



SELLER'S PROPERTY INFORMATION REPORT

TO BE COMPLETED BY SELLER

Date Prepared:

Seller's Name(s):

Robert Licht Revocable Trust

Property Address:

327 Terra Planus Place

Hardwick

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 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 |

Seller's Initials

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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? <u>2007</u> By whom? <u>Fred Ducharme</u> | <input checked="" type="checkbox"/> YES <input type="checkbox"/> YES | <input 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>Blue pages</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? <u>9/7/99</u> By whom? <u>Mutoux</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 checked="" 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 checked="" type="checkbox"/> YES | <input 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:

See attached

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 checked="" type="checkbox"/> Other (explain): <u>Rinnai heaters</u> Age of Furnace/Boiler: _____ <input checked="" type="checkbox"/> Don't Know Fuel Type: <input checked="" 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>745 gals oil - 462 propane</u> Gallons (or other measure) Provider: <u>Bourne's Energy</u> Property used: <input type="checkbox"/> Full Time <input checked="" 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 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: _____ <input checked="" type="checkbox"/> Don't Know Fuel Type: <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Circuit Breakers <input type="checkbox"/> Other (explain) _____ Annual electricity usage: \$ <u>330.00</u> Electric utility provider: <u>Hardwick Electric</u> Property used: <input type="checkbox"/> Full Time <input checked="" 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 | |
| (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>Consolidated Comm.</u> |
| (h) | Is cellular telephone service available at the Property? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If "Yes," list available providers: <u>Verizon, ATT, etc.</u> |
| (i) | Is internet service available at the Property? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If "Yes," current provider: <u>Cloud Alliance</u> If "Yes," service is: <input type="checkbox"/> Dial Up <input checked="" type="checkbox"/> Broadband <input type="checkbox"/> Cable <input type="checkbox"/> Satellite <input type="checkbox"/> DSL |
| (j) | Is television service available at the Property? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "Yes," current provider: _____ If "Yes," source is: <input type="checkbox"/> Antenna <input type="checkbox"/> Cable <input type="checkbox"/> Satellite <input type="checkbox"/> DSL |

Seller's Initials

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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 2 ☒ Security Alarm System ☒ Owned ☐ Leased ☐ Humidifier
☒ Dehumidifier ☐ Lawn Sprinklers ☐ Automatic Timer ☒ Smoke Detectors - How Many? 10 ☒ 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: Burst pipe in kitchen ceiling - kitchen rebuilt
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: Dampness basement floor west side after heavy rains/snow melt. Fixed
 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:
Installed sump pump. No further problems.
 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? Main house 5-10 yrs. Porch don't know.
 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? 2012-11?
 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 R a K 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): | |
| <input type="checkbox"/> Public or Municipal | <input type="checkbox"/> Community <input type="checkbox"/> Private <input type="checkbox"/> Shared |
| <input 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 checked="" type="checkbox"/> Infrared Light | |
| <input checked="" type="checkbox"/> Ultraviolet <input type="checkbox"/> Other: _____ <input 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 type="checkbox"/> Combination <input type="checkbox"/> Don't Know | |
| If Drilled Well: Drilled by: _____ | Tag #: _____ Depth: <u>45'</u> |
| 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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW | |
| If "Yes," when? <u>Every year</u> | By whom? <u>VT Dept of Health</u> Results: <u>Attached</u> |
| Has any other water quality or water chemistry testing been done? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW | |
| If "Yes," when? <u>2017</u> | By whom? <u>VT Dept of Health</u> Results: <u>Attached</u> |
| 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.***

| | |
|---|---|
| TYPE OF SYSTEM 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) _____ <input checked="" type="checkbox"/> Holding Tanks | |
| <input type="checkbox"/> Cesspool <input type="checkbox"/> Sewage Pump <input type="checkbox"/> Dry Well <input checked="" type="checkbox"/> Conventional disposal area <input 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: _____ | |
| CONDITION OF SYSTEM If other than public or municipal sewer/wastewater system, answer the following: | |
| Date system installed: _____ | Is the system entirely on your Property? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> DON'T KNOW |
| If "No," where is it? <u>South side of house. South side of barn</u> | |
| Has the system been repaired since you have owned the Property? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If "Yes," when? <u>2004</u> | |
| What was done? <u>Restored clogged drain to field</u> By whom? <u>Fred Duchesne</u> | |
| 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) _____ <input checked="" type="checkbox"/> Don't Know | |
| Date Septic Tank Last Inspected? _____ | <input checked="" type="checkbox"/> Don't Know Reports of last inspection/pumping attached: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| Date Septic Tank Last Pumped? <u>2017</u> <input type="checkbox"/> Don't Know By whom? <u>Michaels Septic Service</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: _____ | |

