

**PROPERTY DISCLOSURE - RESIDENTIAL ONLY**  
New Hampshire Association of REALTORS® Standard Form



**TO BE COMPLETED BY SELLER**

The following answers and explanations are true and complete to the best of SELLER'S knowledge. This statement has been prepared to assist prospective BUYERS in evaluating SELLER'S property. This disclosure is not a warranty of any kind by the SELLER, or any real estate FIRM representing the SELLER, and is not a substitute for any inspection by the BUYER. SELLERS authorize FIRM in this transaction to disclose the information in this statement to other real estate agents and to prospective buyers of this property.

**NOTICE TO SELLER(S): COMPLETE ALL INFORMATION AND STATE NOT APPLICABLE OR UNKNOWN AS APPROPRIATE. IF ANY OF THE INFORMATION IN THIS PROPERTY DISCLOSURE FORM CHANGES FROM THE DATE OF COMPLETION, YOU ARE TO NOTIFY THE LISTING FIRM PROMPTLY IN WRITING.**

1. SELLER: CRAIG M. SWINEHART, TRUSTEE, WENDY SWINEHART, TRUSTEE

2. PROPERTY LOCATION: 407 Ocean Boulevard A5, Hampton, NH 03842

3. CONDOMINIUM, CO-OP, PUD DISCLOSURE RIDER OR MULTIFAMILY DISCLOSURE RIDER ATTACHED?  Yes  No

4. SELLER:  has  has not occupied the property for 10 years.

**5. WATER SUPPLY**

Please answer all questions regardless of type of water supply.

a. TYPE OF SYSTEM:  Public  Private  Seasonal  Unknown  
 Drilled  Dug  Other

b. INSTALLATION: Location: \_\_\_\_\_  
Installed By: \_\_\_\_\_ Date of Installation: \_\_\_\_\_  
What is the source of your information? \_\_\_\_\_

c. USE: Number of persons currently using the system: 2  
Does system supply water for more than one household?  Yes  No

d. MALFUNCTIONS: Are you aware of or have you experienced any malfunctions with the (public/private/other) water systems?  
Pump:  Yes  No  N/A Quantity:  Yes  No  
Quality:  Yes  No  Unknown  
If YES to any question, please explain in Comments below or with attachment.

e. WATER TEST: Have you had the water tested?  Yes  No Date of most recent test \_\_\_\_\_  
If YES to any question, please explain in Comments below or with attachment.  
Are you aware of any test results reported as unsatisfactory or satisfactory with notations?  Yes  No  
If YES, are test results available?  Yes  No  
What steps were taken to remedy the problem? \_\_\_\_\_  
COMMENTS: \_\_\_\_\_

**6. SEWAGE DISPOSAL SYSTEM**

a. TYPE OF SYSTEM: Public:  Yes  No Community/Shared:  Yes  No  
Private:  Yes  No  Unknown  
Septic Design Available:  Yes  No

b. IF PUBLIC OR COMMUNITY/SHARED  
Have you experienced any problems such as line or other malfunctions?  Yes  No  
What steps were taken to remedy the problem? \_\_\_\_\_

c. IF PRIVATE:  
TANK:  Septic Tank  Holding Tank  Cesspool  Unknown  Other  
Tank Size  Gal.  Unknown  Other  
Tank Type  Concrete  Metal  Unknown  Other  
Location: \_\_\_\_\_ Location Unknown. Date of Installation: \_\_\_\_\_  
Date of Last Servicing: \_\_\_\_\_ Name of Company Servicing Tank: \_\_\_\_\_  
Have you experienced any malfunctions?  Yes  No  
COMMENTS: \_\_\_\_\_

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d. LEACH FIELD:  Yes  No  Other \_\_\_\_\_  
 IF YES, Location: \_\_\_\_\_ Size: \_\_\_\_\_  Unknown  
 Date of installation of leach field: \_\_\_\_\_ Installed By: \_\_\_\_\_  
 Have you experienced any malfunctions?  Yes  No  
 Comments: \_\_\_\_\_

e. IS SYSTEM LOCATED ON "DEVELOPED WATERFRONT" as described in RSA 485-A?  Yes  No  Unknown  
 IF YES, has a septic system evaluation been done within 180 days?  Yes  No  Unknown  
 Date of Evaluation: \_\_\_\_\_  
 Comments: \_\_\_\_\_

FOR ADDITIONAL INFORMATION THE BUYER IS ENCOURAGED TO CONTACT THE NH DEPARTMENT OF ENVIRONMENTAL SERVICES SUBSURFACE SYSTEMS BUREAU, 603-271-3501

7. <u>INSULATION</u>	<u>LOCATION</u>	<u>Yes</u>	<u>No</u>	<u>Unknown</u>	<u>If YES, Type</u>	<u>Amount</u>	<u>Unknown</u>
	Attic or Cap	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	_____
	Crawl Space	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	_____
	Exterior Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	_____
	Floors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	_____

