



## SELLER'S PROPERTY INFORMATION REPORT

TO BE COMPLETED BY SELLER

Date Prepared: 07/09/2026

Seller's Name(s): Clay Walker

Physical Property Address: 300 Great Hawk Road, Rochester, VT 05767

Street

City/Town

Type of Property: ☒ Single Family Residence ☐ Multi-Family Residence (duplex, triplex, etc.)  
☐ Condominium/Townhouse ☐ Land Only ☐ Commercial

Use of Property: ☐ Primary Residence ☐ Vacation Property ☐ Rental Property  
☒ Other: New construction

**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) Complete this form yourself. (2) Answer ALL questions. (3) Disclose conditions that you know about that affect the Property. (4) Attach additional pages to this Report if additional information is provided. (5) IF YOU DO NOT KNOW THE FACTS, WRITE "DON'T KNOW." DO NOT GUESS THE ANSWER TO ANY QUESTION.

Seller's Initials

CW

Buyer's Initials

**THE STATEMENTS IN THIS REPORT ARE MADE BY THE SELLER.**

**THEY ARE NOT STATEMENTS OR REPRESENTATIONS MADE BY ANY REAL ESTATE AGENT(S).**

**1. SOILS, DRAINAGE, BOUNDARIES AND EASEMENTS)**

|     |                                                                                                                                                                                                                                                                                                                                                           |                                         |                                        |                                     |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------|-------------------------------------|
| (a) | Has any fill or off-site material been placed on the Property?                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> YES            | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |
| (b) | Do you know of any sliding, settling, subsidence, earth movement, upheaval or earth stability problems that have affected the Property?                                                                                                                                                                                                                   | <input type="checkbox"/> YES            | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |
| (c) | Is the Property located in a federal flood hazard zone or wetlands, public waters or conservation zones designated by federal, state or local statute, regulation or ordinance?                                                                                                                                                                           | <input type="checkbox"/> YES            | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |
| (d) | Do you know of any past or present drainage, high water table, or flood problems affecting the Property?                                                                                                                                                                                                                                                  | <input type="checkbox"/> YES            | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |
| (e) | Is the Property served by a road maintained by the municipality?<br>If "No," how is the road serving the Property maintained?<br><input type="checkbox"/> Road Maintenance Agreement <input type="checkbox"/> Homeowners/Road Assoc.<br><input type="checkbox"/> Shared Driveway <input type="checkbox"/> Other (explain): _____<br>Annual Cost(s): _____ | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO            | <input type="checkbox"/> DON'T KNOW |
| (f) | Are there public or private landfills or dumps (compacted or otherwise) on the Property or on any abutting property?                                                                                                                                                                                                                                      | <input type="checkbox"/> YES            | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |
| (g) | Are there currently any underground fuel storage tanks on the Property?<br>If "Yes," Fuel Type: _____                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO            | <input type="checkbox"/> DON'T KNOW |
| (h) | Have there been any underground fuel storage tanks on the Property in the past?<br>If "Yes," have they been removed? _____<br>When? _____ By whom? _____                                                                                                                                                                                                  | <input type="checkbox"/> YES            | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |
| (i) | Do you know the location of the boundary lines of the Property?                                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO            | <input type="checkbox"/> DON'T KNOW |
| (j) | Are the boundary lines of the Property marked in any way?<br>If "Yes," how are they marked?                                                                                                                                                                                                                                                               | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO            | <input type="checkbox"/> DON'T KNOW |
| (k) | Has the Property been surveyed?<br>If "Yes," when? <u>2025</u><br>By whom? _____                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO            | <input type="checkbox"/> DON'T KNOW |
| (l) | Are copies of any of the following available?<br><input checked="" type="checkbox"/> Site Plan <input checked="" type="checkbox"/> Survey <input checked="" type="checkbox"/> Tax Map <input type="checkbox"/> Subdivision Plan/Sketch                                                                                                                    | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO            | <input type="checkbox"/> DON'T KNOW |
| (m) | Are there any easements or rights of way affecting the Property?                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> YES            | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |
| (n) | Are there any boundary line disputes, claims of adverse possession, encroachments, or zoning set back violations affecting the Property?                                                                                                                                                                                                                  | <input type="checkbox"/> YES            | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |