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>34 yrs.</u> Additions to Main Bldg. <u>?</u> Additional Building(s): (a) <u>Barn</u> (b) <u>Loftage</u> | | | |
| (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 checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | |
| (d) | If "yes," did you obtain all necessary permits and approvals for such work? | <input checked="" 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 checked="" type="checkbox"/> YES | <input 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>5/3/2018</u> By whom? <u>Pro Lab</u> Results: <u>Attached</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 checked="" type="checkbox"/> YES | <input 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 checked="" type="checkbox"/> YES | <input 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 checked="" type="checkbox"/> | <input checked="" type="checkbox"/> YES | <input 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? | | | |
| (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

RLR
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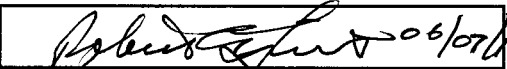
Purchaser's Initials

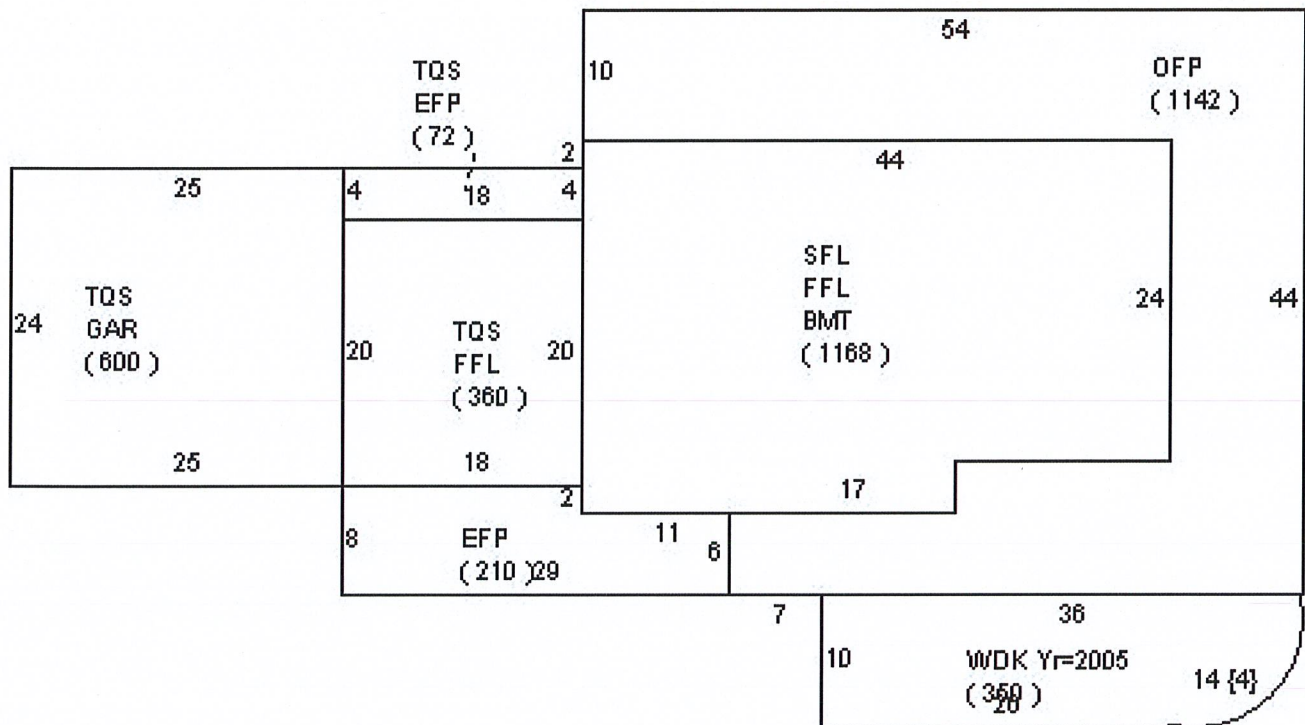
| | | | | |
|--|---|------------------------------|--|-------------------------------------|
| (e) | Are there any homeowners' association or "common area" expenses or assessments affecting the Property? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> 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.

