

SELLER'S PROPERTY INFORMATION REPORT

TO BE COMPLETED BY SELLER

Seller's Name(s): Amanda K. Everse

Date: November 30, 2004

Stephen J. Everse

Property Address: 101 Clearwater Circle

Shelburne, VT 05482

INTRODUCTION: This Report provides information from the Seller based on Seller's personal knowledge concerning the above Property. Unless otherwise disclosed, Seller does not have any expertise in construction, architecture, engineering, surveying or any other skills that would provide Seller with special knowledge concerning the condition of the Property. Other than having owned the Property, Seller has no greater knowledge about the Property than that which could be obtained by a careful inspection performed by or on behalf of a potential buyer. The real estate agents involved with the sale of this Property do not conduct or perform any inspection of the Property. Unless otherwise disclosed, Seller has not inspected or examined those portions of the Property that are generally inaccessible. **THIS REPORT DOES NOT CONSTITUTE A WARRANTY OF ANY KIND BY THE SELLER OR BY ANY REAL ESTATE AGENT CONCERNING THE CONDITION OF THE PROPERTY. THIS REPORT IS NOT A SUBSTITUTE FOR A PROPERTY INSPECTION. BUYER HAS THE OPPORTUNITY TO REQUEST THAT SELLER AGREE TO A PROPERTY INSPECTION AS PART OF ANY CONTRACT FOR THE SALE OF THE PROPERTY.**

INSTRUCTIONS TO SELLER: (1) Answer ALL questions. (2) Disclose conditions that you know about that affect the Property. (3) Attach additional pages to this Report if additional information is required. (4) Complete this form yourself. (5) If some items do not apply to this Property, write "N/A" (Not Applicable). IF YOU DO NOT KNOW THE FACTS, WRITE "UNKNOWN". DO NOT GUESS THE ANSWER TO ANY QUESTION.

THE STATEMENTS CONTAINED HEREIN ABOUT THE PROPERTY ARE MADE BY SELLER. THEY ARE NOT STATEMENTS OR REPRESENTATIONS MADE BY ANY REAL ESTATE AGENT(S).

A. MECHANICAL SYSTEMS

Check any of the following items that are to be included in the sale of the Property that have defects or malfunctions. Cross out any item that will **NOT** be included in the sale of the Property.

- | | | | | | |
|---|--|--|------------------------------------|--|--|
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Heating | <input type="checkbox"/> Furnace | <input type="checkbox"/> Central Air Conditioning | <input type="checkbox"/> Hot Water Heater |
| <input type="checkbox"/> Heat Pump | <input type="checkbox"/> Humidifier | <input type="checkbox"/> Dehumidifier | <input type="checkbox"/> Sump Pump | <input type="checkbox"/> Well Pump | <input type="checkbox"/> Central Vacuum System |

If any of the above is checked, please explain the defect or malfunction: _____

B. STRUCTURE/COMPONENTS

Check any of the following items that have significant defects or malfunctions:

- | | | | | | | |
|--|---|---|---|---|------------------------------------|---------------------------------|
| <input type="checkbox"/> Foundation | <input type="checkbox"/> Slab | <input type="checkbox"/> Chimney | <input type="checkbox"/> Fireplace | <input type="checkbox"/> Interior Walls | <input type="checkbox"/> Ceilings | <input type="checkbox"/> Floors |
| <input type="checkbox"/> Windows | <input type="checkbox"/> Doors | <input type="checkbox"/> Storms/Screens | <input type="checkbox"/> Exterior Walls | <input type="checkbox"/> Driveway | <input type="checkbox"/> Sidewalks | <input type="checkbox"/> Pool |
| <input type="checkbox"/> Outside Retaining Walls | <input type="checkbox"/> Other Structures/Components: _____ | | | | | |

If any of the above items are checked, please explain the defect or malfunction: _____

C. APPLIANCES/OTHER SYSTEMS

Check any of the following items that are to be included in the sale of the Property that are NOT in operating condition or that are in need of repair or replacement. Cross out any item that will NOT be included in the sale of the Property.