**Further explanation of any of the above:** \_\_\_\_\_

Seller's Initials

Buyer's Initials

## 2. MECHANICAL, ELECTRICAL, AND OTHER SYSTEMS

|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| (a) | <b>Primary Heating System (check all that apply):</b> <input type="checkbox"/> Base Board <input type="checkbox"/> Hot Air <input checked="" type="checkbox"/> Radiant <input type="checkbox"/> Direct<br><input type="checkbox"/> Heat Pump <input type="checkbox"/> Vent <input type="checkbox"/> Steam <input type="checkbox"/> Other (please explain): _____                                                                                                                                                                                                                                                                             |  |  |
| (b) | Age of Heating System: _____ <input type="checkbox"/> DON'T KNOW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |
| (c) | <b>Primary Fuel Type:</b> <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Wood <input type="checkbox"/> Wood Pellet<br><input type="checkbox"/> Coal <input type="checkbox"/> Solar <input type="checkbox"/> Geothermal <input type="checkbox"/> Other (please explain): _____<br>If propane, who owns the propane tank? <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Propane Supplier <input type="checkbox"/> Association<br>If oil, when was the tank last inspected? _____ By whom? _____ |  |  |
| (d) | When was the <b>primary</b> heating system last serviced? _____<br>By whom? _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |
| (e) | <b>Primary</b> heating service and/or inspection reports attached? <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |
| (f) | <b>Primary</b> Annual Fuel Usage: _____ Gallons (or other measure) Date Range: _____<br><i>Fuel consumption may vary by user, number of occupants and weather conditions.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| (g) | <b>Primary</b> fuel provider: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |
| (h) | <b>Secondary Heating System (check all that apply):</b> <input type="checkbox"/> Base Board <input type="checkbox"/> Hot Air <input type="checkbox"/> Radiant <input type="checkbox"/> Direct<br><input checked="" type="checkbox"/> Heat Pump <input type="checkbox"/> Vent <input type="checkbox"/> Steam <input type="checkbox"/> Other (please explain): _____                                                                                                                                                                                                                                                                           |  |  |
| (i) | <b>Secondary Fuel Type:</b> <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Wood <input type="checkbox"/> Wood Pellet<br><input type="checkbox"/> Coal <input type="checkbox"/> Solar <input type="checkbox"/> Geothermal <input type="checkbox"/> Other (please explain): _____<br>If propane, who owns the propane tank? <input type="checkbox"/> Owner <input type="checkbox"/> Propane Supplier <input type="checkbox"/> Association<br>If oil, when was the tank last inspected? _____ By whom? _____          |  |  |
| (j) | When was the secondary heating system last serviced? _____<br>By whom? _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| (k) | Secondary heating service and/or inspection reports attached? <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |
| (l) | Secondary Annual Fuel Usage: _____ Gallons (or other measure) Date Range: _____<br><i>Fuel consumption may vary by user, number of occupants and weather conditions.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |
| (m) | Secondary fuel provider: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |
| (n) | Property used: <input type="checkbox"/> Full Time <input type="checkbox"/> Seasonally                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |
| (o) | Is there air conditioning? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br>If "Yes," describe type and number of units (central, heat pump, window, etc.): Heat pump                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |
| (p) | <b>Hot Water System (check all that apply):</b> <input type="checkbox"/> Hot Water Tank <input type="checkbox"/> Domestic/Off Boiler <input checked="" type="checkbox"/> On Demand<br><input type="checkbox"/> Heat Pump Water Heater                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |
| (q) | Age of Hot Water System: _____ <input type="checkbox"/> DON'T KNOW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |
| (r) | Hot Water Tank is: <input type="checkbox"/> Owned <input type="checkbox"/> Rented<br>If rented, from whom: _____ Monthly rental fee: \$_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| (s) | <b>Alternative Energy System(s) (check all that apply):</b> <input type="checkbox"/> Solar <input type="checkbox"/> Wind <input type="checkbox"/> Hydroelectric<br><input type="checkbox"/> Geothermal <input type="checkbox"/> Unknown<br>Energy returned to grid?: <input type="checkbox"/> YES <input type="checkbox"/> NO                   Owned or Leased?: _____                                                                                                                                                                                                                                                                      |  |  |
| (t) | <b>Electrical System:</b> Electrical service panel has: <input type="checkbox"/> Fuses <input checked="" type="checkbox"/> Circuit Breakers <input type="checkbox"/> Knob and Tube<br><input type="checkbox"/> Other (please explain): _____<br>Main Breaker Amperes: _____ Amps <input type="checkbox"/> DON'T KNOW                                                                                                                                                                                                                                                                                                                         |  |  |

Seller's Initials

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Buyer's Initials

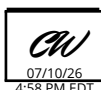
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|     |                                                                                                                                                                 |                              |                                                                 |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------------------------------------------|
| (u) | Annual electricity usage: \$_____ Date Range: _____<br><i>Electricity consumption may vary by user, number of occupants, appliances and weather conditions.</i> |                              |                                                                 |
| (v) | Electric Utility Provider: _____                                                                                                                                |                              |                                                                 |
| (w) | Has a Vermont Home Energy Profile been created?<br>If "Yes," when? _____<br>By whom? _____                                                                      | <input type="checkbox"/> YES | <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW |
| (x) | Are you aware of any problems or conditions that affect any of the above systems?<br>If "Yes," explain in detail: _____<br>_____                                | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO                          |

