

**SINGLE OR MULTI-FAMILY HOUSE - SELLER'S STATEMENT ON PROPERTY CONDITION**

Date 9/6/07 Property Address 26 Hampton Towne Estates  
Hampton NH 03842

**NOTICE TO BUYERS AND SELLERS - PLEASE READ**

1. The information contained in this statement has been completed by the Seller to the best of his/her/their/its personal knowledge, information and belief. The Seller understands a copy of this statement will be furnished to any prospective Buyer of the property. The broker/realtor has not prepared or provided any of the information contained herein.
2. All information in this statement is subject to verification by the Buyer. The broker/realtor is not responsible for the accuracy of any of such information.
3. Neither Seller nor broker/realtor has made any representations, warranty or guarantee as to the condition of the property or the information contained herein.
4. Buyer has been advised to obtain independent counsel and/or professional advisors to verify the condition of the property and investigate all matters related to the property, including, without limitation, the information contained in the statement.
5. Neither Seller nor broker/realtor is an expert on any of the matters described in this statement nor have they made any independent investigation of said matters.
6. IF APPLICABLE (estates and bank OREO): Seller has never occupied the property and has acquired the property either through foreclosure, by deed in lieu of foreclosure, or as a result of the death of the former owner(s) of the property. Seller has had the property inspected. A copy of said inspection report is available for review by Buyer but only with the understanding and agreement that: neither Seller nor broker/realtor is responsible for the accuracy of the information contained in said report; that neither Seller nor broker/realtor is making any representation or warranty about the information contained in said report; and that Buyer will not rely on the information contained in said report in deciding whether to purchase the premises.

Seller's Name: Raymond + Nancy Dehart  
Owner's Name: (if different) \_\_\_\_\_

If owned by realty trust, identify all trustees and beneficiaries: N/A

Age of Structure 1985 Years Owned: 4 yrs Years occupied by the Seller: 4 yrs  
Number of current residents: 2 If vacant, date of last occupancy: 1/1  
Year-Round? yes Seasonal Living? \_\_\_\_\_ Number of bedrooms: 2  
Type of Deed \_\_\_\_\_ Copy attached?  Yes  No  
If Registered Land, location of original Certificate of Title: \_\_\_\_\_  
Did Seller obtain a title insurance policy when he/she/they purchased the premises?  Yes  No  
**IF SO, PLEASE ATTACH A COPY OF THE PLAN.**  
# of Parcels: \_\_\_\_\_ Lot Size: \_\_\_\_\_ sq.ft. Plot Plan attached?  Yes  No  
If the deed refers to a recorded plan, do you have a copy?  Yes  No  N.A.  
**IF SO, PLEASE ATTACH A COPY OF THE PLAN.**  
Has Seller/Owner conveyed any portion of the property originally deeded to him/her/they?  Yes  No

**HAVE YOU EVER OR ARE YOU CURRENTLY EXPERIENCING ANY PROBLEMS WITH THE FOLLOWING? IF YES, DESCRIBE. (For additional space use the Additional Comments Sections)**

1. **BASEMENT:** Any  water  seepage  cracks  dampness  leaks  damage  etc.?  
If yes, explain \_\_\_\_\_
2. **SUMP PUMP:**  Yes  No  Permanent?  Portable? Currently operational?  Yes  No  
Source of Power? \_\_\_\_\_ Where located? \_\_\_\_\_
3. **ROOFING:** Age of Shingles: 4 yrs  Leaks  seepage  dampness  or other water problems?  
Explain: \_\_\_\_\_  
Was part of roofing replaced?  Yes  No  Unknown  N.A.  
Which part? all When? 2007  
Was entire roofing replaced?  Yes  No  Unknown  N.A.  
When? 2007
4. **FIREPLACE:** How many? 1 Working? yes Location: livingroom  
Non-working? \_\_\_\_\_ Location: \_\_\_\_\_  
Date last cleaned: 4/20/2007 Date last inspected: 7/20/07
5. **CHIMNEY:** How many? \_\_\_\_\_ Working?  Location: \_\_\_\_\_  
Non-working? \_\_\_\_\_ Location: \_\_\_\_\_  
Date last cleaned: unknown Date last inspected: \_\_\_\_\_
6. **WOOD/COAL BURNING STOVE:** How many? \_\_\_\_\_ Working? \_\_\_\_\_ Location: \_\_\_\_\_  
Date last cleaned: \_\_\_\_\_ Date last inspected: \_\_\_\_\_ When installed? \_\_\_\_\_  
Permit received?  Yes  No  Unknown  N.A. **IF YES, ATTACH COPY**
7. **ANY FIRE OR SMOKE DAMAGE?**  Yes  No  Unknown  N.A.  
If yes, describe: \_\_\_\_\_
8. **ANY EXTERIOR OR INTERIOR STRUCTURAL PROBLEMS?** (for example, floors, ceilings, walls, or windows)  Yes  No  Unknown  N.A.  
If yes, describe: \_\_\_\_\_
9. **ANY DAMPNESS ANYWHERE?**  Yes  No  Unknown  N.A.  
If yes, describe: \_\_\_\_\_
10. **ANY VENTILATION PROBLEMS?**  Yes  No  Unknown  N.A.  
If yes, describe: \_\_\_\_\_
11. **INSULATION?**  Yes  No  Unknown  N.A.  
If yes, describe: \_\_\_\_\_  
Walls type: \_\_\_\_\_ Ceiling type: \_\_\_\_\_  
When installed: \_\_\_\_\_ By whom? \_\_\_\_\_ When? \_\_\_\_\_  
Room Location: \_\_\_\_\_

BUYER'S INITIAL \_\_\_\_\_

SELLER'S INITIAL R.D. 1

Is there now, or has there ever been Urea Formaldehyde Foam-in-place Insulation (UFFI) installed?

