

## SELLER'S PROPERTY INFORMATION REPORT

TO BE COMPLETED BY SELLER

Date Prepared:

4/22/22

Seller's Name(s):

Tricia Tyo and James L Young

Property Address:

1000 Cobb Hill Road  
Street

Moretown

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: \_\_\_\_\_

**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.

**THE STATEMENTS IN THIS REPORT ARE MADE BY THE SELLER.  
THEY ARE NOT STATEMENTS OR REPRESENTATIONS MADE BY ANY REAL ESTATE AGENT(S).**

### 1. LAND (SOILS, DRAINAGE, BOUNDARIES AND EASEMENTS)

(a)	Has any fill or off-site material been placed on the Property? <u>parking area</u>	<input checked="" type="checkbox"/> YES	<input 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?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(f)	If the answer to (e) above is "No," how is the road serving the property maintained? <input type="checkbox"/> Road Maintenance Agreement <input type="checkbox"/> Homeowners/Road Association <input type="checkbox"/> Private (by owner) Annual Cost(s): _____ Other (explain): _____			
(g)	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

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(h)	Are there currently any underground fuel storage tanks on the Property? If "Yes," Fuel Type: _____	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(i)	Have there been any underground fuel storage tanks on the Property in the past? If "Yes," have they been removed? When? _____ By whom? _____	<input type="checkbox"/> YES <input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW <input type="checkbox"/> DON'T KNOW
(j)	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
(k)	Are the boundary lines of the Property marked in any way? If "Yes," how are they marked? <u>Stakes</u>	<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(l)	Has the Property been surveyed? If "Yes," when? _____ By whom? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> DON'T KNOW
(m)	Is a copy of the survey available?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(n)	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
(o)	Are there any boundary line disputes, claims of adverse possession, encroachments, shared driveways, party walls 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:

some stakes at top of property

## 2. MECHANICAL, ELECTRICAL, APPLIANCES & OTHER SYSTEMS

### HEATING/AIR CONDITIONING/HOT WATER SYSTEMS

(a)	<b>Heating System (check all that apply):</b> <input checked="" type="checkbox"/> Base Board <input type="checkbox"/> Hot Air <input type="checkbox"/> Radiant <input type="checkbox"/> Heat Pump <input type="checkbox"/> Direct Vent <input type="checkbox"/> Other (explain): _____ Age of Furnace/Boiler: <u>2006</u> <input type="checkbox"/> Don't Know Fuel Type: <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Wood <input checked="" type="checkbox"/> Wood Pellet <input type="checkbox"/> Coal <input type="checkbox"/> Solar <input type="checkbox"/> Geothermal <input type="checkbox"/> Other (explain): <u>Harmon fireplace insert - March 2017</u> Annual Fuel Usage: _____ Gallons (or other measure) Provider: <u>Irving</u> Property used: <input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Seasonally Fuel consumption may vary by user, number of occupants and weather conditions.
(b)	<b>Air Conditioning:</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "Yes," describe (central, heat pump, <u>window</u> , etc.): <u>only</u>
(c)	<b>Hot Water System (check all that apply):</b> <input checked="" type="checkbox"/> Hot Water Tank <input type="checkbox"/> Domestic/Off Boiler <input type="checkbox"/> On Demand <input type="checkbox"/> Heat Pump Water Heater Age of Hot Water System: <u>2019</u> <input type="checkbox"/> Don't Know Fuel Type: <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Coal <input type="checkbox"/> Solar <input type="checkbox"/> Wood Pellet <input type="checkbox"/> Other _____ Hot Water Tank is: <input checked="" type="checkbox"/> Owned <input type="checkbox"/> Rented If rented, from whom: _____ Monthly rental fee: \$ _____
(d)	<b>Alternative Energy System(s) (check all that apply):</b> <input type="checkbox"/> Solar <input type="checkbox"/> Wind <input type="checkbox"/> Hydroelectric <input type="checkbox"/> Geothermal <input type="checkbox"/> Unknown Energy returned to grid: <input type="checkbox"/> YES <input type="checkbox"/> NO Owned or Leased
(e)	<b>Electrical System:</b> Electrical service panel has: <input type="checkbox"/> Fuses <input checked="" type="checkbox"/> Circuit Breakers <input type="checkbox"/> Other (explain) _____ Annual electricity usage: \$ <u>3000</u> Electric utility provider: <u>Green Mountain Power</u> Property used: <input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Seasonally Electricity consumption may vary by user, number of occupants, number of appliances and weather conditions. Main Breaker Amperes: _____ Amps <input checked="" type="checkbox"/> Don't Know <u>wired for generator</u>
(f)	Are you aware of any problems or conditions that affect any of the above systems? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "Yes," explain in detail: _____