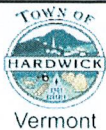
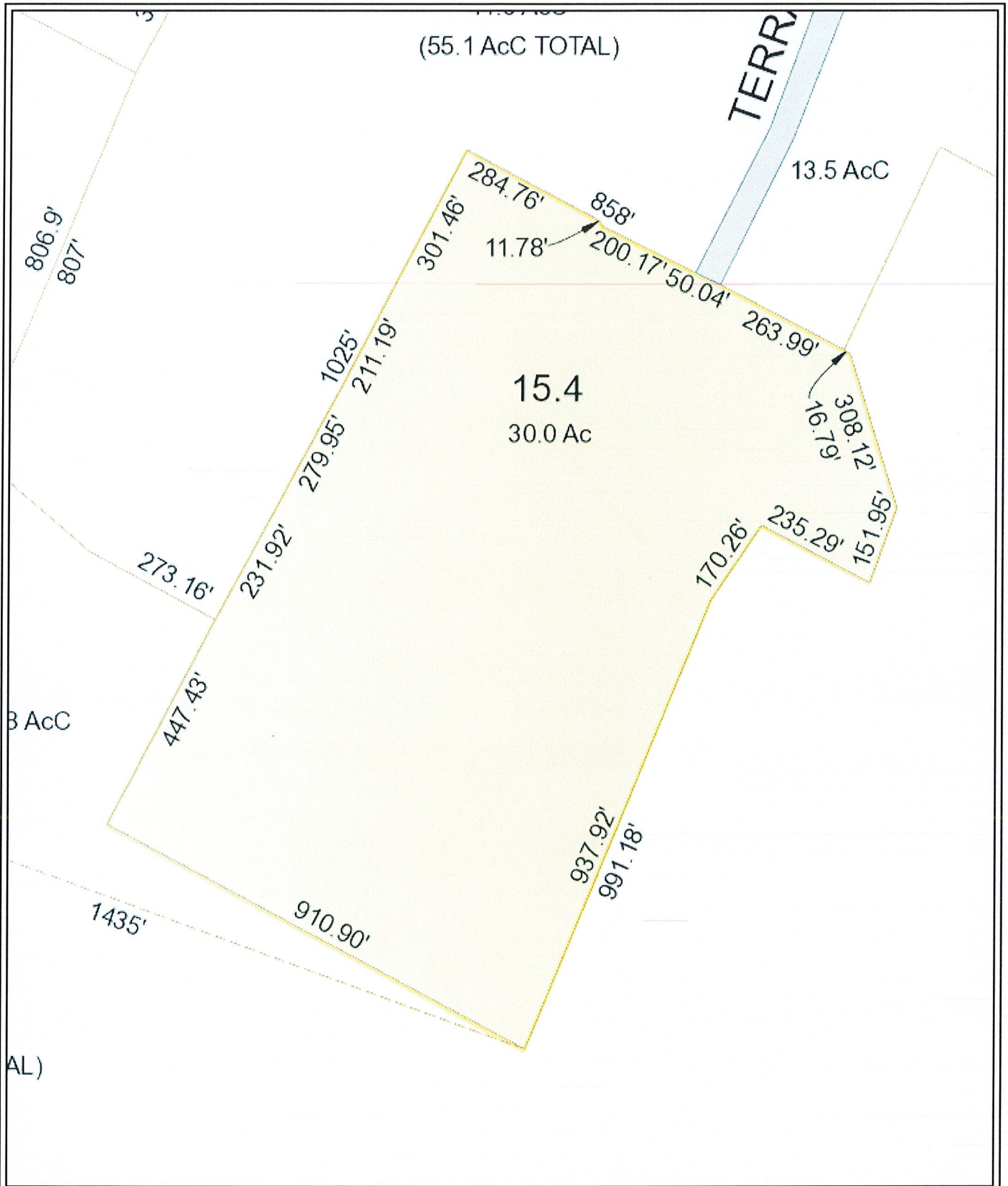
BUYER/PROSPECTIVE BUYER ACKNOWLEDGES RECEIPT OF A COPY OF THIS REPORT ON THE DATE SET FORTH BELOW. BUYER/PROSPECTIVE BUYER UNDERSTANDS THAT THIS REPORT PROVIDES INFORMATION ABOUT THE PROPERTY MADE BY THE SELLER AS OF THE ABOVE DATE. IT IS NOT A WARRANTY OF ANY KIND BY SELLER OR ANY REAL ESTATE AGENT. 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.