### 3. OTHER EQUIPMENT, APPLIANCES, AND FIXTURES

|                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                               |                                        |                                                     |                                             |                                                  |                                      |                                  |                                         |                                         |                                     |                                                                                                             |                                                  |                                            |                                                    |                                                            |                                    |                                           |                                      |                                                 |                                            |                                                   |                                     |                                                                                                                               |                                       |                                              |                                    |                                                |                                           |                                    |                                   |                                         |                                            |                                           |                                             |                                    |                                                                                        |                                           |                                       |                                                          |                                                    |  |  |                                               |  |  |                                     |  |
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| (a)                                                                                    | <p>Check the items that will be <b>included</b> in the sale of the Property:</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Beverage Cooler</td> <td><input checked="" type="checkbox"/> Freezer</td> <td><input checked="" type="checkbox"/> Refrigerator</td> </tr> <tr> <td><input type="checkbox"/> Central Air</td> <td><input type="checkbox"/> Hot Tub</td> <td><input type="checkbox"/> Satellite Dish</td> </tr> <tr> <td><input type="checkbox"/> Central Vacuum</td> <td><input type="checkbox"/> Humidifier</td> <td><input type="checkbox"/> Security System:<br/>    <input type="checkbox"/> Owned   <input type="checkbox"/> Leased</td> </tr> <tr> <td><input checked="" type="checkbox"/> Ceiling Fans</td> <td><input type="checkbox"/> Irrigation System</td> <td><input type="checkbox"/> Smoke Detectors – # _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> CO Detectors - # _____</td> <td><input type="checkbox"/> Microwave</td> <td><input type="checkbox"/> Sprinkler System</td> </tr> <tr> <td><input type="checkbox"/> Compost Bin</td> <td><input checked="" type="checkbox"/> Mini-Fridge</td> <td><input type="checkbox"/> Standby Generator</td> </tr> <tr> <td><input checked="" type="checkbox"/> Cooktop Stove</td> <td><input type="checkbox"/> Mini split</td> <td><input type="checkbox"/> Stove:<br/>    <input type="checkbox"/> Gas   <input type="checkbox"/> Wood   <input type="checkbox"/> Pellet</td> </tr> <tr> <td><input type="checkbox"/> Dehumidifier</td> <td><input type="checkbox"/> Pool – above-ground</td> <td><input type="checkbox"/> Sump Pump</td> </tr> <tr> <td><input checked="" type="checkbox"/> Dishwasher</td> <td><input type="checkbox"/> Pool – in-ground</td> <td><input type="checkbox"/> Wall Oven</td> </tr> <tr> <td><input type="checkbox"/> Disposal</td> <td><input type="checkbox"/> Pool Equipment</td> <td><input checked="" type="checkbox"/> Washer</td> </tr> <tr> <td><input checked="" type="checkbox"/> Dryer</td> <td><input type="checkbox"/> Portable Generator</td> <td><input type="checkbox"/> Window AC</td> </tr> <tr> <td><input type="checkbox"/> Electric Garage Door Opener –<br/>    Number of transmitters _____</td> <td><input type="checkbox"/> Radon Mitigation</td> <td><input type="checkbox"/> OTHER: _____</td> </tr> <tr> <td><input type="checkbox"/> Energy Recovery Ventilator Unit</td> <td><input checked="" type="checkbox"/> Range-Electric</td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> Range-Gas</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Range Hood</td> <td></td> </tr> </table> |                                                                                                                               |                                        | <input checked="" type="checkbox"/> Beverage Cooler | <input checked="" type="checkbox"/> Freezer | <input checked="" type="checkbox"/> Refrigerator | <input type="checkbox"/> Central Air | <input type="checkbox"/> Hot Tub | <input type="checkbox"/> Satellite Dish | <input type="checkbox"/> Central Vacuum | <input type="checkbox"/> Humidifier | <input type="checkbox"/> Security System:<br><input type="checkbox"/> Owned <input type="checkbox"/> Leased | <input checked="" type="checkbox"/> Ceiling Fans | <input type="checkbox"/> Irrigation System | <input type="checkbox"/> Smoke Detectors – # _____ | <input checked="" type="checkbox"/> CO Detectors - # _____ | <input type="checkbox"/> Microwave | <input type="checkbox"/> Sprinkler System | <input type="checkbox"/> Compost Bin | <input checked="" type="checkbox"/> Mini-Fridge | <input type="checkbox"/> Standby Generator | <input checked="" type="checkbox"/> Cooktop Stove | <input type="checkbox"/> Mini split | <input type="checkbox"/> Stove:<br><input type="checkbox"/> Gas <input type="checkbox"/> Wood <input type="checkbox"/> Pellet | <input type="checkbox"/> Dehumidifier | <input type="checkbox"/> Pool – above-ground | <input type="checkbox"/> Sump Pump | <input checked="" type="checkbox"/> Dishwasher | <input type="checkbox"/> Pool – in-ground | <input type="checkbox"/> Wall Oven | <input type="checkbox"/> Disposal | <input type="checkbox"/> Pool Equipment | <input checked="" type="checkbox"/> Washer | <input checked="" type="checkbox"/> Dryer | <input type="checkbox"/> Portable Generator | <input type="checkbox"/> Window AC | <input type="checkbox"/> Electric Garage Door Opener –<br>Number of transmitters _____ | <input type="checkbox"/> Radon Mitigation | <input type="checkbox"/> OTHER: _____ | <input type="checkbox"/> Energy Recovery Ventilator Unit | <input checked="" type="checkbox"/> Range-Electric |  |  | <input checked="" type="checkbox"/> Range-Gas |  |  | <input type="checkbox"/> Range Hood |  |
| <input checked="" type="checkbox"/> Beverage Cooler                                    | <input checked="" type="checkbox"/> Freezer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> Refrigerator                                                                              |                                        |                                                     |                                             |                                                  |                                      |                                  |                                         |                                         |                                     |                                                                                                             |                                                  |                                            |                                                    |                                                            |                                    |                                           |                                      |                                                 |                                            |                                                   |                                     |                                                                                                                               |                                       |                                              |                                    |                                                |                                           |                                    |                                   |                                         |                                            |                                           |                                             |                                    |                                                                                        |                                           |                                       |                                                          |                                                    |  |  |                                               |  |  |                                     |  |
| <input type="checkbox"/> Central Air                                                   | <input type="checkbox"/> Hot Tub                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Satellite Dish                                                                                       |                                        |                                                     |                                             |                                                  |                                      |                                  |                                         |                                         |                                     |                                                                                                             |                                                  |                                            |                                                    |                                                            |                                    |                                           |                                      |                                                 |                                            |                                                   |                                     |                                                                                                                               |                                       |                                              |                                    |                                                |                                           |                                    |                                   |                                         |                                            |                                           |                                             |                                    |                                                                                        |                                           |                                       |                                                          |                                                    |  |  |                                               |  |  |                                     |  |
| <input type="checkbox"/> Central Vacuum                                                | <input type="checkbox"/> Humidifier                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Security System:<br><input type="checkbox"/> Owned <input type="checkbox"/> Leased                   |                                        |                                                     |                                             |                                                  |                                      |                                  |                                         |                                         |                                     |                                                                                                             |                                                  |                                            |                                                    |                                                            |                                    |                                           |                                      |                                                 |                                            |                                                   |                                     |                                                                                                                               |                                       |                                              |                                    |                                                |                                           |                                    |                                   |                                         |                                            |                                           |                                             |                                    |                                                                                        |                                           |                                       |                                                          |                                                    |  |  |                                               |  |  |                                     |  |
| <input checked="" type="checkbox"/> Ceiling Fans                                       | <input type="checkbox"/> Irrigation System                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Smoke Detectors – # _____                                                                            |                                        |                                                     |                                             |                                                  |                                      |                                  |                                         |                                         |                                     |                                                                                                             |                                                  |                                            |                                                    |                                                            |                                    |                                           |                                      |                                                 |                                            |                                                   |                                     |                                                                                                                               |                                       |                                              |                                    |                                                |                                           |                                    |                                   |                                         |                                            |                                           |                                             |                                    |                                                                                        |                                           |                                       |                                                          |                                                    |  |  |                                               |  |  |                                     |  |
| <input checked="" type="checkbox"/> CO Detectors - # _____                             | <input type="checkbox"/> Microwave                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Sprinkler System                                                                                     |                                        |                                                     |                                             |                                                  |                                      |                                  |                                         |                                         |                                     |                                                                                                             |                                                  |                                            |                                                    |                                                            |                                    |                                           |                                      |                                                 |                                            |                                                   |                                     |                                                                                                                               |                                       |                                              |                                    |                                                |                                           |                                    |                                   |                                         |                                            |                                           |                                             |                                    |                                                                                        |                                           |                                       |                                                          |                                                    |  |  |                                               |  |  |                                     |  |
| <input type="checkbox"/> Compost Bin                                                   | <input checked="" type="checkbox"/> Mini-Fridge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Standby Generator                                                                                    |                                        |                                                     |                                             |                                                  |                                      |                                  |                                         |                                         |                                     |                                                                                                             |                                                  |                                            |                                                    |                                                            |                                    |                                           |                                      |                                                 |                                            |                                                   |                                     |                                                                                                                               |                                       |                                              |                                    |                                                |                                           |                                    |                                   |                                         |                                            |                                           |                                             |                                    |                                                                                        |                                           |                                       |                                                          |                                                    |  |  |                                               |  |  |                                     |  |
| <input checked="" type="checkbox"/> Cooktop Stove                                      | <input type="checkbox"/> Mini split                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Stove:<br><input type="checkbox"/> Gas <input type="checkbox"/> Wood <input type="checkbox"/> Pellet |                                        |                                                     |                                             |                                                  |                                      |                                  |                                         |                                         |                                     |                                                                                                             |                                                  |                                            |                                                    |                                                            |                                    |                                           |                                      |                                                 |                                            |                                                   |                                     |                                                                                                                               |                                       |                                              |                                    |                                                |                                           |                                    |                                   |                                         |                                            |                                           |                                             |                                    |                                                                                        |                                           |                                       |                                                          |                                                    |  |  |                                               |  |  |                                     |  |