**8. HAZARDOUS MATERIAL**

a. **UNDERGROUND STORAGE TANKS - Current or previously existing:**  
 Are you aware of any past or present underground storage tanks on your property?  Yes  No  Unknown  
 IF YES: Are tanks currently in use?  Yes  No  
 IF NO: How long have tank(s) been out of service? \_\_\_\_\_  
 What materials are, or were, stored in the tank(s)? \_\_\_\_\_  
 Age of tank(s): \_\_\_\_\_ Size of tank(s): \_\_\_\_\_  
 Location: \_\_\_\_\_  
 Are you aware of any past or present problems such as leakage, etc?  Yes  No  
 Comments: \_\_\_\_\_  
 If tanks are no longer in use, have the tanks been removed?  Yes  No  Unknown  
 Comments: \_\_\_\_\_

b. **ASBESTOS - Current or previously existing:**  
 As insulation on the heating system pipes or ducts?  Yes  No  Unknown  
 In the siding?  Yes  No  Unknown In the roofing shingles?  Yes  No  Unknown  
 In flooring tiles?  Yes  No  Unknown Other \_\_\_\_\_  Yes  No  Unknown  
 If YES, Source of information: \_\_\_\_\_  
 Comments: \_\_\_\_\_

c. **RADON/AIR - Current or previously existing:**  
 Has the property been tested?  Yes  No  Unknown  
 If YES: Date: \_\_\_\_\_ By: \_\_\_\_\_  
 Results: \_\_\_\_\_ If applicable, what remedial steps were taken? \_\_\_\_\_  
 Has the property been tested since remedial steps?  Yes  No  
 Are test results available?  Yes  No  
 Comments: Seller never tested

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d. RADON/WATER - Current or previously existing:

Has the property been tested? \_\_\_ Yes  No \_\_\_ Unknown service by public water

If YES: Date: \_\_\_\_\_ By: \_\_\_\_\_

Results: \_\_\_\_\_ If applicable, what remedial steps were taken? \_\_\_\_\_

Has the property been tested since remedial steps? \_\_\_ Yes \_\_\_ No

Are test results available? \_\_\_ Yes \_\_\_ No Comments: \_\_\_\_\_

e. LEAD-BASED PAINT - Current or previously existing:

Are you aware of lead-based paint on this property? \_\_\_ Yes  No

If YES: Source of information: \_\_\_\_\_

Are you aware of any cracking, peeling, or flaking lead-based paint? \_\_\_ Yes  No

Comments: \_\_\_\_\_

f. Are you aware of any other hazardous materials? \_\_\_ Yes  No

If YES: Source of information: \_\_\_\_\_

Comments: \_\_\_\_\_

9. GENERAL INFORMATION

a. Is this property subject to liens, encroachments, easements, rights-of-way, leases, restrictive covenants, attachments, life estates, or right of first refusal?

Yes \_\_\_ No \_\_\_ Unknown If YES, Explain: refer to deed

What is your source of information? \_\_\_\_\_

b. Is this property subject to special assessments, betterment fees, association fees, or any other transferable fees?

Yes  No \_\_\_ Unknown If YES, Explain: association fees

What is your source of information? see condo rider

c. Are you aware of any onsite landfills or any other factors, such as soil, flooding, drainage, etc.?

\_\_\_ Yes  No

If YES, Explain: \_\_\_\_\_

d. Are you aware of any problems with other buildings on the property?

\_\_\_ Yes  No

If YES, Explain: \_\_\_\_\_

e. Are you receiving a tax exemption or reduction for this property for any reason including but not limited to current use, land conservation, etc.?

Yes \_\_\_ No \_\_\_ Unknown If YES, Explain: Hampton Beach Village District

f. Is this property located in a Federally Designated Flood Hazard Zone?

Yes \_\_\_ No \_\_\_ Unknown Comments: covered in association fees

g. Has the property been surveyed?

\_\_\_ Yes \_\_\_ No  Unknown If YES, By: \_\_\_\_\_

If YES, is survey available? \_\_\_ Yes \_\_\_ No \_\_\_ Unknown

h. How is the property zoned? BS

i. Heating System Age: 6yr Type: Electric Fuel: \_\_\_\_\_ Tank Location: \_\_\_\_\_  
baseboard, non-operational wall units (2)