Yes  No If yes, when? \_\_\_/\_\_\_/\_\_\_ By whom? \_\_\_\_\_

Removed?  Yes  No By whom: \_\_\_\_\_ When? \_\_\_/\_\_\_/\_\_\_

Has air test for UFFI been done?  Yes  No  Unknown  N.A.

Is there a copy of the report available?  Yes  No  Unknown  N.A.

**12. TERMITE OR OTHER INSECT INFESTATION?**

If yes, identify \_\_\_\_\_

Type of treatment: \_\_\_\_\_

By whom: \_\_\_\_\_ When? \_\_\_/\_\_\_/\_\_\_

Treatment contract in effect?  Yes  No  Unknown  N.A.

When does treatment contract expire? \_\_\_/\_\_\_/\_\_\_

Is treatment contract transferable?  Yes  No  Unknown  N.A.

**13. LEAD PAINT:**

Was the house built prior to 1978?  Yes  No  Unknown  N.A.

Have you ever had a lead paint inspection conducted?  Yes  No  Unknown  N.A.

If yes, by whom? \_\_\_\_\_ When? \_\_\_/\_\_\_/\_\_\_

Copy of report available?  Yes  No  Unknown  N.A.

Are you aware of the existence of any lead paint anywhere inside or outside?  
 Yes  No  Unknown  N.A.

If yes, location: \_\_\_\_\_

**14. RADON:**

Has the property been tested for radon?  Yes  No  Unknown  N.A.

If yes, date: \_\_\_/\_\_\_/\_\_\_ Copy of report available?  Yes  No  Unknown  N.A.

**15. ASBESTOS AND HAZARDOUS WASTE:**

Is asbestos and/or asbestos containing insulation or materials present in exterior shingles, floor tiles, ceiling tiles, walls, cement, plaster products or otherwise present on the pipes or property?  Yes  No  Unknown  N.A.

If yes, describe: \_\_\_\_\_

Are you aware of any hazardous waste on this property?  Yes  No  Unknown  N.A.

Are you aware of any hazardous waste site within one mile or near this property?  Yes  No  Unknown  N.A.

If yes to either question, explain: \_\_\_\_\_

If you indicated a history of any repairs, improvements, or problems with any of the following by checking yes, then please give dates of problems, or repairs and explain.

**16. ELECTRICAL SERVICE:** Service: Voltage 100 AMP  Circuit breakers  Fuses

Type of wiring:  Copper  Aluminum  Knob and Tube

Any electrical permits or approvals by City/Town conducted during ownership?  Yes  No  Unknown  N.A.

Improvements and Repairs?  Yes  No  Unknown  N.A.

If yes, explain: \_\_\_\_\_

**17. HEATING SYSTEM:** Type of fuel: GAS If oil, size of tank: \_\_\_\_\_ gals.

Estimated annual fuel consumption costs? \$ \_\_\_\_\_ / year

Includes domestic hot water fuel usage?  Yes  No Oven/stove usage?  Yes  No

Underground  In Basement  Other

Improvements and repairs?  Yes  No  Unknown  N.A.

If yes, explain: GAS Log in FIRE PLACE

Age of heating system ORIGINAL

Heating Company's name: \_\_\_\_\_

Heating Contractor's name: \_\_\_\_\_

Any service contract in effect now?  Yes  No  Unknown  N.A.

Is copy available?  Yes  No  Unknown  N.A.

Any unheated finished rooms?  Yes  No  Unknown  N.A.

Location: \_\_\_\_\_

Any supplemental heating?  Yes  No  Unknown  N.A.

If yes, what kind? GAS Log in FIRE PLACE

Any change in type of fuel used during ownership?  Yes  No  Unknown  N.A.

Has heating system been converted from oil to:  Gas  Wood/Coal  Electric  Other

If yes, has oil tank been removed or capped?  Yes  No  Unknown  N.A.

Is there an **underground oil storage tank** present on the property?  Yes  No  Unknown  N.A.

If yes, give location: \_\_\_\_\_

Has it been tested for leaks and/or ground contamination?  Yes  No  Unknown  N.A.

If yes, by whom: \_\_\_\_\_ When? \_\_\_/\_\_\_/\_\_\_

If not in use, has the Fire Department been notified?  Yes  No  Unknown  N.A.

To Seller's knowledge, has any underground tank ever existed on the property?  Yes  No  Unknown  N.A.

What kind? \_\_\_\_\_

**18. AIR CONDITIONING SYSTEM:** Type:  Central  Window  Other

Improvements and Repairs?  Yes  No  Unknown  N.A.

If yes, explain: \_\_\_\_\_

**19. PLUMBING SYSTEM:**  Plumbing leaks  Freezing  Seepage  Back-up  Other

Improvements and Repairs?  Yes  No  Unknown  N.A.

If yes, explain: new Toilet 2nd FL

Any plumbing permits or approvals obtained from City/Town during ownership?  Yes  No  Unknown  N.A.

Bathroom ventilation problems?  Yes  No  Unknown  N.A.

If yes, explain: \_\_\_\_\_

**20. SEWAGE SYSTEM:** If there is a private sewer system on the premises, the buyer should consult a qualified professional regarding its condition and compliance with applicable laws.

Type:  Private  Public  Both  Unknown

BUYER'S INITIAL \_\_\_\_\_

SELLER'S INITIAL RDH MD 2