| <input type="checkbox"/> Dehumidifier                                                  | <input type="checkbox"/> Pool – above-ground                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Sump Pump                                                                                            |                                        |                                                     |                                             |                                                  |                                      |                                  |                                         |                                         |                                     |                                                                                                             |                                                  |                                            |                                                    |                                                            |                                    |                                           |                                      |                                                 |                                            |                                                   |                                     |                                                                                                                               |                                       |                                              |                                    |                                                |                                           |                                    |                                   |                                         |                                            |                                           |                                             |                                    |                                                                                        |                                           |                                       |                                                          |                                                    |  |  |                                               |  |  |                                     |  |
| <input checked="" type="checkbox"/> Dishwasher                                         | <input type="checkbox"/> Pool – in-ground                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Wall Oven                                                                                            |                                        |                                                     |                                             |                                                  |                                      |                                  |                                         |                                         |                                     |                                                                                                             |                                                  |                                            |                                                    |                                                            |                                    |                                           |                                      |                                                 |                                            |                                                   |                                     |                                                                                                                               |                                       |                                              |                                    |                                                |                                           |                                    |                                   |                                         |                                            |                                           |                                             |                                    |                                                                                        |                                           |                                       |                                                          |                                                    |  |  |                                               |  |  |                                     |  |
| <input type="checkbox"/> Disposal                                                      | <input type="checkbox"/> Pool Equipment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> Washer                                                                                    |                                        |                                                     |                                             |                                                  |                                      |                                  |                                         |                                         |                                     |                                                                                                             |                                                  |                                            |                                                    |                                                            |                                    |                                           |                                      |                                                 |                                            |                                                   |                                     |                                                                                                                               |                                       |                                              |                                    |                                                |                                           |                                    |                                   |                                         |                                            |                                           |                                             |                                    |                                                                                        |                                           |                                       |                                                          |                                                    |  |  |                                               |  |  |                                     |  |
| <input checked="" type="checkbox"/> Dryer                                              | <input type="checkbox"/> Portable Generator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Window AC                                                                                            |                                        |                                                     |                                             |                                                  |                                      |                                  |                                         |                                         |                                     |                                                                                                             |                                                  |                                            |                                                    |                                                            |                                    |                                           |                                      |                                                 |                                            |                                                   |                                     |                                                                                                                               |                                       |                                              |                                    |                                                |                                           |                                    |                                   |                                         |                                            |                                           |                                             |                                    |                                                                                        |                                           |                                       |                                                          |                                                    |  |  |                                               |  |  |                                     |  |
| <input type="checkbox"/> Electric Garage Door Opener –<br>Number of transmitters _____ | <input type="checkbox"/> Radon Mitigation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> OTHER: _____                                                                                         |                                        |                                                     |                                             |                                                  |                                      |                                  |                                         |                                         |                                     |                                                                                                             |                                                  |                                            |                                                    |                                                            |                                    |                                           |                                      |                                                 |                                            |                                                   |                                     |                                                                                                                               |                                       |                                              |                                    |                                                |                                           |                                    |                                   |                                         |                                            |                                           |                                             |                                    |                                                                                        |                                           |                                       |                                                          |                                                    |  |  |                                               |  |  |                                     |  |
| <input type="checkbox"/> Energy Recovery Ventilator Unit                               | <input checked="" type="checkbox"/> Range-Electric                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                               |                                        |                                                     |                                             |                                                  |                                      |                                  |                                         |                                         |                                     |                                                                                                             |                                                  |                                            |                                                    |                                                            |                                    |                                           |                                      |                                                 |                                            |                                                   |                                     |                                                                                                                               |                                       |                                              |                                    |                                                |                                           |                                    |                                   |                                         |                                            |                                           |                                             |                                    |                                                                                        |                                           |                                       |                                                          |                                                    |  |  |                                               |  |  |                                     |  |
|                                                                                        | <input checked="" type="checkbox"/> Range-Gas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                               |                                        |                                                     |                                             |                                                  |                                      |                                  |                                         |                                         |                                     |                                                                                                             |                                                  |                                            |                                                    |                                                            |                                    |                                           |                                      |                                                 |                                            |                                                   |                                     |                                                                                                                               |                                       |                                              |                                    |                                                |                                           |                                    |                                   |                                         |                                            |                                           |                                             |                                    |                                                                                        |                                           |                                       |                                                          |                                                    |  |  |                                               |  |  |                                     |  |
|                                                                                        | <input type="checkbox"/> Range Hood                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                               |                                        |                                                     |                                             |                                                  |                                      |                                  |                                         |                                         |                                     |                                                                                                             |                                                  |                                            |                                                    |                                                            |                                    |                                           |                                      |                                                 |                                            |                                                   |                                     |                                                                                                                               |                                       |                                              |                                    |                                                |                                           |                                    |                                   |                                         |                                            |                                           |                                             |                                    |                                                                                        |                                           |                                       |                                                          |                                                    |  |  |                                               |  |  |                                     |  |
| (b)                                                                                    | Are any of the items that will be included in the sale of the Property in need of repair or replacement?<br>If "Yes," explain in detail: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> YES                                                                                                  | <input checked="" type="checkbox"/> NO |                                                     |                                             |                                                  |                                      |                                  |                                         |                                         |                                     |                                                                                                             |                                                  |                                            |                                                    |                                                            |                                    |                                           |                                      |                                                 |                                            |                                                   |                                     |                                                                                                                               |                                       |                                              |                                    |                                                |                                           |                                    |                                   |                                         |                                            |                                           |                                             |                                    |                                                                                        |                                           |                                       |                                                          |                                                    |  |  |                                               |  |  |                                     |  |
| (c)                                                                                    | List equipment and appliances that will be <b>excluded</b> from the sale of the Property:<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                               |                                        |                                                     |                                             |                                                  |                                      |                                  |                                         |                                         |                                     |                                                                                                             |                                                  |                                            |                                                    |                                                            |                                    |                                           |                                      |                                                 |                                            |                                                   |                                     |                                                                                                                               |                                       |                                              |                                    |                                                |                                           |                                    |                                   |                                         |                                            |                                           |                                             |                                    |                                                                                        |                                           |                                       |                                                          |                                                    |  |  |                                               |  |  |                                     |  |