| | | | |
|---------|---|------------|--|
| Seller: | <div style="border: 1px solid black; padding: 2px;"></div> | Purchaser: | <div style="border: 1px solid black; padding: 2px;"></div> |
| | (Signature) Date | | (Signature) Date |
| Seller: | <div style="border: 1px solid black; padding: 2px;"></div> | Purchaser: | <div style="border: 1px solid black; padding: 2px;"></div> |
| | (Signature) Date | | (Signature) Date |
| Seller: | <div style="border: 1px solid black; padding: 2px;"></div> | Purchaser: | <div style="border: 1px solid black; padding: 2px;"></div> |
| | (Signature) Date | | (Signature) Date |
| Seller: | <div style="border: 1px solid black; padding: 2px;"></div> | Purchaser: | <div style="border: 1px solid black; padding: 2px;"></div> |
| | (Signature) Date | | (Signature) Date |



www.cai-tech.com

Data shown on this report is provided for planning and informational purposes only. The municipality and CAI Technologies are not responsible for any use for other purposes or misuse or misrepresentation of this report.



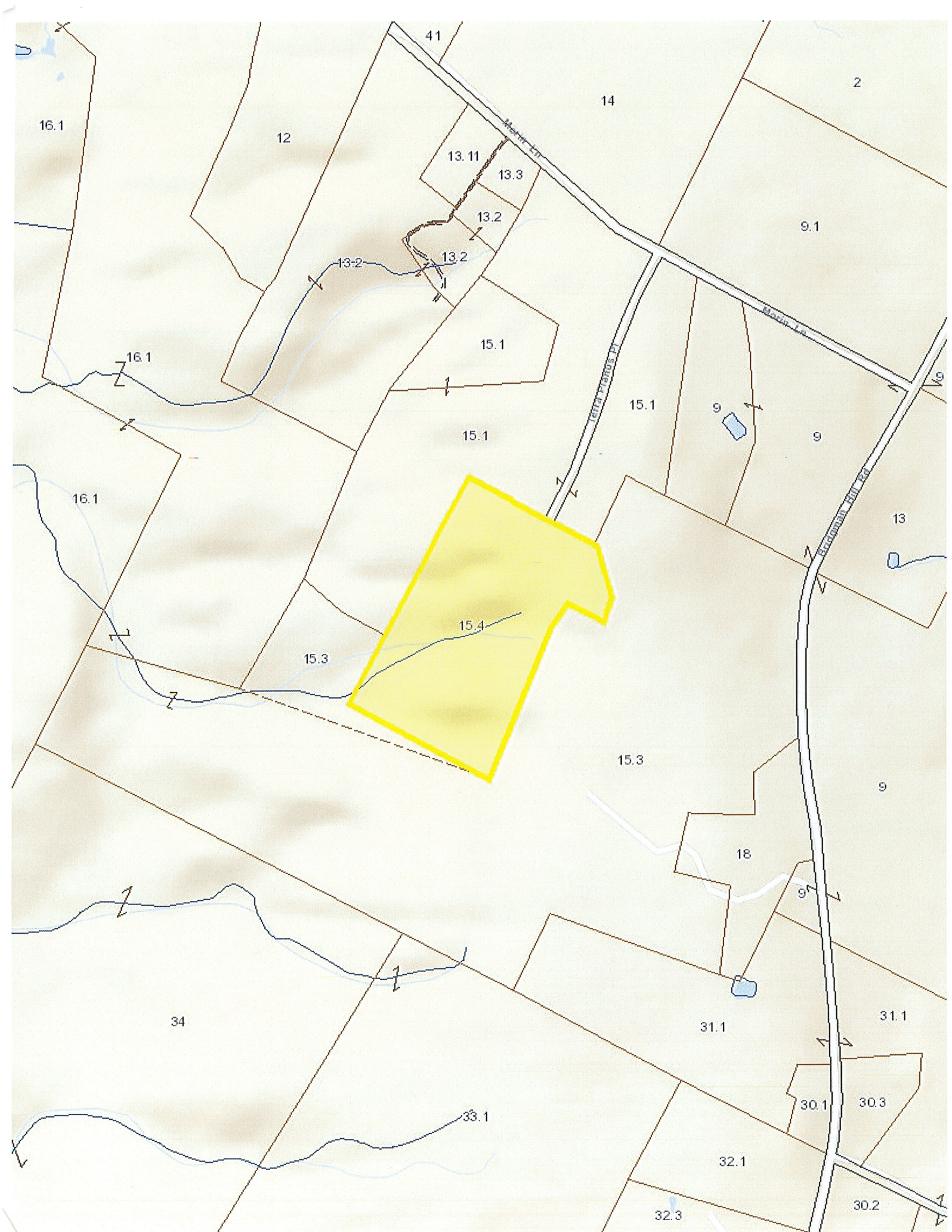
Hardwick, VT
 1 Inch = 257 Feet
 July 02, 2014