- | | | | | | |
|--|---|--|--|---|---|
| <input type="checkbox"/> Range/Oven | <input type="checkbox"/> Hood/Fan | <input type="checkbox"/> Microwave | <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Refrigerator | <input type="checkbox"/> Freezer |
| <input type="checkbox"/> Garbage Disposal | <input type="checkbox"/> Trash Compactor | <input type="checkbox"/> Washer/Dryer | <input type="checkbox"/> Garage Door Opener | | |
| <input type="checkbox"/> Indoor or Outdoor Grill | <input type="checkbox"/> Whirlpool Bath | <input type="checkbox"/> Hot Tub/Spa | <input type="checkbox"/> Window or in-Wall Air Conditioner(s) | | |
| <input type="checkbox"/> TV Antenna, Cable or Satellite Dish | | <input type="checkbox"/> Intercom | <input type="checkbox"/> Security System | <input type="checkbox"/> Fire or Smoke Alarm(s) | |
| <input type="checkbox"/> Wood Stove | <input type="checkbox"/> Attic Fan(s) | <input type="checkbox"/> Ceiling Fan(S) | <input type="checkbox"/> Exhaust Fan(s) | | |
| <input type="checkbox"/> Other: _____ | | | | | |

If any of the above items are checked, please explain: _____

D. WATER SUPPLY

Type of System:

The Property is connected to and serviced by (check appropriate boxes):

- | | | | | |
|--|---|---|---|---|
| <input checked="" type="checkbox"/> Public or Municipal Water System | <input type="checkbox"/> Community Water System | <input type="checkbox"/> Private On-Site Water System | | |
| <input type="checkbox"/> Shared Water System [<input type="checkbox"/> on-site <input type="checkbox"/> off-site (check one)] | <input type="checkbox"/> Well | <input type="checkbox"/> Well/Pump | <input type="checkbox"/> Cistern/Reservoir/Holding Tank | |
| <input type="checkbox"/> Spring | <input type="checkbox"/> Lake | <input type="checkbox"/> Pond Supply | <input type="checkbox"/> Spring/Lake/Pond/Pump | <input type="checkbox"/> Water Softener/Conditioner |
| <input type="checkbox"/> Other: _____ | | | | |

Water Pipes are: ☒ Copper ☐ Galvanized ☐ Lead ☐ PVC (Plastic) ☐ Combination ☐ Unknown.

Condition of System:

Has the water been tested for coliform bacteria?

☐ Yes ☒ No. If yes, when? _____

By whom? _____

Results: _____

Has any other water quality or water chemistry testing been done?

☐ Yes ☒ No. If yes, what and when? _____

By whom? _____

Results: _____

Are you aware of low water pressure in your water system?

☐ Yes ☒ No

Has your water supply ever run out or low?

☐ Yes ☒ No. If yes, please explain _____

Please explain any other problems you have had with your water system, including water quality or quantity: _____

E. SEWER/SEPTIC SYSTEM

Type of System:

The Property is connected to and serviced by (check appropriate boxes):

- | | | | |
|--|--|---|--------------------------------------|
| <input checked="" type="checkbox"/> Public or Municipal Sewer System | <input type="checkbox"/> On-site septic system | <input type="checkbox"/> Off-site septic system | <input type="checkbox"/> Septic Tank |
| <input type="checkbox"/> Subsurface Leach Field | <input type="checkbox"/> Mound System | <input type="checkbox"/> Other | <input type="checkbox"/> Unknown |

Condition of System:

If other than public or municipal sewer system, please answer the following:

Date septic system installed? _____

If the septic system is on-site, is the system entirely on your Property?

☐ Yes ☐ No ☐ Unknown

Has the septic system been repaired since you owned the Property?

☐ Yes ☐ No. If yes, when? _____

What was done? _____

Type of septic tank: ☐ Concrete ☐ Metal ☐ Fiberglass ☐ Unknown

Septic tank capacity (in gallons) _____

Date Septic Tank Last Inspected? _____

Date Septic Tank Last Cleaned? _____

To your knowledge, is any portion of the system in need of repair or replacement? ☐ Yes ☐ No

If yes, please explain: _____

F. ROOF

- ☒ Asphalt or Composition Shingle ☐ Fiberglass Shingle ☐ Wood Shingle ☐ Slate ☐ Metal
☐ Tile ☐ Asbestos Composition Shingle ☐ Other ☐ Unknown

Approximate Age of Roof? 5 years ☐ Unknown

Has the roof ever leaked since you have owned the Property?