Seller's Initials

  
07/10/26  
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John A. Veale

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Buyer's Initials

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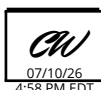
#### 4. TELEPHONE/INTERNET/TELEVISION

|     |                                                                                                                                                                                                                                                                                                 |                                         |                                        |  |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------|--|
| (a) | Is landline telephone service present at the Property?<br>If "Yes," current provider: _____                                                                                                                                                                                                     | <input type="checkbox"/> YES            | <input checked="" type="checkbox"/> NO |  |
| (b) | Is cellular telephone service available at the Property?<br>If "Yes," list available providers: _____                                                                                                                                                                                           | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO            |  |
| (c) | Is internet service available at the Property?<br>If "Yes," current provider: _____                                                                                                                                                                                                             | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO            |  |
| (d) | What type of internet service is available: <input type="checkbox"/> Dial Up <input type="checkbox"/> Broadband <input type="checkbox"/> Cable <input type="checkbox"/> Satellite <input type="checkbox"/> DSL<br><input checked="" type="checkbox"/> Fiber Optic <input type="checkbox"/> None |                                         |                                        |  |
| (e) | Is television service available at the Property?<br>If "Yes," current provider: _____                                                                                                                                                                                                           | <input type="checkbox"/> YES            | <input type="checkbox"/> NO            |  |
| (f) | What type of television service is available: <input type="checkbox"/> Antenna <input type="checkbox"/> Cable <input type="checkbox"/> Satellite <input type="checkbox"/> DSL<br><input type="checkbox"/> Fiber Optic <input type="checkbox"/> None                                             |                                         |                                        |  |

#### 5. STRUCTURAL COMPONENTS

|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |                                        |                                     |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------|-------------------------------------|
| (a) | Type of construction (check all that apply): <input type="checkbox"/> Manufactured <input type="checkbox"/> Modular <input checked="" type="checkbox"/> Wood Frame<br><input type="checkbox"/> Other (describe): _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                         |                                        |                                     |
| (b) | Year Building(s) Constructed: Main Building <u>2026</u><br>Additions to Main Building: _____<br>Additional Building(s): (a) _____ (b) _____ (c) _____ (d) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |                                        |                                     |
| (c) | Have you 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?<br>If "Yes," please explain:<br><div>New build</div><br>If required, did you obtain all permits and approvals for such work? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO            |                                     |
| (d) | Check any of the following items that have defects or malfunctions that need repair:<br><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<br><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<br><input type="checkbox"/> Roof <input type="checkbox"/> Outside Retaining Walls<br><input type="checkbox"/> Other Structures/Components: _____<br><b>If any of the above items are checked, describe the defect, malfunction or item(s) that need repair:</b><br><div></div> |                                         |                                        |                                     |
| (e) | Has there ever been damage to the Property or any of the structures from fire, wind, floods, earth movements, or landslides?<br>If "Yes," explain in detail, including any repairs:<br><div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> YES            | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |

