



SELLER'S PROPERTY INFORMATION REPORT

TO BE COMPLETED BY SELLER

Date Prepared: 04/15/2018

Seller's Name(s): Lorraine Daniels

Property Address: 828 Eligo Lake Rd. Greensboro
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 type="checkbox"/> NO	<input checked="" 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 type="checkbox"/> Homeowners/Road Association <input checked="" type="checkbox"/> Private (by owner) Annual Cost(s): \$ Zero Other (explain): Greensboro Town flows the snow in winter			
(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 type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW

Seller's Initials

LLD

Purchaser's Initials

(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 checked="" 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>ROADS - COLOR CAPS</u>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(l)	Has the Property been surveyed? If "Yes," when? _____ By whom? <u>DON'T KNOW</u>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input 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:

2. MECHANICAL, ELECTRICAL, APPLIANCES & OTHER SYSTEMS

HEATING/AIR CONDITIONING/HOT WATER SYSTEMS

(a)	Heating System (check all that apply): <input type="checkbox"/> Base Board <input checked="" type="checkbox"/> Hot Air <input type="checkbox"/> Radiant <input type="checkbox"/> Heat Pump <input type="checkbox"/> Direct Vent <input type="checkbox"/> Other (explain): <u>NEW 2017</u> Age of Furnace/Boiler: _____ <input type="checkbox"/> Don't Know Fuel Type: <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 <input type="checkbox"/> Coal <input type="checkbox"/> Solar <input type="checkbox"/> Geothermal <input type="checkbox"/> Other (explain): _____ Annual Fuel Usage: <u>900</u> Gallons (or other measure) Provider: <u>Bourne Energy</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)	Air Conditioning: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "Yes," describe (central, heat pump, window, etc.): _____
(c)	Hot Water System (check all that apply): <input 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: _____ <input type="checkbox"/> Don't Know Fuel Type: <input type="checkbox"/> Oil <input 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 type="checkbox"/> Owned <input type="checkbox"/> Rented If rented, from whom: _____ Monthly rental fee: \$ _____
(d)	Alternative Energy System(s) (check all that apply): <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)	Electrical System: Electrical service panel has: <input type="checkbox"/> Fuses <input type="checkbox"/> Circuit Breakers <input type="checkbox"/> Other (explain) _____ Annual electricity usage: \$ <u>900.00</u> Electric utility provider: <u>HARDWICK ELECTRIC</u> Property used: <input 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: <u>200</u> Amps <input type="checkbox"/> Don't Know
(f)	Are you aware of any problems or conditions that affect any of the above systems? <input type="checkbox"/> YES <input type="checkbox"/> NO If "Yes," explain in detail: _____ <div style="border: 1px solid black; height: 30px;"></div>

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

Seller's Initials



Purchaser's Initials

(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:

 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? 25 YEARS
 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*

Seller's Initials ELD Purchaser's Initials _____

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.

TYPE OF WATER SYSTEM The Property is connected to and serviced by (check all applicable boxes):
☐ Public or Municipal ☐ Community ☒ Private ☐ Shared
☐ On-site ☐ Off-site ☐ Drilled Well ☐ Dug Well ☒ Spring ☐ Lake/Pond ☐ Lake Well ☐ None ☐ Don't Know
 Water System Features : ☐ Cistern/Reservoir/Holding Tank ☐ Water Softener/Conditioner ☐ Reverse Osmosis ☐ Infrared Light
☒ Ultraviolet ☐ Other: _____ ☐ None ☐ Don't Know
 Water Pipes are: ☐ Copper ☐ Galvanized Metal ☐ Lead ☐ PVC (Plastic) ☐ Combination ☒ Don't Know
 If Drilled Well: Drilled by: _____ Tag #: _____ Depth: _____
 Gallons Per Minute (at time of driller's report): _____ Date of driller's report: _____

CONDITION OF WATER AND WATER SYSTEM
 Has the water been tested for coliform bacteria? ☒ YES ☐ NO ☐ DON'T KNOW
 If "Yes," when? OCT 2017 By whom? N.A. MANOSH Results: Acceptable for consumption
 Has any other water quality or water chemistry testing been done? ☐ YES ☒ NO ☐ DON'T KNOW
 If "Yes," when? _____ By whom? _____ Results: _____
 Water softener ☐ YES ☒ NO If "Yes," ☐ Own ☐ Rent If rented, from whom: _____ Monthly Rental Fee: \$ _____
 Are you aware of low pressure in your water system? ☐ YES ☒ NO
 Has your water supply ever run out or run low? ☐ YES ☒ 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? ☐ YES ☒ 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.