Data shown on this map is provided for planning and informational purposes only. The municipality and CAI Technologies are not responsible for any use for other purposes or misuse or misrepresentation of this map.

www.cai-tech.com





KNOW ALL PERSONS BY THESE PRESENTS

That we, Henry A. Jordan and Barbara M. Jordan, husband and wife of Chester Springs in the County of Cambria and State of Pennsylvania, GRANTORS, in the consideration of One Dollar and other valuable consideration paid to our full satisfaction by Robert A. Licht of Philadelphia in the County of Philadelphia and State of Pennsylvania, GRANTEE, by these presents do freely GIVE, GRANT, SELL, CONVEY AND CONFIRM unto the said GRANTEE, Robert A. Licht and his heirs and assigns forever, a certain piece of land in Town of Hardwick in the County of Caledonia and State of Vermont, described as follows, viz:

It being a portion of the same land and premises conveyed to Henry A. Jordan and Barbara M. Jordan by Warranty Deed from David K. Patrick and Barbara M. Patrick dated September 25, 1989 and recorded in Book 82, Page 220 of Hardwick Land Records.

The land and premises hereby conveyed consist of 30 acres, more or less, together with buildings and improvements located thereon and are more fully and particularly bounded and described on a certain survey map or plat prepared by Wayne A. Mtrux, Registered Land Surveyor dated September 21, 1999, bearing Job No. 99023 as follows:

Beginning at a point marked by an iron pipe driven into the ground on the southeasterly extremity of the fifty foot wide right-of-way which serves as a means of ingress to and egress from the within conveyed premises; thence proceeding S 44° 58' 30" E and following the course of a stone wall a distance of approximately 263.99 feet to a point marked by an iron pipe driven into the ground evidencing the southerly corner of land and premises now or formerly owned by Hoehing; thence continuing S 44° 58' 30" E a distance of approximately 16.79 feet to a rebar driven into the ground; thence proceeding S 00° 43' 52" W a distance of approximately 308.12 feet to a point marked by a rebar driven into the ground; thence proceeding S 36° 32' 30" W and following a post and rail fence, in part, a distance of approximately 151.95 feet to a point marked by a rebar driven into the ground; thence proceeding N 44° 43' 10" W a distance of approximately 235.29 feet to a point marked by a rebar driven into the ground; thence proceeding S 50° 36' 43" W a distance of approximately 170.26 feet to a point evidenced by a 12 inch fir tree; thence proceeding S 39° 42' 46" W and following an old blazed line and barbed wire fence remnants a distance of approximately 937.92 feet to a point evidenced by a rebar driven into the ground; thence proceeding N 44° 38' 51" W a distance of approximately 910.9 feet to a point marked by a rebar driven into the ground; thence proceeding N 45° 36' 36" E a distance of approximately 447.43 feet to a point marked by a rebar driven into the ground; this call and the preceding six calls being along the division line between the premises hereby conveyed and other land and premises of the grantors herein not hereby conveyed; thence proceeding N 45° 23' 53" E and following a wire fence and blazed line, in part, along the division line between the premises hereby conveyed and premises now or formerly owned by Hoehing a distance of approximately 231.92 feet to a point marked by an iron pipe driven into the ground; thence proceeding N 45° 31' 48" E and following the course of said division line a distance of approximately 279.95 feet to a point marked by an iron pipe driven into the ground; thence continuing along said division line N 45° 32' 47" E a distance of approximately 211.19 feet to a point marked by an iron pipe driven into the ground; thence continuing along said division line N 45° 29' 48" E a distance of approximately 301.46 feet to a point marked by an iron pipe driven into the ground; thence continuing along said division line evidenced by an old blazed line S 44° 31' 56" E a distance of approximately 284.76

feet to a point marked by an iron pipe driven into the ground adjacent to a stone wall; thence proceeding S 10° 11' 34" E a distance of approximately 11.78 feet to said stone wall; thence continuing along said stone wall S 46° 06' 25" E and traversing said right-of-way a total distance of approximately 250.21 feet to the point of beginning.

