

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: Colleen M Swider, Kevin A McMahon, and Sean A McMahon

2. PROPERTY LOCATION: 44 Kensington Lane, Bedford, NH 03110

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

4. SELLER: has has not occupied the property for 24 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: 0 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: 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 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

<b>7. INSULATION</b>	<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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input type="checkbox"/>
	Crawl Space	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input type="checkbox"/>
	Exterior Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input type="checkbox"/>
	Floors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fiberglass	_____	<input checked="" 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: \_\_\_\_\_

**c. RADON/AIR - Current or previously existing:**  
 Has the property been tested? ☐ Yes ☐ No ☒ Unknown  
 If YES: Date: \_\_\_\_\_ By: \_\_\_\_\_  
 Results: \_\_\_\_\_ If app \_\_\_\_\_  
 Has the property been tested since remedial steps? ☐ Yes ☐ No  
 Are test results available? ☐ Yes ☐ No  
 Comments: \_\_\_\_\_

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CHE / KRM / SMH  
10/17/24 9:40 AM EDT 10/18/24 4:23 PM EDT 10/17/24 12:43 PM PDT

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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: \_\_\_\_\_

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 ☒ 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: Association Fees

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?** \_\_\_\_\_

**i. Heating System Age:** 24 years **Type:** FHA **Fuel:** City Gas **Tank Location:** \_\_\_\_\_

Owner of Tank: \_\_\_\_\_

Annual Fuel Consumption: Unknown Price: \_\_\_\_\_ Gallons: \_\_\_\_\_

Date system was last serviced and by whom? Unknown

Secondary Heat Systems: \_\_\_\_\_

Comments: \_\_\_\_\_

**j. Roof Age:** 24 years **Type of Roof Covering:** Asphalt Shingle

Moisture or leakage: Unknown

Comments: \_\_\_\_\_

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GMS / KRM / SM

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\_\_\_\_ / \_\_\_\_\_

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**k. Foundation/Basement:** ☒ Full ☐ Partial ☐ Other: \_\_\_\_\_ ☒ Type: Poured Concrete  
 Moisture or leakage No  
 Comments: \_\_\_\_\_

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

**m. Plumbing** Type: Copper/Plastic Age: 24 years 10 years  
 Comments: \_\_\_\_\_

**n. Domestic Hot Water:** Age: 12 years Type: Gas Gallons: Unknown

**o. Electrical System:** # of Amps Unknown ☒ 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: \_\_\_\_\_

**q. Pest Infestation:** Are you aware of any past or present pest infestations? ☐ Yes ☒ No Type: \_\_\_\_\_  
 Comments: \_\_\_\_\_

**r. 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: \_\_\_\_\_

**s. Air Conditioning:** Type: Central Age: 24 years Date Last Serviced and by whom: Unknown  
 Comments: \_\_\_\_\_

**t. Pool:** Age: \_\_\_\_\_ Heated: ☐ Yes ☐ No Type: \_\_\_\_\_ Last Date of Service: \_\_\_\_\_  
 By Whom: \_\_\_\_\_

**u. Generator:** Portable: ☐ Yes ☒ No Whole House: ☐ Yes ☐ No Kw/Size: \_\_\_\_\_ Last Date of Service: \_\_\_\_\_  
 If Portable: ☐ Included ☐ Negotiable  
 Comments: \_\_\_\_\_

**v. Internet:** Type Currently Used at Property: No Internet

**w. Other (e.g. Alarm System, Irrigation System, etc.)** \_\_\_\_\_  
 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.

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CHE 1 KRM 10/17/24 10/18/24 10/17/24

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10. ADDITIONAL INFORMATION

a. ATTACHMENT EXPLAINING CURRENT PROBLEMS, PAST REPAIRS, OR ADDITIONAL INFORMATION?

☐ Yes ☒ No

b. ADDITIONAL COMMENTS:

This is an Estate Sale, sold "As Is". SELLERS have never lived in the house and have limited knowledge of the property.

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).

*Colleen M Swider*  
dotloop verified  
10/17/24 9:40 AM EDT  
ITEY-0CWA-TFJN-GTXH  
SELLER DATE

*Kevin A McMahon*  
dotloop verified  
10/18/24 4:23 PM EDT  
UCIQ-WLSH-JN9E-CARL  
SELLER DATE

*Sean A McMahon*  
dotloop verified  
10/17/24 12:43 PM PDT  
GYX1-2TEH-Y18B-TTLQ

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

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10/17/24 9:40 AM EDT  
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dotloop verified  
10/17/24 12:43 PM PDT

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