Owner of Tank: \_\_\_\_\_

Annual Fuel Consumption: \_\_\_\_\_ Price: \_\_\_\_\_ Gallons: \_\_\_\_\_

Date system was last serviced and by whom? \_\_\_\_\_

Secondary Heat Systems: \_\_\_\_\_

Comments: \_\_\_\_\_

j. Roof Age: \_\_\_\_\_ Type of Roof Covering: \_\_\_\_\_

Moisture or leakage: \_\_\_\_\_

Comments: \_\_\_\_\_

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- k. Foundation/Basement  Full  Partial  Other: None/slab Type: \_\_\_\_\_  
Moisture or leakage: \_\_\_\_\_  
Comments: \_\_\_\_\_
- l. Chimney(s) How Many? 0 Lined? \_\_\_\_\_ Last Cleaned: \_\_\_\_\_ Problems? \_\_\_\_\_  
Comments: \_\_\_\_\_
- m. Plumbing Type: Fully updated April 2019 Age: 6 yr  
Comments: \_\_\_\_\_
- n. Domestic Hot Water Age: 7 yr Type: Electric Storage Tank Water Heater Gallons: 40
- o. Electrical System # of Amps 200  Circuit Breakers  Fuses  
Comments: \_\_\_\_\_  
Solar Panels:  Leased  Owned If leased, explain terms of agreement: \_\_\_\_\_  
Comments: \_\_\_\_\_
- p. Modifications: Are you aware of any modifications or repairs made without the necessary permits?  Yes  No  
If Yes, please explain: \_\_\_\_\_
- q. Pest Infestation: Are you aware of any past or present pest infestations?  Yes  No Type: \_\_\_\_\_  
Comments: \_\_\_\_\_
- r. Methamphetamine Production Do you have knowledge of methamphetamine production ever occurring on the property?  
(Per RSA 477:4-g)  Yes  No If YES, please explain: \_\_\_\_\_
- s. Air Conditioning Type: electric wall units Age: 6 yr Date Last Serviced and by whom: \_\_\_\_\_  
Comments: \_\_\_\_\_
- t. Pool Age: \_\_\_\_\_ Heated:  Yes  No Type: \_\_\_\_\_ Last Date of Service: \_\_\_\_\_  
By Whom: \_\_\_\_\_
- u. Generator Portable:  Yes  No Whole House:  Yes  No Kw/Size: \_\_\_\_\_ Last Date of Service: \_\_\_\_\_  
If Portable:  Included  Negotiable  
Comments: \_\_\_\_\_
- v. Internet Type Currently Used at Property: Comcast Xfinity
- w. Other (e.g. Alarm System, Irrigation System, etc.) Irrigation System, intercom  
Comments: \_\_\_\_\_

**NOTICE TO PURCHASER(S): PRIOR TO SETTLEMENT YOU SHOULD EXERCISE WHATEVER DUE DILIGENCE YOU DEEM NECESSARY WITH RESPECT TO ADJACENT PARCELS IN ACCORDANCE WITH THE TERMS AND CONDITIONS AS MAY BE CONTAINED IN PURCHASE AND SALES AGREEMENT AND DEPOSIT RECEIPT. YOU SHOULD EXERCISE WHATEVER DUE DILIGENCE YOU DEEM NECESSARY WITH RESPECT TO INFORMATION ON ANY SEXUAL OFFENDERS REGISTERED UNDER NH RSA CHAPTER 651-B. SUCH INFORMATION MAY BE OBTAINED BY CONTACTING THE LOCAL POLICE DEPARTMENT.**

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**10. ADDITIONAL INFORMATION**

a. ATTACHMENT EXPLAINING CURRENT PROBLEMS, PAST REPAIRS, OR ADDITIONAL INFORMATION?

Yes  No

b. ADDITIONAL COMMENTS:

Minor ceiling leak repaired, from unit above flashing, repair done

Unit completely renovated (from studs) in 2019, including new appliances

**ACKNOWLEDGEMENTS:**

**SELLER ACKNOWLEDGES THAT HE/SHE HAS PROVIDED THE ABOVE INFORMATION AND THAT SUCH INFORMATION IS ACCURATE, TRUE AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE. SELLER AUTHORIZES THE LISTING BROKER TO DISCLOSE THE INFORMATION CONTAINED HEREIN TO OTHER BROKERS AND PROSPECTIVE PURCHASERS.**

**SELLER(S) MAY BE RESPONSIBLE AND LIABLE FOR ANY FAILURE TO PROVIDE KNOWN INFORMATION TO BUYER(S).**

CMSA Trustee 19 FEB 2026  
SELLER CRAIG M. SWINEHART, TRUSTEE DATE

Wendy E. Swinehart Trustee 19 FEB 2026  
SELLER WENDY SWINEHART, TRUSTEE DATE

**BUYER ACKNOWLEDGES RECEIPT OF THIS PROPERTY DISCLOSURE RIDER AND HEREBY UNDERSTANDS THE PRECEDING INFORMATION WAS PROVIDED BY SELLER AND IS NOT GUARANTEED BY BROKER/AGENT. THIS DISCLOSURE STATEMENT IS NOT A REPRESENTATION, WARRANTY OR GUARANTY AS TO THE CONDITION OF THE PROPERTY BY EITHER SELLER OR BROKER. BUYER IS ENCOURAGED TO UNDERTAKE HIS/HER OWN INSPECTIONS AND INVESTIGATIONS VIA LEGAL COUNSEL, HOME, STRUCTURAL OR OTHER PROFESSIONAL AND QUALIFIED ADVISORS AND TO INDEPENDENTLY VERIFY INFORMATION DIRECTLY WITH THE TOWN OR MUNICIPALITY.**

BUYER \_\_\_\_\_ DATE \_\_\_\_\_

BUYER \_\_\_\_\_ DATE \_\_\_\_\_

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