



SELLER'S PROPERTY INFORMATION REPORT

TO BE COMPLETED BY SELLER

Date Prepared: _____

Seller's Name(s): John M Thurgood and Susan E Thurgood

Property Address: 5785 Mountain Rd, 7C Stowe
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: _____

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?	<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?	<input type="checkbox"/> YES	<input checked="" 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 checked="" type="checkbox"/> Homeowners/Road Association <input type="checkbox"/> Private (by owner) Annual Cost(s): <u>Included in MMTHA homeowners fees.</u> 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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(k) OTHER EQUIPMENT AND APPLIANCES INCLUDED IN SALE

Check the items that will be included in the sale of the Property:

- ☐ Electric Garage Door Opener - Number of Transmitters _____ ☐ Security Alarm System ☐ Owned ☐ Leased ☐ Humidifier
☐ Dehumidifier ☐ Lawn Sprinklers ☐ Automatic Timer ☒ Smoke Detectors - How Many? 3 ☐ 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:

Fireplace decommissioned, can be redone.

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: _____

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: _____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? One section replaced 1 1/2 years ago. Another section est 20 years, will be replaced by assn when needed

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? See above

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

If "Yes," explain: _____

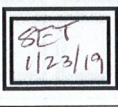
4. WATER SUPPLY

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*

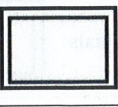
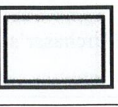
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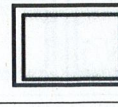
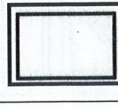
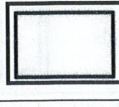
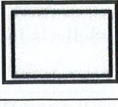
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6. ADDITIONAL INFORMATION CONCERNING THE PROPERTY

(a)	Age of Building(s): Main Bldg. <u>44</u> Additions to Main Bldg. _____ Additional Building(s): (a) _____ (b) _____			
(b)	Is Seller currently occupying the Property? If "No," how long has it been since Seller occupied? _____	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
(c)	Has Seller built or caused to be built any of the buildings on the Property, or made any additions, modifications, alterations or renovations to any building on the Property? If "Yes," please explain: _____	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
(d)	If "yes," did you obtain all necessary permits and approvals for such work?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
(e)	Are any property or development rights (e.g. conservation easements to Land Trusts, etc.) owned by others? If "Yes," by whom: _____	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
(f)	Has Seller received written notice of any violations of local, state or federal laws, building codes and/or zoning ordinances affecting the Property?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
(g)	Are there any property tax abatements, land use tax stabilization agreements or other special property tax arrangements applicable to the Property?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(h)	Has Seller 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	
(i)	Does the property have Urea-Formaldehyde Foam Insulation?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(j)	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
(k)	Has the Property been tested for Radon Gas?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(l)	If "Yes," when? <u>2014</u> By whom? <u>Bldg inspector</u> Results: <u>negative</u>			
(m)	Does the Property have evidence of mold?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(n)	If "Yes," what has been done about the mold? _____			
(o)	Are you aware of any off-site conditions in your neighborhood/community that could adversely affect the value or desirability of the Property, such as noise, proposed major new development, relocation or major construction of roads or highways, proposed zoning changes, etc.? If "Yes," explain in detail: _____	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
(p)	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
(q)	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
(r)	Is the Property currently under warranty or other coverage by a licensed pest control company?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(s)	Do you know of any termite/pest control reports or treatments for the Property in the last five years?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> DON'T KNOW
(t)	Does the Property have any audio and/or video surveillance or recording equipment? If Yes, will said equipment be active during showings? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(u)	Has the Property received a home energy audit/assessment/rating/profile? If yes, when? <u>1 year ago</u> by whom? <u>Sister Builders, Efficiency VT</u>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(v)	Further explanation of answers to any of the above: <u>Installed practices to reduce airflow, dramatically improved heading efficiency.</u>			

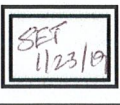
7. CONDOMINIUMS SUBDIVISIONS/ HOMEOWNERS' ASSOCIATIONS/ROAD MAINTENANCE AGREEMENTS/ROAD MAINTENANCE ASSOCIATIONS

(a)	Is the Property part of a condominium or other common interest ownership regime or is it subject to covenants, conditions and restrictions (CC&R's)? If "Yes," Condo docs or CC&R's attached?	<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 any required storm water permits current?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW

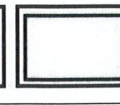
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