### TELEPHONE / INTERNET / TELEVISION

(g)	Is landline telephone service present at the Property? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If "Yes," current provider: <u>Comcast</u>
(h)	Is cellular telephone service available at the Property? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If "Yes," list available providers: _____
(i)	Is internet service available at the Property? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If "Yes", current provider: <u>Comcast</u> If "Yes," service is: <input type="checkbox"/> Dial Up <input type="checkbox"/> Broadband <input checked="" type="checkbox"/> Cable <input type="checkbox"/> Satellite <input type="checkbox"/> DSL
(j)	Is television service available at the Property? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If "Yes", current provider: _____ If "Yes," source is: <input type="checkbox"/> Antenna <input checked="" type="checkbox"/> Cable <input type="checkbox"/> Satellite <input type="checkbox"/> DSL

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(k)	<b>OTHER EQUIPMENT AND APPLIANCES INCLUDED IN SALE</b>
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Check the items that will be included in the sale of the Property:

- ☒ Electric Garage Door Opener - Number of Transmitters 2    ☐ Security Alarm System    ☐ Owned    ☐ Leased    ☐ Humidifier  
☐ Dehumidifier    ☐ Lawn Sprinklers    ☐ Automatic Timer    ☐ Smoke Detectors - How Many? \_\_\_\_\_    ☐ Whirlpool Bath  
☐ Swimming Pool    ☐ Pool Heater    ☐ Spa/Hot Tub    ☐ Pool/Spa Equipment (list): \_\_\_\_\_  
☒ Refrigerator    ☒ Stove    ☐ Hood/Fan    ☒ Microwave Oven    ☒ Dishwasher    ☒ Garbage Disposal    ☐ Trash Compactor  
☒ Washer    ☒ Dryer    ☐ Central Vacuum    ☐ Freezer    ☐ Intercom    ☒ Ceiling Fans    ☒ Woodstove    ☐ Sump Pump    ☒ Well Pump  
☐ Satellite Dish    ☐ Indoor/Outdoor Grill    ☐ Attic Fan(s)    ☐ Window A/C  
☐ Wood/Gas/Pellet/Other Stove (describe): \_\_\_\_\_

OTHER:

Are any of the items that will be included in the sale of the Property in need of repair or replacement? ☐ YES ☐ NO

**If “yes”, explain in detail:**

**List equipment and appliances, including any AC units, that will be excluded from the sale of the Property:**

### 3. STRUCTURAL COMPONENTS

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

- ☐ Foundation    ☐ Slab    ☐ Chimney    ☐ Fireplace    ☐ Interior Walls    ☐ Ceilings    ☐ Floors  
☐ Windows    ☐ Doors    ☐ Storms/Screens    ☐ Exterior Walls    ☐ Driveway    ☐ Sidewalks    ☐ Pool    ☐ Roof  
☐ Outside Retaining Walls    ☐ Other Structures/Components: \_\_\_\_\_

**If any of the above items are checked, describe the defect, malfunction or item(s) that need significant repair:**

Has there ever been damage to the Property or any of the structures from fire, wind, floods, earth movements or landslides?

- ☐ YES ☒ NO ☐ DON'T KNOW If "Yes," explain in detail, including any repairs:

**BASEMENT/CELLAR/CRAWL SPACE:**

Has there ever been any water leakage, accumulation of water, dampness or visible mold within the basement, cellar or any crawl space?

- ☒ YES ☐ NO If "Yes," explain in detail: Curtain drain collapsed

Have there been any repairs or other attempts to control any water or dampness within the basement, cellar or crawl space?

- ☒ YES ☐ NO ☐ DON'T KNOW If "Yes," explain in detail, including any repairs:

new curtain drain line placed

Are any of the above recurring problems? ☐ YES ☒ NO If "Yes," what are the problems and how often have they recurred?

Has paint containing lead been used on the Property? ☐ YES ☐ NO ☒ DON'T KNOW

**ROOF:** ☒ Shingle ☐ Slate ☐ Metal ☐ Tile ☐ Other (describe) ☐ Don't Know

Approximate age of roof?

Has the roof ever leaked since you have owned the Property? ☐ YES ☒ NO ☐ DON'T KNOW

If “Yes,” explain:

Has the roof been replaced or repaired since you have owned the Property? ☐ YES ☒ NO ☐ DON'T KNOW

If “Yes,” when?

Are there any current problems with the roof? ☐ YES ☒ NO ☐ DON'T KNOW

If “Yes,” explain:

#### 4. 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

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by law, any seller with a potable water supply that is not served by a public water system shall provide the Purchaser 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.