There is also conveyed to the grantees herein and their heirs, executors, administrators and assigns, a right-of-way for ingress to and egress from the within conveyed premises in common with others and described in the aforementioned deed as "a fifty foot right-of-way across the land of John Hoehing of the above parcel, the course of which shall be agreed upon by the parties. Once established, said right-of-way shall remain as laid out."

The within conveyed premises are conveyed subject to that certain protective covenant set forth in the above mentioned deed as follows:

"No manufacturing, commercial or income producing enterprise of any kind, except agriculture, shall be maintained on or in connection with the property hereby conveyed, nor shall such property in any way be used for other than residence or agricultural purposes."

Further, it is a condition hereof binding upon the grantee herein, and his heirs, executors, administrators and assigns that the within conveyed premises shall not be subdivided and, further, that no buildings or other structures are to be erected on that portion of the conveyed premises lying easterly of the existing dwelling house, which said area is more particularly delineated on the aforementioned survey map.

The grantors for themselves and their heirs, executors, administrators and assigns covenant with the grantee and his heirs, executors, administrators and assigns that no structures, except for the shed presently located thereon, shall be erected or maintained upon that portion of the grantors' premises not hereby conveyed lying within a 500 foot radius measured from the southerly corner of the porch attached to the house on the within conveyed premises, which said area is more particularly delineated on the aforementioned survey map.

A portion of the herein conveyed premises may be lease land and subject to the payment of an annual rental.

Reference is hereby made to the above mentioned deeds, to the references and descriptions therein contained and to the Town of Hardwick Land Records for further and more complete description of the land and premises hereby conveyed.

This instrument shall also serve as a Bill of Sale and evidence delivery of all appliances and fixtures now found and located in and upon the premises hereby conveyed.

TO HAVE AND TO HOLD said granted premises, with all the privileges and appurtenances thereof, to the said GRANTEE, Robert A. Licht and his heirs and assigns, to his own use and behoof forever;

And we, the said GRANTORS, Henry A. Jordan and Barbara M. Jordan, for ourselves and our heirs, executors and administrators, do covenant with the said GRANTEE, Robert A. Licht and his 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; and we hereby engage to WARRANT AND DEFEND the same against all lawful claims whatever,

8th IN WITNESS WHEREOF, we hereunto set our hands and seals this day of October, A.D. 1999.

IN THE PRESENCE OF:

William P. P.
Witness to the signatures of
Henry A. Jordan and
Barbara M. Jordan

Henry A. Jordan
Henry A. Jordan
Barbara M. Jordan
Barbara M. Jordan

STATE OF VERMONT
ORLEANS COUNTY SS. At Barton, this 8th day of October, A.D. 1999, Henry A. Jordan and Barbara M. Jordan personally appeared, and they acknowledged this instrument, by them sealed and subscribed, to be their free act and deed.

Before Me:

Notary Public

Hardwick Town Clerk's Office. Received for record this 13 day of October A.D. 1999 at 3 o'clock 51 minutes P.M., the instrument of which the foregoing is a true copy.

Attest: Robert S. Steel.....Town Clerk

Vermont Property Transfer Tax
32 V.S.A. Chap. 231
-ACKNOWLEDGEMENT-
Return Rec'd. -Tax Paid-Board of Health Cert. Rec'd.
Vt. Land Use & Development Permit Act Cert. Rec'd.
Return No. 101399L
Signed GSM Clerk
Date 10/13/99

PAYABLE TO:

MAIL TO:

Hardwick 2017-2018**TAX BILL**

This is the only bill you will receive. Please forward to new owner if property is sold.