TYPE OF SYSTEM The Property is connected to and serviced by (check appropriate boxes):
☐ Public or Municipal Sewer System ☒ On-site septic/wastewater system ☐ Off-site septic/wastewater system ☒ Septic Tank
☐ New or Alternate Technology (explain technology) _____ ☐ Holding Tanks
☐ Cesspool ☐ Sewage Pump ☐ Dry Well ☒ Conventional disposal area ☐ Mound System disposal area ☐ At Grade
☐ Other ☐ Don't Know If other, please explain: LEACH FIELD

CONDITION OF SYSTEM If other than public or municipal sewer/wastewater system, answer the following:
 Date system installed: 1992 Is the system entirely on your Property? ☒ YES ☐ NO ☐ DON'T KNOW
 If "No," where is it? _____
 Has the system been repaired since you have owned the Property? ☐ YES ☒ NO If "Yes," when? _____
 What was done? _____ By whom? _____
 Type of septic tank: ☒ Concrete ☐ Metal ☐ Fiberglass ☐ Other (describe) _____ ☐ Don't Know
 Septic tank capacity (in gallons) _____ ☒ Don't Know
 Date Septic Tank Last Inspected? _____ ☒ Don't Know Reports of last inspection/pumping attached: ☐ YES ☐ NO
 Date Septic Tank Last Pumped? _____ ☒ Don't Know By whom? _____
 To your knowledge, is any portion of the system in need of repair or replacement? ☐ YES ☒ NO If "Yes," describe in detail: _____

Seller's Initials

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Purchaser's Initials

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6. ADDITIONAL INFORMATION CONCERNING THE PROPERTY

(a)	Age of Building(s): Main Bldg. <u>25 YEARS</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? <u>6 months</u>	<input type="checkbox"/> YES	<input checked="" 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 type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> DON'T KNOW
(l)	If "Yes," when? _____ By whom? _____ Results: _____			
(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 checked="" type="checkbox"/> NO	<input 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? _____ by whom? _____	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(v)	Further explanation of answers to any of the above: _____ _____			

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 type="checkbox"/> YES	<input checked="" 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 type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW

Seller's Initials

LLD

Purchaser's Initials

(e)	Are there any homeowners' association or "common area" expenses or assessments affecting the Property?	<input type="checkbox"/> YES	<input checked="" 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 checked="" 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 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: Name: _____ Phone number/e-mail: _____			