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|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|--|
| (f) | Has there ever been damage to the Property due to broken pipes or failed appliances and/or equipment causing water damage?<br>If "Yes," explain in detail, including any repairs: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |  |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|--|

### **BASEMENT/CELLAR/CRAWL SPACE**

|     |                                                                                                                                                                                                                                                           |                              |                                        |                                     |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|-------------------------------------|
| (g) | Has there ever been any water leakage, accumulation of water, or dampness within the basement, cellar or any crawl space?<br>If "Yes," explain in detail: <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>                     | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |                                     |
| (h) | Have there been any repairs or other attempts to control any water or dampness in the basement, cellar or crawl space?<br>If "Yes," explain in detail, including any repairs: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |
| (i) | Are any of the above recurring problems?<br>If "Yes," what are the problems and how often have they recurred? <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>                                                                 | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |                                     |

### **ROOF**

|     |                                                                                                                                                                                                                                                                                                                                        |                              |                                        |                                     |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|-------------------------------------|
| (j) | Type of roof: <input checked="" type="checkbox"/> Shingle <input type="checkbox"/> Slate <input type="checkbox"/> Standing Seam Metal <input type="checkbox"/> Corrugated Metal <input type="checkbox"/> Tile<br><input type="checkbox"/> Other (describe) _____ <input type="checkbox"/> DON'T KNOW<br>Approximate age of roof? _____ |                              |                                        |                                     |
| (k) | Has the roof ever leaked since you have owned the Property?<br>If "Yes," explain: <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>                                                                                                                                                                          | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |
| (l) | Has the roof been replaced or repaired since you have owned the Property?<br>If "Yes," when? <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>                                                                                                                                                               | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |
| (m) | Are there any current problems with the roof?<br>If "Yes," explain: <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>                                                                                                                                                                                        | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |

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John A. Veil

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## 6. WATER SUPPLY

Special Notice: Water supplies, especially those that are not public or municipal supplies, are affected by many conditions about which Seller may have no knowledge or have any ability to control. These water supply systems can change, deteriorate or fail, often with no warning signs. *Seller makes no warranty or representation whatsoever that the water supply, including quality or quantity, will operate or continue to function for any period of time. Inspection of these systems by a qualified inspector is strongly recommended. As required by law, any Seller with a water supply that is not served by a public water system shall provide the Buyer with an informational brochure developed by the Vermont Department of Health regarding Testing Water from Private Water Supplies within 72 hours of the execution of a contract for the purchase of the Property.*

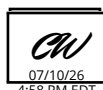
### TYPE OF WATER SYSTEM

|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| (a) | The Property is connected to and serviced by (check all applicable boxes):<br><input type="checkbox"/> Public or Municipal <input type="checkbox"/> Community <input type="checkbox"/> Private <input type="checkbox"/> Shared <input type="checkbox"/> Driven Point Well <input type="checkbox"/> On-site<br><input type="checkbox"/> Off-site <input checked="" type="checkbox"/> Drilled Well <input type="checkbox"/> Spring <input type="checkbox"/> Lake/Pond <input type="checkbox"/> None <input type="checkbox"/> DON'T KNOW<br><input type="checkbox"/> OTHER: _____ |  |  |
| (b) | If Drilled Well: Drilled by: <u>Parker wells</u> Tag #: _____ Depth: <u>610</u><br>Gallons Per Minute (at time of driller's report): <u>20</u> Date of driller's report: <u>6/6/25</u>                                                                                                                                                                                                                                                                                                                                                                                         |  |  |
| (c) | Age of Water System: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |
| (d) | Water System Features: <input type="checkbox"/> Cistern/Reservoir/Holding Tank <input type="checkbox"/> Water Softener/Conditioner<br><input type="checkbox"/> Reverse Osmosis <input type="checkbox"/> Infrared Light <input type="checkbox"/> Ultraviolet <input type="checkbox"/> Sediment Filter<br><input type="checkbox"/> Other: _____ <input checked="" type="checkbox"/> None <input type="checkbox"/> DON'T KNOW                                                                                                                                                     |  |  |
| (e) | What is the annual cost for municipal water? \$ _____ Date Range: _____<br>Metered <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |

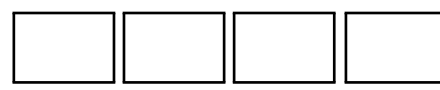
### CONDITION OF WATER AND WATER SYSTEM

|     |                                                                                                                                |                              |                                        |                                     |
|-----|--------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|-------------------------------------|
| (f) | Has the water been tested for coliform bacteria?<br>If "Yes," when? _____<br>By whom? _____<br>Results: _____                  | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |
| (g) | Has any other water quality or water chemistry testing been done?<br>If "Yes," when? _____<br>By whom? _____<br>Results: _____ | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |
| (h) | Are you aware of low pressure in your water system?                                                                            | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |                                     |
| (i) | Has your water supply ever run out or run low?<br>If "Yes," describe: _____                                                    | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |                                     |
| (j) | Does the water have any odor, bad taste, cloudiness or discoloration?<br>If "Yes," describe in detail: _____                   | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |
| (k) | Describe in detail any other problems you have had with your water system, including water quality or quantity: _____          |                              |                                        |                                     |