☒ Yes ☐ No

Has the roof been replaced or repaired since you have owned the Property?

☒ Yes ☐ No

If yes, when? 2000

Do you know of any current problems with the roof?

☐ Yes ☒ No

If yes, please explain: _____

G. WATER IN BASEMENT, CRAWL SPACE OR SLAB AREA

Has there been any water, moisture, dampness, seepage, leakage or standing water in the basement, crawl space or on slabs? ☒ Yes ☐ No
If yes, have repairs been made and, if so, what repairs were done and when were they done? _____

2000 - builder patched leaks in the Spring. Have not observed any leaks since.

Are any of the above recurrent problems? ☐ Yes ☒ No

If yes, please explain: _____

H. BOUNDARY/PROPERTY LINES

Do you know the location of the boundary lines of the Property?

☒ Yes ☐ No

Are the boundary lines of the Property marked in any way?

☒ Yes ☐ No ☐ Unknown

If yes, how are they marked? stakes

Has the Property been surveyed? ☐ Yes ☐ No ☒ Unknown

If yes, when? _____ By whom? _____

Is a copy of the survey available? ☐ Yes ☐ No

Do you know of any encroachments or boundary line disputes affecting the Property? ☐ Yes ☒ No If yes, describe? _____

I. OTHER MATTERS AFFECTING THE PROPERTY

- | | Yes | No | Unknown |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| 1. Does the Property have Urea-Formaldehyde Foam Insulation?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the Property have Asbestos and/or Asbestos Materials in the siding-walls-plaster-flooring-insulation-heating system?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Has the Property been tested for Radon Gas?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If yes, when? _____ By whom? _____ Results: _____ | | | |
| 4. Have any of the structures on the Property ever had wood boring insects of any type?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Have there been any wood boring insect and/or pest control treatments done in the last five years? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Are there any flooding, drainage or grading problems either on the Property or which affect the Property?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Are there any excessive settling, slippage, sliding or other soil instability problems on the Property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the Property located in a Federally Designated Flood Area?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. Has Seller received written notice of any violations of local, state or federal laws, building codes and/or zoning ordinances affecting the Property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Are there any easements, shared driveways, party walls, or similar matters that may affect the Property?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Have there been any additions, modifications, renovations or alterations made to the Property or any building on the Property during Seller's ownership? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>added a deck</u> | | | |
| 12. Are there any homeowners' association or "common area" expenses or assessments affecting the Property? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Are there any current actions, disputes or lawsuits pending between the homeowners/condominium owners' association and any other parties? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Are there any Property tax abatements, land use tax stabilization agreements or other special Property tax arrangements applicable to the Property?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15. Has Seller received notice that the Property will be reassessed by any taxing authority during the next 12 months?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 16. Is the Property served by a road maintained by the municipality?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 17. Are there public or private landfills or dumps (compacted or otherwise) on the Property or on any abutting Property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

- | | Yes | No | Unknown |
|---|-------------------------------------|-------------------------------------|--------------------------|
| 18. Has there been significant damage to the Property or any of the structures from fire, wind, floods, earth movements or landslides?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 19. Are there any underground storage tanks, including gasoline, propane and/or fuel oil on the Property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 20. Have there been any underground storage tanks, including gasoline, propane and/or fuel oil on the Property?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 21. Has paint containing lead been used on the Property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 22. IS THERE ANYTHING ELSE THAT SHOULD BE DISCLOSED ABOUT THE PROPERTY?..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If the answer to **ANY** of the above questions is "YES," please explain in detail (attach additional sheets if necessary): _____
 Please see attached sheet.