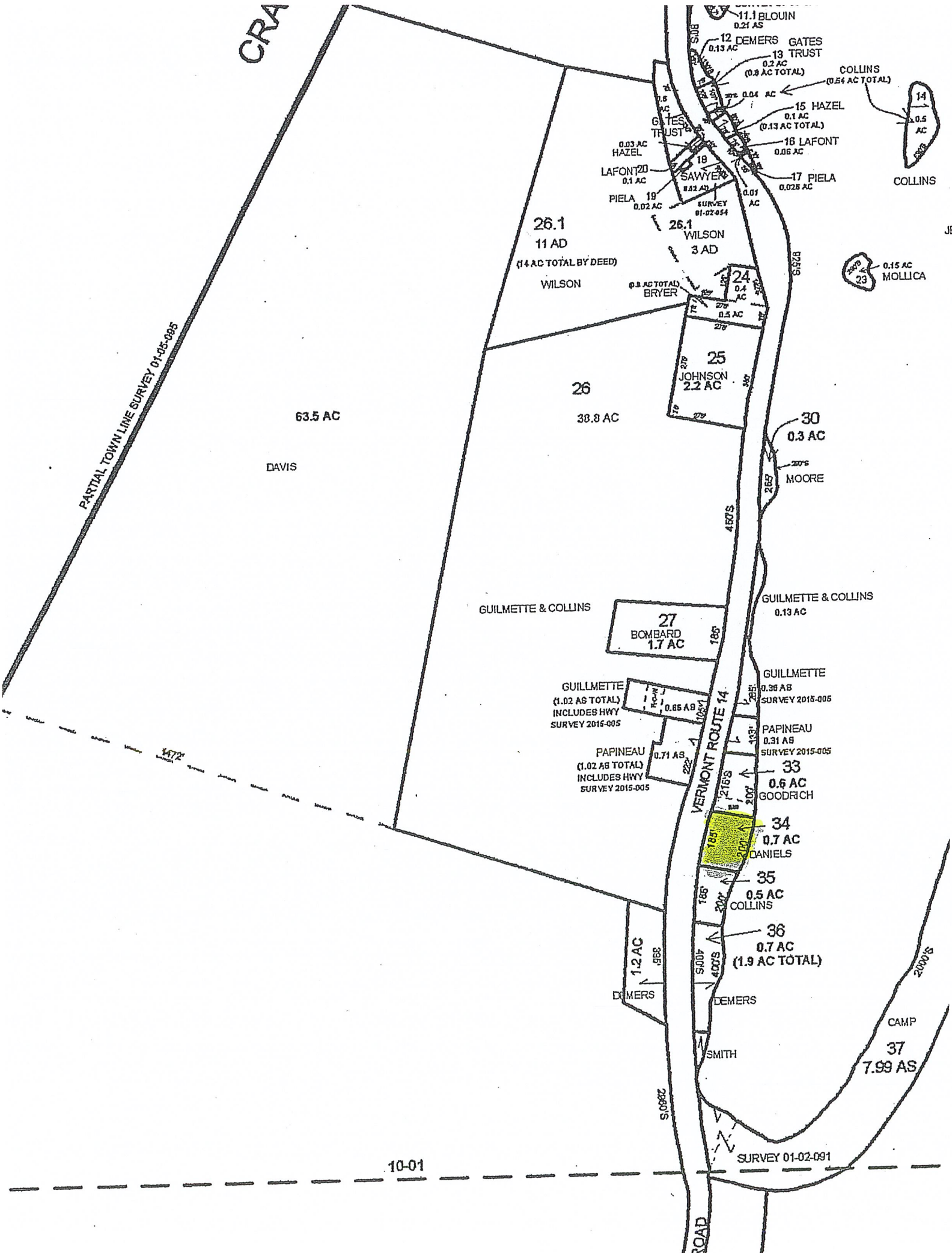
Further explanation of any of the above:

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.

<p>Seller: Lorraine L. Daniels 4-9-18</p> <p>(Signature) Date</p>	<p>Purchaser: </p> <p>(Signature) Date</p>
<p>Seller: </p> <p>(Signature) Date</p>	<p>Purchaser: </p> <p>(Signature) Date</p>
<p>Seller: </p> <p>(Signature) Date</p>	<p>Purchaser: </p> <p>(Signature) Date</p>
<p>Seller: </p> <p>(Signature) Date</p>	<p>Purchaser: </p> <p>(Signature) Date</p>



Return to _____
Signed Kim Heavens, Clerk
Date Aug 8, 2011

GREENSBORO, VT., TOWN CLERK'S OFFICE
RECEIVED FOR RECORD
THIS 8th DAY OF Aug A.D. 2011
AT 12 O'CLOCK 30 MINUTES P M. AND
RECORDED IN GREENSBORO RECORDS, BOOK 48 PAGE 20
ATTEST Kim Heavens TOWN CLERK

