of the problem? | | | | |
| | | Secondwind Water Systems, Inc. installed a new whole house filtration system including Reverse Osmosis filtration for kitchen water/ice. | | | | |
| | | COMMENTS: | | | | |
| | | | | | | |
| 6. | <u>SE</u> | WAGE DISPOSAL SYSTEM | | | | |
| | a. | TYPE OF SYSTEM: Public: Yes Z No Community/Shared: Yes Z 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 1600/500 Gal. Unknown Other Other Tank Type Concrete Metal Unknown Other | | | | |
| | | | | | | |
| | | | | | | |
| | | Date of Last Servicing: 2019 Name of Company Servicing Tank: St Onge Septic Have you experienced any malfunctions? □ Yes ✓ No | | | | |
| | | Comments: | | | | |
| | Ь | | | | | |
| | a | IF YES, Location: Rear of House - Behind Attached Garage Size 1 200 sq ft Unknown | | | | |
| | | IF YES, Location: Rear of House - Behind Attached Garage Size 1,200 sq ft Unknown Date of installation of leach field: 2018 Size 1,200 sq ft Unknown Have you experienced any malfunctions of leach field: 2018 Size 1,200 sq ft Size 1,200 sq ft | | | | |
| | | Have you experienced any malfunctions? \square Yes \square No | | | | |
| | | Comments: | | | | |
| | | | | | | |
| | | R(S) INITIALS / / / | | | | |
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PROPERTY LOCATION: 35 Church Rd, Bedford, NH 03110

| | e. | IS SYSTEM LOCATED ON "DEVELOPED WATERFRONT" as described in RSA 485-A? Yes No Unknown IF YES, has a site assessment been done? Yes No Unknown Source of Information: Comments: | | | | | | | | | | |
|----|-----------------|---|---|--------------------------|-------------------------------|------------------------------------|---|--------------------------------|---------------|-------------|----------|-----|
| | | | NAL INFORMATION TAL SERVICES SUB | | | | | CONTAG | CT THE | NH DE | EPARTMEN | ΓOF |
| 7. | INS | ULATION | LOCATION Attic or Cap Crawl Space Exterior Walls Floors | Yes ☑ ☑ ☑ ☑ | | Unknown | If YES, Ty Spray Foam Spray Foam, Foam, Cellui Rockwool | , FG <u>6", 5</u> <u>4"</u> | igid, 6" Cell | lulose | Unknown | |
| 8. | <u>НА</u> а. | ZARDOUS MATERIAL UNDERGROUND STORAGE TANKS - Current or previously existing: | | | | | | | | | | |
| | | Are you aware of IF YES: Are tan IF NO: How long | of any past or present ks currently in use? g have tank(s) been o | underg ע out of se | round sto]Yes [rvice? | rage tanks o | - | erty? | Yes 🛛 | <u>∏</u> No | | wn |
| | | Age of tank(s): | are, or were, stored in | | | opane <(s): 1,000 gal | 1 | | | | | |
| | | • • • - | | 3 | | ((5). <u>1,000 gal</u> | lons | | | | | |
| | | Location: Left of detached garage Are you aware of any past or present problems such as leakage, etc? Yes V No Comments: | | | | | | | | | | |
| | | | | | | | | | | | | |
| | b. | If tanks are no longer in use, have the tanks been removed? 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: | Current or previously | ovictin | | | | | | | | |
| | C. | Has the propert | | | - | | 'n | | | | | |
| | | If YES: Date: 1/ | - | | | _ | analytical Lab | | | | | |
| | | Results: 3.2 pCi/l | -1 - | lf | applicable | e, what reme | | | ? | | | |
| | | | y been tested since re | | | | | | | | | |
| | | | available? Yes | | - | | - | | | | | |
| | d. | RADON/WATE | R - Current or previo | ously ex | isting: | | | | | | | |
| | | Has the propert | y been tested? | Yes 🔲 | No 🗖 | Unknown | | | | | | |
| | | If YES: Date: 1/ | | | | | Analytical Lab | | | | | |
| | | Results: 740 pCi/l | | | | e, what reme | - | ere taken' | ? | | | |
| | | Has the property been tested since remedial steps? ☐ Yes ☐ No Are test results available? ☐ Yes ☐ No Comments: | | | | | | | | | | |
| | _ | Are test results | | | | | | | | | | |
| | e. | LEAD-BASED PAINT - Current or previously existing: Are you aware of lead-based paint on this property? Yes No | | | | | | | | | | |
| | | If YES: Source | - | runs pro | perty | 🗌 Yes 🛛 | | | | | | |
| | | | of any cracking, peelir | na. or fla | king lead | -based paint | ? □Ye | s ⊠No | | | | |
| | | Comments: | | | | | | - 11,10 | | | | |
| | | | MAZ CI CI ZI | | | | | | | | -13 | |
| SI | ELLE | R(S) INITIALS | 5/29/21 / 65/29/21 | | | | | BUYER(S | 6) INITIALS | | | |

