

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:** Karen Goldwalker and Amara Goldwalker

2. **PROPERTY LOCATION:** 19 Newington Rd Greenland NH 03840

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

4. **SELLER:** has has not occupied the property for 10 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:
City of Portsmouth water system

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 Other
Tank Size _____ Gal. Unknown Other:
Tank Type Concrete Metal Unknown Other:
Location: Behind house, near bulkhead. Location Unknown Date of Installation: _____
Date of Last Servicing: Spring 2022 Name of Company Servicing Tank: Greg's Septic Service
Have you experienced any malfunctions? Yes No
Comments: _____

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d. LEACH FIELD: Yes No Other: _____
IF YES, Location: Rear of house by deck 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 site assessment been done? Yes No Unknown
Source of Information: _____
Comments: _____

FOR ADDITIONAL INFORMATION THE BUYER IS ENCOURAGED TO CONTACT THE NH DEPARTMENT OF ENVIRONMENTAL SERVICES SUBSURFACE SYSTEMS BUREAU

7. <u>INSULATION</u>	<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"/>	Fiberglass	_____	<input checked="" type="checkbox"/>
	Crawl Space	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fiberglass	_____	<input checked="" type="checkbox"/>
	Exterior Walls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fiberglass	_____	<input checked="" type="checkbox"/>
	Floors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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)? _____
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: _____

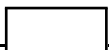
b. ASBESTOS - Current or previously existing:

As insulation on the heating system pipes or ducts? Yes 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: Possible asbestos tile under carpet in upstairs. It has not been tested; suspicion only due to age of property and style of tile.

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: _____

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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: Lead remediation and full testing in fall 2012

Are you aware of any cracking, peeling, or flaking lead-based paint? Yes No

Comments: All lead paint has been professionally remediated or encapsulated

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: _____

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: _____

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? Residential

i. Street (check one): Public Private Association

If private, is there a written road maintenance agreement? Yes No

Additional Information: _____

j. Heating System Age: 10 y Type: Forced hot water Fuel: Oil Tank Location: Basement

Owner of Tank: Property owner

Annual Fuel Consumption: _____ Price: _____ Gallons: _____

Date system was last serviced and by whom? Joy's HVAC, Nov 2022

Secondary Heat Systems: Electric heat in upstairs bathroom and sunroom addition.

Comments: _____

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k. Roof Age: See below **Type of Roof Covering:** Fiberglass shingles
Moisture or leakage: Some indication of moisture in sunroom by skylights.
Comments: Main roof is approximately 20 years. Sunroom and garage roof replaced 2018

l. Foundation/Basement: Full Partial Other: **Type:** Poured concrete
Moisture or leakage: None, recently re sealed
Comments:

m. Chimney(s) How Many? 1 **Lined?** Yes **Last Cleaned:** Fall 2021 **Problems?** None
Comments: Liner is older and may need replacement

n. Plumbing Type: PVC **Age:** 2 years
Comments: Fully recently replaced

o. Domestic Hot Water: Age: **Type:** **Gallons:**

p. Electrical System: # of Amps **Circuit Breakers** **Fuses**
Comments:
Solar Panels: Leased Owned **If leased, explain terms of agreement:**
Comments:

q. Modifications: Are you aware of any modifications or repairs made without the necessary permits? Yes No
If Yes, please explain:

r. Pest Infestation: Are you aware of any past or present pest infestations? Yes No **Type:**
Comments: Prior issues with rodents; this was addressed with the resealing of the basement and replacing of the bulkhead. No evidence since.

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. Air Conditioning: Type: None **Age:** **Date Last Serviced and by whom:**
Comments:

u. Pool: Age : **Heated:** Yes No **Type:** **Last Date of Service:**
By Whom:

v. Generator: Portable: Yes **No** **Whole House: Yes** **No** **Kw/Size:** **Last Date of Service:**
If Portable: Included Negotiable
Comments:

w. Internet: Type Currently Used at Property: xfinity

x. Other (e.g. Alarm System, Irrigation System, etc.) Central Vacuum
Comments: System is in basement, unsure of condition.

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:

Fully repainted throughout
Original wood floors refinished June 2023
New flooring in kitchen, sunroom, mudroom June 2023
New deck railing May 2023
New carpeting in upstairs rooms May 2023
New triangular windows in sunroom March 2023
Bathrooms fully renovated (complete gut and replace) Spring 2021. Cast iron tub is original, but refinished.
Kitchen partial reno (new lower cabinets, backsplash, appliances, plumbing) Spring 2021
New bulkhead and basement sealed Summer 2021
Garage and sunroom roof replaced Summer 2018
Garage door replaced Summer 2017
Lead Remediation Fall 2013-- see report.

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).

Karen Goldwalker
SELLER _____ DATE _____
dotloop verified
06/12/23 12:00 PM EDT
5XPR-ALWL-7HHX-12AZ

Anara Goldwalker
SELLER _____ DATE _____
dotloop verified
06/14/23 3:17 PM EDT
KQVI-OAQL-HUWW-BLAI

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 _____