J. ADDITIONAL INFORMATION CONCERNING THE PROPERTY

1. Age of building: Main Bldg. 5 years Additions to Main Bldg. 0.5 yr Additional buildings: (a) _____ (b) _____
2. Is Seller currently occupying the Property? ☒ Yes ☐ No
3. Has Seller built or caused to be built any of the buildings on the Property or made any additions, modifications, alterations or renovations to any building on the Property? ☒ Yes ☐ No
 If yes, explain added a deck in 2004
 If yes, did you obtain all necessary permits and approvals for such work? ☐ Yes ☒ No

SELLER'S STATEMENT

Seller is providing the information in this report to reduce the likelihood of DISPUTES or LEGAL ACTION concerning the sale of the Property. The information provided herein does not constitute any warranty, express or implied, by Seller about the Property or any feature of the Property. Seller hereby authorizes any real estate agent to provide a copy of this report to any prospective buyer.

IN PROVIDING THIS REPORT, NO REPRESENTATION IS MADE BY ANY REAL ESTATE AGENT THAT THEY HAVE ANY INDEPENDENT OR PERSONAL KNOWLEDGE ABOUT THE CONDITION OF THE PROPERTY OR THAT THEY HAVE MADE ANY INQUIRY OR INVESTIGATION ABOUT THE CONDITION OF THE PROPERTY.

Seller acknowledges that the information provided in this report is correct to the best of Seller's knowledge as of the date signed by Seller.

Seller [Signature] Date November 30, 2004
 Seller [Signature] Date November 30, 2004

BUYER/PROSPECTIVE BUYER ACKNOWLEDGES RECEIPT OF A COPY OF THIS REPORT ON THE DATE SET FORTH BELOW. BUYER/PROSPECTIVE BUYER UNDERSTANDS THAT THIS REPORT PROVIDES INFORMATION ABOUT THE PROPERTY MADE BY THE SELLER AS OF THE ABOVE DATE. IT IS NOT A WARRANTY OF ANY KIND BY SELLER OR ANY REAL ESTATE AGENT. THIS REPORT IS NOT A SUBSTITUTE FOR ANY PROPERTY INSPECTION. BUYER/PROSPECTIVE BUYER MAY OBTAIN A PROPERTY INSPECTION; HOWEVER, ANY SUCH INSPECTION MUST BE BY WRITTEN AGREEMENT WITH SELLER. BUYER/PROSPECTIVE BUYER UNDERSTANDS THAT THERE MAY BE MATTERS RELATING TO THE PROPERTY WHICH ARE NOT ADDRESSED IN THIS REPORT.

Buyer/Prospective Buyer _____ Date _____

Buyer/Prospective Buyer _____ Date _____

On _____, this report, prepared by Seller, was provided to Buyer/Prospective Buyer by _____, acting as (check one) ☐ Seller's Real Estate Agency ☐ Broker's Agent
☐ Buyer's Real Estate Agency

Signed: _____

Seller's Property Information Report

101 Clearwater Circle, Shelburne, VT 05482

Addendum

- Association Dues are currently \$250/year which covers road maintenance, plowing, street lights, and water line maintenance.
- Newton's Gas owns propane tank. Natural gas is being brought to the neighborhood. Holdup is the permit to allow them to run the lines under the railroad tracks. Bid to convert furnace and range/oven to natural gas was approximately \$500.
- Property abuts railroad tracks.
- VELCO expansion is being discussed by the Public Service Board. Would place power lines on far side of railroad tracks.
- Shelburne Road expansion will provide a traffic light at the intersection of Clearwater Road and Shelburne Road.
- Front porch and rear deck surfaces are composite lumber (50% plastic, 50% recycled wood). Brand is Rhino Deck.
- House was painted during Summer 2004. This included sealing all joints and hand-brushed primer followed by two top coats.
- Sump pump was replaced in 2003 simply as a maintenance/preventative measure. (The original sump pump warranty was due to expire.)
- Leaf guards were added to all gutters in Fall 2004.
- Gutter downspouts empty into piping that is buried and travels forward to the drainage ditch adjacent to the street.
- Driveway was rebuilt in 2002: dug down about 4 feet, placed landscape fabric, followed by three sizes of rock. Completely ready for asphalt paving or other custom paving treatments. This was scheduled to take place Fall 2004, in conjunction with the paving of the newly built house to our South, but the contractor fired the paving company and was unable to schedule with another vendor. There is the possibility of getting a joint bid again in Spring 2005.
- Soft curtains and curtain hardware in bedrooms are not remaining with the house.

Seller's Initials: _____