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## 7. SEWER/SEPTIC/WASTEWATER SYSTEM

Special Notice: Sewer, septic and wastewater systems that are not public or municipal systems are not designed to perform indefinitely and are affected by many conditions about which Seller may have no knowledge or have the ability to control. In addition, the useful life of these systems is affected by the amount and type of use, soil conditions, maintenance, the inherent design of these systems and many other factors. *Seller makes no warranty or representation whatsoever that these systems will operate or continue to function for any period of time. Inspection of these systems by a qualified inspector is recommended. State and local permits may be required for sewer, septic and wastewater systems.*

### TYPE OF SYSTEM

|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (a) | The Property is connected to and serviced by (check all applicable boxes):<br><input type="checkbox"/> Public or Municipal <input type="checkbox"/> Community <input type="checkbox"/> Private <input type="checkbox"/> Shared <input type="checkbox"/> On-site septic/wastewater system<br><input type="checkbox"/> Off-site septic/wastewater system <input type="checkbox"/> Septic Tank<br><input type="checkbox"/> New or Alternate Technology (explain technology): _____<br><input type="checkbox"/> Holding Tanks <input type="checkbox"/> Cesspool <input type="checkbox"/> Sewage Pump <input type="checkbox"/> Dry Well <input type="checkbox"/> Conventional Disposal Area<br><input type="checkbox"/> Mound System Disposal Area <input type="checkbox"/> At Grade <input type="checkbox"/> Other <input type="checkbox"/> DON'T KNOW<br>If other, please explain: _____ |
| (b) | What is the annual cost of municipal sewer? \$ _____ Date Range: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

### CONDITION OF SYSTEM If other than public or municipal sewer/wastewater system, answer the following:

|     |                                                                                                                                                                                                                   |                                     |                                                                 |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------|
| (c) | Date system installed: _____                                                                                                                                                                                      |                                     |                                                                 |
| (d) | Is the system entirely on your Property?<br>If "No," where is it? _____                                                                                                                                           | <input type="checkbox"/> YES        | <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW |
| (e) | Has the system been repaired since you have owned the Property?<br>If "Yes," when? _____<br>What was done? _____<br>By whom? _____                                                                                | <input type="checkbox"/> YES        | <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW |
| (f) | Type of septic tank: <input type="checkbox"/> Concrete <input type="checkbox"/> Metal <input type="checkbox"/> Fiberglass<br><input type="checkbox"/> Other (describe): _____ <input type="checkbox"/> DON'T KNOW |                                     |                                                                 |
| (g) | Septic tank capacity (in gallons) _____                                                                                                                                                                           | <input type="checkbox"/> DON'T KNOW |                                                                 |
| (h) | Date septic tank last inspected? _____<br>By whom? _____                                                                                                                                                          | <input type="checkbox"/> DON'T KNOW |                                                                 |
| (i) | Date septic tank last pumped? _____<br>By whom? _____                                                                                                                                                             | <input type="checkbox"/> DON'T KNOW |                                                                 |
| (j) | Reports of last inspection/pumping attached?                                                                                                                                                                      | <input type="checkbox"/> YES        | <input type="checkbox"/> NO                                     |
| (k) | If required by a State of Vermont wastewater permit, have required periodic maintenance/inspections been completed?<br>If so, date of most recent service: _____<br>Cost: \$ _____ By whom: _____                 | <input type="checkbox"/> YES        | <input type="checkbox"/> NO                                     |

Seller's Initials

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John M. Velez

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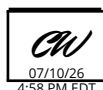
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|     |                                                                                                                                                                                                                                                                                |                              |                             |                                     |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|-------------------------------------|
| (l) | To your knowledge, is any portion of the system in need of repair or replacement? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>If "Yes," describe in detail: _____<br><div style="border: 1px solid black; height: 20px; width: 500px; margin-top: 5px;"></div> | <input type="checkbox"/> YES | <input type="checkbox"/> NO |                                     |
| (m) | Has the Property been occupied as a primary residence for at least 181 days during any one calendar year between December 31, 1986 and December 31, 2006?                                                                                                                      | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |

### 8. ADDITIONAL INFORMATION CONCERNING THE PROPERTY

|     |                                                                                                                                                                                                                                             |                              |                                        |                                     |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|-------------------------------------|
| (a) | Are you currently occupying the Property?<br>If "No," how long has it been since Seller occupied?                                                                                                                                           | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |                                     |
| (b) | Are there any property or development rights (e.g. conservation easements to Land Trusts, etc.) owned by others?<br>If "Yes," by whom?                                                                                                      | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |                                     |
| (c) | Is Property enrolled in Vermont's Current Use program?                                                                                                                                                                                      | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |                                     |
| (d) | Have you received written notice of any violations of local, state or federal laws, building codes and/or zoning ordinances affecting the Property?                                                                                         | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |                                     |
| (e) | Are there any property tax abatements, land use value appraisal, land use tax stabilization agreements or other special property tax arrangements applicable to the Property?<br>If "Yes," explain:                                         | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |
| (f) | Was the house built after December 31, 1997?<br>If "Yes," is a Residential Building Energy Standard (RBES) certification available? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW | <input type="checkbox"/> YES | <input type="checkbox"/> NO            |                                     |
| (g) | Have you received notice that the Property will be reassessed by any taxing authority during the next 12 months?                                                                                                                            | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |                                     |
| (h) | Does the Property have urea-formaldehyde foam insulation?                                                                                                                                                                                   | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |
| (i) | Does the Property have asbestos and/or asbestos materials in the siding, walls, plaster, flooring, insulation, heating system?                                                                                                              | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |
| (j) | Has the Property been tested for radon gas?<br>If "Yes," when? _____ By whom? _____<br>Results:                                                                                                                                             | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |
| (k) | Has paint containing lead been used on the Property?                                                                                                                                                                                        | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |
| (l) | Does the Property have evidence of mold?<br>If "Yes," what has been done about the mold? _____                                                                                                                                              | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |

Seller's Initials



Buyer's Initials

|                                                       |                                                                                                                                                                                                                                                                                                              |                              |                                        |                                     |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|-------------------------------------|
| (m)                                                   | Are you aware of any off-site conditions in your neighborhood/community that could affect the value or desirability of the Property such as noise, proposed major new development, relocation or major construction of road or highways, proposed zoning changes, etc?<br>If "Yes," explain in detail: _____ | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |                                     |
| (n)                                                   | Is there any infestation by pests that affect the Property? If "Yes," explain: _____                                                                                                                                                                                                                         | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |
| (o)                                                   | Do you have any knowledge of any damage to the Property caused by pests?                                                                                                                                                                                                                                     | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |
| (p)                                                   | Is the Property currently under warranty or other coverage by a pest control company?                                                                                                                                                                                                                        | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |
| (q)                                                   | Do you know of any termite/pest control reports or treatments for the Property in the last five years?                                                                                                                                                                                                       | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |
| (r)                                                   | Does the Property have any audio and/or surveillance or recording equipment?<br>If "Yes," will said equipment be active during showings?<br><input type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                         | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |
| <b>Further explanation of any of the above:</b> _____ |                                                                                                                                                                                                                                                                                                              |                              |                                        |                                     |
|                                                       |                                                                                                                                                                                                                                                                                                              |                              |                                        |                                     |

| 9. CONDOMINIUMS/SUBDIVISIONS/HOMEOWNERS' ASSOCIATIONS |                                                                                                                                                                                                          |                                         |                                        |                                     |
|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------|-------------------------------------|
| (a)                                                   | Is the Property part of a condominium or other common interest ownership association or is it subject to covenants, conditions and restrictions (CC&R's)?<br>If "Yes," Condo docs or CC&R's attached? No | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO            |                                     |
| (b)                                                   | Is there any defect, damage, or problem with any common elements or common areas? If "Yes," describe below.                                                                                              | <input type="checkbox"/> YES            | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |
| (c)                                                   | Is there any condition or claim which may result in an increase in assessment or fees? If "Yes," describe below.                                                                                         | <input type="checkbox"/> YES            | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |
| (d)                                                   | Are pets allowed?<br>If "Yes," what is allowed?                                                                                                                                                          | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO            | <input type="checkbox"/> DON'T KNOW |
| (e)                                                   | Are there any rental restrictions?<br>If "Yes", what is the rule?                                                                                                                                        | <input type="checkbox"/> YES            | <input checked="" type="checkbox"/> NO |                                     |
| (f)                                                   | Are there any homeowners' association dues associated with the Property? If "Yes," amount \$<br><input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly      | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO            |                                     |

Seller's Initials

  
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Buyer's Initials

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|                                                |                                                                                                                                                                                                                                                                                                      |                              |                                        |                                     |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|-------------------------------------|
| (g)                                            | Are there any special assessments on the Property?<br>If "Yes," amount \$ _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly<br>Purpose of special assessment: _____<br>Years of term remaining on any outstanding special assessments: _____ | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |                                     |
| (h)                                            | Are there any current actions, disputes or lawsuits pending between the homeowners/condominium owners' association and any other parties? If "Yes," describe below.                                                                                                                                  | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |
| (i)                                            | Do you know of any violations of local, state, or federal laws or regulations, condominium rules or CC&R's relating to the Property? If "Yes," describe below.                                                                                                                                       | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |
| (j)                                            | Contact person/manager for condominium/homeowner association:<br>Name: _____<br>Phone number/email: _____                                                                                                                                                                                            |                              |                                        |                                     |
| Further explanation of any of the above: _____ |                                                                                                                                                                                                                                                                                                      |                              |                                        |                                     |

IS THERE ANYTHING ELSE THAT SHOULD BE DISCLOSED ABOUT THE CONDITION OF THE PROPERTY? (In answering this question, you should be guided by what you would want to know about the condition of the Property if you were buying it.)

☐ YES ☒ NO ☐ DON'T KNOW OF ANYTHING ELSE If "Yes," explain:

**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 delivering this report to a buyer or prospective buyer, no representation is made by any real estate agent that they have any independent or personal knowledge about the condition of the Property, that they have made any inquiry or investigation about the condition of the Property, or any of the information provided in this report by the Seller or that they have verified the information provided in this report by the Seller.** Seller acknowledges that the information provided in this report is correct to the best of Seller's knowledge as of the date signed by the Seller.

**Buyer/prospective buyer acknowledges receipt of a copy of this report on the dates 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.**

|         |                                                                                                               |        |                    |
|---------|---------------------------------------------------------------------------------------------------------------|--------|--------------------|
| Seller: | <div><div>Clay Walker</div><div>dotloop verified<br/>07/10/26 4:58 PM EDT<br/>DW7F-2E8F-LEGM-RYE2</div></div> | Buyer: |                    |
|         | (Signature) (Date)                                                                                            |        | (Signature) (Date) |
| Seller: |                                                                                                               | Buyer: |                    |
|         | (Signature) (Date)                                                                                            |        | (Signature) (Date) |
| Seller: |                                                                                                               | Buyer: |                    |
|         | (Signature) (Date)                                                                                            |        | (Signature) (Date) |
| Seller: |                                                                                                               | Buyer: |                    |
|         | (Signature) (Date)                                                                                            |        | (Signature) (Date) |