WARRANTY DEED

KNOW ALL PERSONS BY THESE PRESENTS

THAT We, ELWYN J. DANIELS, JR. AND LORRAINE DANIELS, HUSBAND AND WIFE, of Greensboro, Vermont, **Grantors**, in the consideration of One Dollar and Other Good and Valuable Considerations paid to our full satisfaction by JAYNE COLLINS, of Greensboro, Vermont; JAMES DANIELS of Montpelier, Vermont; and JANICE GUILMETTE of Waterbury, Vermont **Grantees** by these presents do freely **Give, Grant, Sell, Convey And Confirm** unto the said **Grantees**, JAYNE COLLINS, JAMES DANIELS AND JANICE GUILMETTE, AS TENANTS IN COMMON, and their heirs and assigns forever, a certain piece of land in Town of Greensboro, in the County of Orleans and State of Vermont, described as follows, viz:

Being all and the same lands and premises conveyed to Elwyn J. Daniels, Jr. and Lorraine Daniels, husband and wife, by Warranty Deed of Elwyn J. Daniels, Sr., Elwyn J. Daniels, Jr., William R. Daniels and Lesley J. Daniels Moore dated March 26, 1988, and June 8, 1988, and recorded June 15, 1988 in Book 10 at Page 333 of the Town of Greensboro Land Records.

Reference may be had to the above-mentioned deeds and their records and to all other deeds and records in the chain of title for a more complete and particular description of the land and premises herein conveyed.

This conveyance is made subject to and with the benefit of any utility easements, public rights-of-way, spring rights, easements for ingress and egress, and rights incidental to each of the same as may appear more particularly of record, provided that this paragraph shall not reinstate any such encumbrance previously extinguished by the Marketable Record Title Act, Chapter 5, Subchapter 7 of Title 27, Vermont Statutes Annotated

RESERVING UNTO THE GRANTORS, ELWYN J. DANIELS, JR. AND LORRAINE DANIELS, OR THE SURVIVOR OF THEM, TENANTS BY THE ENTIRETY, A LIFE ESTATE IN THE ABOVE-DESCRIBED PROPERTY WITH FULL POWER TO MORTGAGE, LEASE, SELL OR CONVEY, WITH OR WITHOUT CONSIDERATION, SAID PROPERTY, WITHOUT JOINDER OF THE GRANTEEES IN

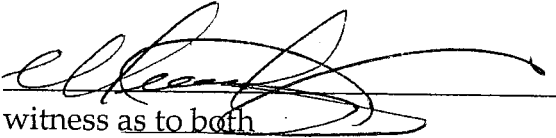
SUCH CONVEYANCE, AND THE RIGHT TO ALL INCOME AND PROCEEDS FROM SUCH TRANSFER, FREE OF THE INTEREST OF GRANTEES, DURING THEIR LIFETIME. GRANTORS SHALL BE SOLELY RESPONSIBLE FOR THE PAYMENT OF TAXES ON SAID PROPERTY.

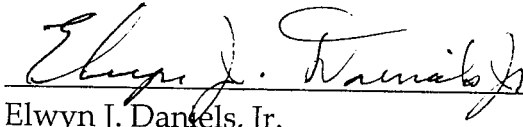
THE REMAINDER INTEREST HEREIN GRANTED SHALL PASS TO GRANTEES SUBJECT TO ANY LEASE OR MORTGAGE CREATED BY THE LIFE TENANTS; AND SHALL BE EXTINGUISHED BY ANY SALE OR OTHER CONVEYANCE BY LIFE TENANTS OR BY A FORECLOSURE SALE BY A MORTGAGEE, WITHOUT THE NECESSITY OF JOINING THE REMAINDERMEN IN SUCH FORECLOSURE.


To Have And to Hold said granted premises, with all the privileges and appurtenances thereof, to the said **Grantees**, JAYNE COLLINS, JAMES DANIELS AND JANICE GUILMETTE , AS TENANTS IN COMMON, and their heirs and assigns, to their own use and behoof forever; And , we, the said ELWYN J. DANIELS, JR. AND LORRAINE DANIELS, **Grantors**, for ourselves and our heirs, executors and administrators, do covenant with the said **Grantees**, JAYNE COLLINS, JAMES DANIELS AND JANICE GUILMETTE , AS TENANTS IN COMMON, and their heirs and assigns, that until the ensealing of these presents we are the sole owners of the premises, and have good right and title to convey the same in manner aforesaid, that they are **Free From Every Encumbrance**, except as aforesaid; and we hereby engage to **Warrant And Defend** the same against all lawful claims whatever, except as aforesaid.