<b>TYPE OF WATER SYSTEM</b> The Property is connected to and serviced by (check all applicable boxes): <input type="checkbox"/> Public or Municipal <input type="checkbox"/> Community <input checked="" type="checkbox"/> Private <input type="checkbox"/> Shared <input checked="" type="checkbox"/> On-site <input type="checkbox"/> Off-site <input checked="" type="checkbox"/> Drilled Well <input type="checkbox"/> Dug Well <input type="checkbox"/> Spring <input type="checkbox"/> Lake/Pond <input type="checkbox"/> Lake Well <input type="checkbox"/> None <input type="checkbox"/> Don't Know Water System Features : <input type="checkbox"/> Cistern/Reservoir/Holding Tank <input type="checkbox"/> Water Softener/Conditioner <input type="checkbox"/> Reverse Osmosis <input type="checkbox"/> Infrared Light <input type="checkbox"/> Ultraviolet <input type="checkbox"/> Other: _____ <input checked="" type="checkbox"/> None <input type="checkbox"/> Don't Know Water Pipes are: <input checked="" type="checkbox"/> Copper <input type="checkbox"/> Galvanized Metal <input type="checkbox"/> Lead <input type="checkbox"/> PVC (Plastic) <input checked="" type="checkbox"/> Combination <input type="checkbox"/> Don't Know If Drilled Well: Drilled by: _____ Tag #: _____ Depth: _____ Gallons Per Minute (at time of driller's report): _____ Date of driller's report: _____	
<b>CONDITION OF WATER AND WATER SYSTEM</b> Has the water been tested for coliform bacteria? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> DON'T KNOW If "Yes," when? _____ By whom? _____ Results: _____ Has any other water quality or water chemistry testing been done? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> DON'T KNOW If "Yes," when? _____ By whom? _____ Results: _____ Water softener <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   If "Yes," <input type="checkbox"/> Own <input type="checkbox"/> Rent   If rented, from whom: _____ Monthly Rental Fee: \$ _____ Are you aware of low pressure in your water system? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Has your water supply ever run out or run low? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   If "Yes," describe: _____ _____ Describe in detail any other problems you have had with your water system, including water quality or quantity: _____ Does the water have any odor, bad taste, cloudiness or discoloration? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   If "Yes," describe in detail: _____	

## 5. 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 any 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.***

<b>TYPE OF SYSTEM</b> The Property is connected to and serviced by (check appropriate boxes): <input type="checkbox"/> Public or Municipal Sewer System <input checked="" type="checkbox"/> On-site septic/wastewater system <input type="checkbox"/> Off-site septic/wastewater system <input checked="" type="checkbox"/> Septic Tank <input type="checkbox"/> New or Alternate Technology (explain technology) <u>Preshby</u> <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 <input checked="" type="checkbox"/> Mound System disposal area <input type="checkbox"/> At Grade <input type="checkbox"/> Other <input type="checkbox"/> Don't Know   If other, please explain: _____	
<b>CONDITION OF SYSTEM</b> If other than public or municipal sewer/wastewater system, answer the following: Date system installed: <u>Aug 2018</u> Is the system entirely on your Property? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW If "No," where is it? _____ Has the system been repaired since you have owned the Property? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   If "Yes," when? _____ What was done? _____ By whom? _____ Type of septic tank: <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Metal <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other (describe) _____ <input type="checkbox"/> Don't Know Septic tank capacity (in gallons) <u>1500 gallon</u> <input type="checkbox"/> Don't Know Date Septic Tank Last Inspected? _____ <input type="checkbox"/> Don't Know   Reports of last inspection/pumping attached: <input type="checkbox"/> YES <input type="checkbox"/> NO Date Septic Tank Last Pumped? <u>4/25/22</u> <input type="checkbox"/> Don't Know   By whom? <u>P+P Septic</u> To your knowledge, is any portion of the system in need of repair or replacement? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   If "Yes," describe in detail: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	

Seller's Initials   [Signature]   [Signature]        

Purchaser's Initials

(e)	Are there any homeowners' association or "common area" expenses or assessments affecting the Property?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(f)	Are there presently any outstanding special assessment(s) on the Property? If "Yes," amount: \$	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
(g)	Are there any anticipated special assessments on the Property? If "Yes," anticipated amount: \$ <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly Purpose of special assessments: _____ Years or term remaining on any outstanding special assessments: _____	<input type="checkbox"/> YES	<input 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 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 type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(j)	Contact person/manager for condominium/homeowner association: Name: _____ Phone number/e-mail: _____			

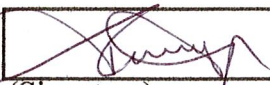
**Further explanation of any of the above:**

**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 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 Seller.

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

Seller:  4/22/22  
(Signature) Date

Purchaser: \_\_\_\_\_  
(Signature) Date

Seller:  4-22-22  
(Signature) Date

Purchaser: \_\_\_\_\_  
(Signature) Date

Seller: \_\_\_\_\_  
(Signature) Date

Purchaser: \_\_\_\_\_  
(Signature) Date

Seller: \_\_\_\_\_  
(Signature) Date

Purchaser: \_\_\_\_\_  
(Signature) Date