| PARCEL ID | BILL DATE | TAX YEAR |
|-------------|------------|-----------|
| 05015.00040 | 03/23/2018 | 2017-2018 |

Description: HOUSE/LAND/HOT TUB

Location: 327 TERRA PLANUS PL

SPAN # 282-089-10940

SCL CODE: 089

TOTAL PARCEL ACRES

30.00

OWNER LICHT ROBERT
REVOCABLE TRUST
10120 DIAMOND LAKE RD
BOYNTON BEACH FL 33437

FOR INCOME TAX PURPOSES

| ASSESSED VALUE | | NON RESIDENTIAL | |
|---|---------------------------|-------------------------|-------------|
| REAL | 388,100 | | 388,100 |
| EXEMPTION | | | |
| LAND USE | - 34,800 | - | 34,800 |
| TOTAL TAXABLE VALUE | 353,300 | | 353,300 |
| GRAND LIST VALUES | 3,533.00 | | 3,533.00 |
| 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 |
| | Municipal | 0.6098 x3,533.00= | 2154.42 |
| | Local Agreement | 0.0094 x3,533.00= | 33.21 |
| | Highway | 0.5614 x3,533.00= | 1,983.43 |
| | NON RESIDENTIAL EDUCATION | 1.5215 x3,533.00= | 5375.46 |
| Revised Bill | | | |
| 1st Payment | 2nd Payment | 3rd Payment | 4th Payment |
| 08/10/2017 | 11/10/2017 | 02/10/2018 | 05/10/2018 |
| 2386.63 | 2386.63 | 2386.63 | 2386.63 |
| TOTAL TAX STATE PAYMENTS | | | 9546.52 |
| NET TAX DUE | | | 9546.52 |

DETACH THE STUBS BELOW AND RETURN WITH YOUR PAYMENT

Hardwick 2017-2018
TAX YEAR 2017-2018

Hardwick 2017-2018
TAX YEAR 2017-2018

Hardwick 2017-2018
TAX YEAR 2017-2018

Hardwick 2017-2018
TAX YEAR 2017-2018

| | |
|-----------------|--------------|
| 1ST PAYMENT DUE | |
| 08/10/2017 | |
| OWNER NAME | |
| LICHT ROBERT | |
| PARCEL ID | |
| 05015.00040 | |
| AMOUNT DUE | 2386.63 |
| AMOUNT PAID | Revised Bill |

| | |
|-----------------|--------------|
| 2ND PAYMENT DUE | |
| 11/10/2017 | |
| OWNER NAME | |
| LICHT ROBERT | |
| PARCEL ID | |
| 05015.00040 | |
| AMOUNT DUE | 2386.63 |
| AMOUNT PAID | Revised Bill |

| | |
|-----------------|--------------|
| 3RD PAYMENT DUE | |
| 02/10/2018 | |
| OWNER NAME | |
| LICHT ROBERT | |
| PARCEL ID | |
| 05015.00040 | |
| AMOUNT DUE | 2386.63 |
| AMOUNT PAID | Revised Bill |

| | |
|-----------------|--------------|
| 4TH PAYMENT DUE | |
| 05/10/2018 | |
| OWNER NAME | |
| LICHT ROBERT | |
| PARCEL ID | |
| 05015.00040 | |
| AMOUNT DUE | 2386.63 |
| AMOUNT PAID | Revised Bill |



RADON ANALYSIS REPORT

1675 North Commerce Parkway, Weston, FL 33326 (954) 384-4446

TEST ID NUMBER: 1169775
DATE RECEIVED: 05/01/2018
REPORT DATE: 05/03/2018

ROBERT LICHT
327 TERRA PLANUS
HARWICK, VT 05843

TEST LOCATION
327 TERRA PLANUS
CALADONIA
HARDWICK, VT 05843

This is a confidential report of the radon samples that were submitted to our laboratory for measurements of radon-222 levels. The results represent the amount of radon that was present in the air during the time of sampling. The radon is measured in our laboratory using the liquid scintillation method (EPA 402-R-92-004). This report will not be released to anyone without your permission except as required by individual state laws and guidelines.