In Witness Whereof, we hereunto set our hands and seals this 18th day of May, 2011

In Presence Of


witness as to both

 L.S.
Elwyn J. Daniels, Jr.

 L.S.
Lorraine Daniels

100
State Of Vermont

County of Washington, ss. At City of Barre, this 18th day of May, 2011, Elwyn J. Daniels, Jr. and Lorraine Daniels personally appeared, and they acknowledged this instrument by them sealed and subscribed, to be their free act and deed.

Before me


Notary Public

PAYABLE TO:

MAIL TO:

Town of Greensboro

P.O. Box 119

82 Craftsbury Road
Greensboro VT 05841
(802) 533-2911TAXES MUST BE RECEIVED IN THE
OFFICE BY 4 PM EST NOVEMBER 2,
2017**TAX BILL**

PARCEL ID	BILL DATE	TAX YEAR
114-0828.	04/04/2018	2017

Taxes not received IN THE OFFICE by 4 pm EST, November 2, 2017
will be delinquent and charged the 8% penalty.
POSTMARKS ARE NOT ACCEPTED

Description: 0.5 AC (200') & DWL

Location: 828 ELIGO LAKE RD

OWNER DANIELS ELWYN J JR & LORRAINE LIFE EST
DANIELS JAMES COLLINS & JAYNE
PO BOX 1100
828 ELIGO LAKE RD
HARDWICK VT 05843**HOUSESITE TAX INFORMATION**SPAN # 264-083-10184 SCL CODE: 083
TOTAL PARCEL ACRES 0.50
HOUSESITE VALUE 243,000
HOUSESITE EDUCATION TAX 3,940.49
HOUSESITE MUNICIPAL TAX 1,476.23
HOUSESITE TOTAL TAX 5,416.72
FOR INCOME TAX PURPOSES**ASSESSED VALUE****HOMESTEAD**

REAL 243,000

243,000

TOTAL TAXABLE VALUE 243,000

243,000

GRAND LIST VALUES 2,430.00

2,430.00

For more information about how education
tax rates are determined, go online to:
<http://tax.vermont.gov/property-owners>**TAX RATE NAME****TAX RATE x GRAND LIST =****TAXES**

GENERAL FUND

0.3775

x2,430.00=

917.33

HIGHWAY

0.2297

x2,430.00=

558.17

LOCAL AGREEMENT

0.0003

x2,430.00=

0.73

HOMESTEAD EDUCATION

1.6216

x2,430.00=

3940.49

PAYMENT 11/02/2017

DUE 3140.72

TOTAL TAX

5416.72

STATE PAYMENTS

2276.00

NET TAX DUE**3140.72**

DETACH THE STUB BELOW AND RETURN WITH YOUR PAYMENT

Town of Greensboro

PAYMENT DUE		TAX YEAR
11/02/2017		2017
OWNER NAME		
DANIELS ELWYN J JR & LORRAINE LIFE EST		
PARCEL ID		
114-0828.		
AMOUNT DUE	3140.72	
AMOUNT PAID		

Retain top
portion of this
bill to file
with your 2017
Vermont income
taxes.
Homestead
Questions?
Please call the
State of
Vermont.
802-828-2865



Laboratory Report

NA Manosh Corp.
120 Northgate Plaza
Morrisville, VT 05661
Atten: Don Bolio

100267

PROJECT: Jim Daniels

WORK ORDER: 1710-24924

DATE RECEIVED: October 17, 2017

DATE REPORTED: October 18, 2017

SAMPLER: Lisa

VTP

- 001		Site: Kitchen		Date Sampled: 10/16/17		Time: 11:09	
<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>Method</u>	<u>Analysis Date/Time</u>	<u>Lab/Tech</u>	<u>Qualifiers</u>	
Total Coliform	< 1.0	MPN/100mls	SM20 9223B(97)	10/17/17 11:17	W CM		
e. coli	< 1.0	MPN/100mls	SM20 9223B(04)	10/17/17 11:17	W CM		

The Federal SDWA considers this water bacteriologically **Acceptable** for consumption.