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| PR | OPE | RTY LOCATION: 35 Church Rd, Bedford, NH 03110 | | | | | |
|---|---|--|--|--|--|--|--|
| | f. Are you aware of any other hazardous materials? □ Yes ☑ No | | | | | | |
| | | If YES: Source of information: | | | | | |
| | | Comments: | | | | | |
| | | | | | | | |
| 9. | | NERAL INFORMATION | | | | | |
| | а. | 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: | | | | | |
| | | 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 ☑ No If YES, Explain: | | | | | |
| | | Are you aware of any problems with other buildings on the property? Yes Z No If YES, Explain | | | | | |
| | е. | Are you receiving a tax exemption or reduction for this property for any reason including but not limited to current use, land | | | | | |
| | | conservation, etc.? If YES NO UNKNOWN If YES, Explain: Bedford Solar Energy Systems | | | | | |
| | | Exemption (RSA 72:62) Is any part of this property in Current Use? Yes No Unknown If YES, Explain: Primary Residence | | | | | |
| | f. | Is this property located in a Federally Designated Flood Zone? \Box Yes \Box Yos \Box Unknown | | | | | |
| | g. h. | Has the property been surveyed? Ves No Unknown If YES, By: T. F. Bernier, Inc., Concord, NH | | | | | |
| | | If YES, is survey available? Yes No Unknown | | | | | |
| | i. | How is the property zoned? Residential | | | | | |
| | j. | Heating System Age: 2 years Type:Air to Air Heat Exchanger Fuel: Electric Tank/Location: | | | | | |
| | 1. | Owner of Tank: | | | | | |
| | | Annual Fuel Consumption:Unknown Price:Unknown Gallons: | | | | | |
| | | Date system was last serviced and by whom? 5/4/2021 - SAM Mechanical | | | | | |
| | | Solar Panels: □ Leased ☑ Owned If leased, explain terms of agreement: | | | | | |
| | | Comments: 13 kW production | | | | | |
| | k. | Roof Age: 2 years Type of Roof Covering: Standing Seam Metal | | | | | |
| | | Moisture or leakage: None | | | | | |
| | | Comments: | | | | | |
| | I. | Foundation/Basement: Pull Partial Other: Type: Poured Concrete | | | | | |
| | | Moisture or leakage: None | | | | | |
| | | Comments: | | | | | |
| | | Chimney(s) How Many? 1 Lined? Yes Last Cleaned: 4/26/2021 Problems? None | | | | | |
| | n. | Plumbing Type: Pex & copper Age: 2 years | | | | | |
| | | Comments: | | | | | |
| | 0. | Domestic Hot Water: Age: Air to air heat exchanger Type: Electric - Sanden Gallons: 83 Gallons | | | | | |
| | р. | Electrical System Amps: 400 Amps | | | | | |
| | ~ | Comments: Main home: (2) 200-Amp Panels; Sub-Panel in 3rd Floor Attic; Attached Garage: 200-Amp panel; Detached Garage: 80-Amp panel Modifications: Are you aware of any modifications or repairs made without the necessary permits? | | | | | |
| | q. | 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? | | | | | |
| | 0. | (Per RSA 477:4-g) ☐ Yes Ø No If YES, please explain: | | | | | |
| | t. | Other (e.g. Alarm System, Irrigation System, etc.) Wired Alarm including Fire/CO2, Irrigation | | | | | |
| | | | | | | | |
| | | | | | | | |
| Map DIFF SELLER(S) INITIALS 05/29/21 I 05/29/21 | | | | | | | |
| | | | | | | | |
| | | Page 3 of 4 | | | | | |

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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.

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).

| Michael U | (Fedder |
|-----------|---------|
| | , |

dotloop verified 05/29/21 10:43 AM ED1 IY5Q-DXEP-J74D-NSWY

Deborah PFedder

dotloop verified 05/29/21 10:44 AM EDT DSPZ-WKKX-DGHD-92AI

SELLER

DATE

*Deborah P Fed*i SELLER

DATE

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| BUYER | DATE | BUYER | DATE | | | | |
|---|------|-------|------|--|--|--|--|
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