HERE ARE YOUR TEST RESULTS

| <u>VIAL #</u> | <u>ROOM TESTED</u> | <u>DATE OPENED</u> | <u>DATE CAPPED</u> | <u>DATE ANALYZED</u> | <u>RADON LEVEL</u> |
|---------------|---------------------|-------------------------|-------------------------|-------------------------|--------------------|
| 4129647 | 1ST FLOOR DINING | Apr 23, 2018 2:00 PM | Apr 27, 2018 2:00 PM | May 02, 2018 8:45 AM | 3.1 pCi/L |
| 4148208 | 1ST FLOOR DINING | Apr 23, 2018 2:00 PM | Apr 27, 2018 2:00 PM | May 02, 2018 8:56 AM | 2.5 pCi/L |

AVERAGE RADON LEVEL (average result of two tests) : 2.8 pCi/L

THE EPA RECOMMENDS THAT YOU FIX YOUR HOME IF THE RADON LEVEL IS 4 PICOCURIES (PC/L) OR HIGHER. Please read the EPA Citizen's Guide to Radon at www.epa.gov/radon/pubs/citguide.html. Residents of New Jersey should read "Radon Testing and Mitigation: The Basics" at <http://njradon.org/download/mitbas.pdf>. Radon levels less than 4 pCi/L still pose a risk. You may want to take additional measurements because radon levels can vary with the seasons. You may also want to consider doing a long term test to determine the average radon concentrations over a longer period of time. If the radon level is 4.0 pCi/L or higher you should perform either a long-term test or a second short-term test. If the radon level is higher than 10 pCi/L you should perform a second short-term test immediately. **If you would like to learn how to lower your radon levels, or have other questions, please contact your state radon office at (802) 865-7742.**

LIMITATIONS OF DATA AND PRODUCT LIABILITY

PRO-LAB expressly disclaims any and all liability for any special, incidental, or consequential damages resulting directly or indirectly from the improper use of or improper interpretation of the radon product or its results. Any delays in receipt of the test sample by PRO-LAB shall be the sole responsibility of the purchaser and their legal remedy shall be limited to recourse with their chosen carrier. Additionally, PRO-LAB shall not be responsible for the improper placement of the test canister nor shall PRO-LAB be liable for results derived directly or indirectly from the improper placement of said test canister. PRO-LAB, its agents, its retailers, its distributors, and the manufacturers' sole liability are limited to the cost for the replacement of the test canister itself only.

Malissa Sears, RMS
NRPP CERT# 104126RT
NRSB CERT # 6SS0035

James E. McDonnell IV

PRO-LAB NRSB # ARL0028
PRO-LAB NEHA ID # 101461AL



DEPARTMENT OF HEALTH LABORATORY

359 SOUTH PARK DRIVE
COLCHESTER, VT 05446
(802) 338-4724 or (800) 660-9997 (VT only)
www.healthvermont.gov

Results Report

State Health Dept # : 16-WB-05562
Report Status : Final
Date Report Released : 06/13/2017

Report To Fred Ducharme
ATTN OF
Address PO Box 21
Cabot, VT 05647

WSID
Account Name Fred Ducharme
Date Received 06/12/2017
Time Received 12:35
Approved Date 06/13/2017

Sample Desc. KIT A
Collection Date 06/12/2017
Collection Time 08:49
Sampled By Fred Ducharme
Sampling Location kitchen sink
Street Address Terra Planus
Town Hardwick
Sampler's Comments

Sample Type
Free Chlorine Residual
Total Chlorine Residual
Chlorinated? No
Field Temp.
Field Fluoride
Temp at Receipt

Test Enzyme Substrate Test

Date/Time of Analysis 06/13/2017 11:46

Test Method SM20 9223B

| Analyte | Result |
|----------------|--------------|
| Total Coliform | Not detected |
| E.coli | Not detected |

■ THE WATER SAMPLE TESTED IS BACTERIOLOGICALLY SUITABLE FOR DRINKING(POTABLE).

**IMPORTANT: Bacteriological testing of a single sample of water is only one means of determining the suitability of water for drinking. It is also critical that the water source location, system construction and ongoing maintenance/treatment are adequate to consistently protect against bacterial contamination.

Units of Measurement and Definitions:

mL = milliliter, > equals greater than, MPN = Most Probable Number, CFU = Colony Forming Unit, TNTC = Too Numerous To Count

The test results included on this report meet all National Environmental Laboratory Accreditation Program requirements unless noted otherwise.

Test results relate only to the samples tested and are representative of the samples as they were received at the laboratory.

This is a public record. Information contained in this report may be used for statistical purposes and may be released upon request, pursuant to Vermont

Access to Public Documents law (1 V.S.A. 315-320).

This report shall not be reproduced, except in full, without the written approval of the laboratory.

Test Report Authorized By:

Mary Celotti

Mary Celotti, Laboratory Director

If you have received this report in error or have questions about this report, please call the laboratory at (802) 338-4724.