EPA Coliform Acceptance Criteria MCL

Total Coliform < 1.0 MPN/100ml or Absent
e. coli < 1.0 MPN/100ml or Absent

Property:

828 Eligo Lake
Hardwick, VT 05843

The column heading "Lab" denotes the laboratory facility where the testing was performed. "W" designates the Williston, VT lab under NELAC certification ELAP 11263; "R" designates the Lebanon, NH facility under certification NH 2037. This analysis meets NELAC requirements except as noted. Test results are representative of the samples as they were received at the laboratory

Reviewed by:

Harry B. Locker, Ph.D.
Laboratory Director

www.endynelabs.com

160 James Brown Dr., Williston, VT 05495
Ph 802-879-4333 Fax 802-879-7103

56 Etna Road, Lebanon, NH 03766
Ph 603-678-4891 Fax 603-678-4893





Residential Testing Chain of Custody

1710-24924



MA Manosh Corp.
Jim Daniels

Customer Name: **N.A. Manosh** 100267
Address: **120 Northgate Plaza**
City: **Morrisville** State: **VT** Zip: **05661**

Email/Fax: **ON FILE**
Phone Number: **802-888-5725**
Sampler: Lisa

Project Description or Jim Daniels
911 Designated Sample Address: 828 Eligo Lake
City: Hardwick State: VT Zip: 05843

Source: Spring ☐ Well ☒ Surface Water ☐ Unknown ☐
Was the water chlorinated within the past two weeks? ☐ Y ☒ N

If so, Chlorine Residual? _____

First Draw Sample: _____
(Kitchen, bathroom, etc.)

Date: _____ Time: _____

Flush Sample: Bacteria
(Kitchen, bathroom, etc.)

Date: 10/16/17 Time: 11:09 AM

Additional Sample: _____

Date: _____ Time: _____

Analyses Requested (Please circle) Parameters available by group or individually.

Metals samples must be preserved with acid for 24 hours prior to analysis

Bacteriological Total Coliform/e. coli HPC	Radiological Gross Alpha* Uranium* Radium 226/228*	FHA/VA Kit Total Coliform / e. coli, Nitrate, Nitrite, First Draw Lead	Kit C Arsenic, Chloride, Copper, Iron, Lead, Manganese, Sodium, Nitrate, Nitrite, Hardness, Uranium*, Fluoride
Anions Nitrate, Nitrite, Fluoride, Chloride, Bromide, Sulfate, o-Phosphate	Organics VOC (EPA 524) Diesel Range Organics PCBs Pesticides Herbicides	Table A11-5 & A11-7 Total Coliform / e. coli, Nitrate, Nitrite, Arsenic, Chloride, Iron, Manganese, Sodium, Odor, pH, Uranium*	Water Conditioning Package Alkalinity, pH, Chloride, Sulfate, Calcium, Barium, Magnesium, Sodium, Potassium, Hardness
Metals Aluminum Antimony Arsenic Barium Beryllium Boron Cadmium Calcium Chromium Cobalt Copper Iron Lead Magnesium Manganese Mercury Molybdenum Potassium Nickel Selenium Silver Sodium Thallium Vanadium Zinc		Common Health Risk Total Coliform / e. coli Nitrate, Nitrite, Fluoride, Arsenic, First Draw Lead, Gross Alpha*	Common Aesthetics pH, Chloride, Hardness, Calcium, Magnesium, Sodium, Iron, Manganese
Physical Properties Alkalinity (no headspace), Conductivity, Langelier's Corrosivity, pH, TDS, Turbidity, UV Trans	Other (please indicate)	Comprehensive Package Total Coliform / e. coli, pH, Conductivity, Total Hardness, Alkalinity, Chloride, Fluoride, Nitrate, Nitrite, Sulfate, Arsenic, Iron, Manganese, Lead (First Draw), Copper, Potassium, Sodium, Gross Alpha*	

*Indicates parameter will be sub-contracted to an outside certified laboratory.

Relinquished By: Don Bold

Date/Time: 10/16/17 12:15 PM

Received By: Alex Loney

Date/Time: 10/17/17 @ 8:30

Temp Check: 3.6

Delivered by: DL

Amt. Paid: _____ Cash _____ Check # _____ Credit Card _____

From: Patricia Foster <triciaf@manossh.com>

To: ddani76241 <ddani76241@aol.com>

Subject: Water Test Results - Bacteria

Date: Thu, Oct 19, 2017 8:30 am

Attachments: 1710-24924-01M.PDF (341K)

Good morning,

Please see the attachment for your water test results tested for bacteria. Your water is acceptable for consumption. If you need anything else, please let us know. Have a great day!

Thank you,
Tricia Foster

Itemized Property Costs					
From Table: MAIN Section 1		Town of Greensboro		Record # 366	
Property ID: 114-0828		Span #: 264-083-10184		Last Inspected: 09/17/2009	
				Cost Update: 08/10/2014	
Owner(s): DANIELS ELWYN J JR & LORRAINE LIFE EST		Sale Price: 0		Book: 48	
DANIELS JAMES COLLINS & JAYNE		Sale Date: 08/08/2011		Page: 120	
Address: 171 WESTVIEW MEADOWS RD. APT 117		Bldg Type: Single		Quality: 3.00 AVERAGE	
City/St/Zip: MONTPELIER VT 05602		Style: 1.5 Fin		Frame: Studded	
Location: 828 ELIGO LAKE RD		Area: 1600		Yr Built: 1992	
Description: 0.5 AC (200') & DWL		# Rms: 6		# Bedrm: 3	
Tax Map #: 06-00-35		# 1/2 Bath: 0		# Ktchns: 1	
				# Baths: 2	
Item	Description	Percent	Quantity	Unit Cost	Total
BASE COST					
Exterior Wall #1:	VnlSide / Ht=8	100.00		69.59	
ADJUSTMENTS					
Roof #1:	Mtl-Sms	100.00		1.04	
Subfloor	Wood				
Floor cover #1:	Allowance	100.00		3.48	
Heat/cooling #1:	ForcAir	68.00			
Heat/cooling #2:	None	32.00		-1.26	
Energy Adjustment	Good			1.68	
ADJUSTED BASE COST			1,600.00	74.53	119,241
ADDITIONAL FEATURES					
Fixtures (beyond allowance of 8)			3.00	1,210.00	3,630
Roughins (beyond allowance of 1)				485.00	
Features #1:	Hearth		1.00	1,500.00	1,500
Porch #1:	WoodDck/NoWall/Roof/C		320.00	24.85	7,952
Basement	Conc 8"		1,040.00	19.05	19,812
Subtotal					152,135
Local multiplier		0.85			
Current multiplier		1.00			
REPLACEMENT COST NEW					129,315
Condition		Average	Percent		
Physical depreciation			17.00		-21,984
Functional depreciation					
Economic depreciation					
REPLACEMENT COST NEW LESS DEPRECIATION					107,300
LAND PRICES		Size	Nbhd Mult	Grade	Depth/Rate
FR Bldg Lot		200.00	0.30	0.90	109.00
Total		0.50			113,700
SITE IMPROVEMENTS					
	Hsite/Hstd	Quantity	Quality		
Water	y / y	Typical	Average		7,000
Sewer	y / y	Typical	Average		10,000
Landscape	y / y	Typical	Average		5,000
Total					22,000
TOTAL PROPERTY VALUE					243,000
NOTES					
HOUSESITE VALUE :					243,000
HOMESTEAD VALUE :					243,000
2010: 0.5 AC (200') & DWL:					
2011: CHANGED GRADE TO REFLECT SAME AS NEIGHBORS					