

PROPERTY LOCATED AT: Goodwin Road, Carthage, Me 04224

### PROPERTY DISCLOSURE

Under Maine Law, certain information must be made available to buyers prior to or during preparation of an offer. This statement has been prepared to assist prospective buyers in evaluating this property. This disclosure is not a warranty of the condition of the property and is not part of any contract between Seller and any Buyer. Seller authorizes the disclosure of the information in this statement to real estate licensees and to prospective buyers of this property. The Seller agrees to provide prompt notice of any changes in the information and this form will be appropriately changed with an amendment date. Inspections are highly recommended.

**DO NOT LEAVE ANY QUESTIONS BLANK. STRIKE, WRITE N/A OR UNKNOWN IF NEEDED.**

#### SECTION I – WATER SUPPLY

~~TYPE OF SYSTEM:~~     ~~Public~~     ~~Private~~     ~~Seasonal~~ \_\_\_\_\_  ~~Unknown~~  
 ~~Drilled~~     ~~Dug~~     ~~Other~~ \_\_\_\_\_

~~MALFUNCTIONS:~~ Are you aware of or have you experienced any malfunctions with the  
—(public/private/other) water system?  
Pump (if any): .....  ~~N/A~~     ~~Yes~~     ~~No~~     ~~Unknown~~  
Quantity: .....  ~~Yes~~     ~~No~~     ~~Unknown~~  
Quality: .....  ~~Yes~~     ~~No~~     ~~Unknown~~  
If Yes to any question, please explain in the comment section below or with attachment.

~~WATER TEST:~~ Have you had the water tested? .....  ~~Yes~~     ~~No~~  
If Yes, Date of most recent test: \_\_\_\_\_ Are test results available? ..  ~~Yes~~     ~~No~~  
To your knowledge, have any test results ever been reported as unsatisfactory  
or satisfactory with notation? .....  ~~Yes~~     ~~No~~  
If Yes, are test results available? .....  ~~Yes~~     ~~No~~  
What steps were taken to remedy the problem? \_\_\_\_\_


~~IF PRIVATE: (Strike Section if Not Applicable):~~

~~INSTALLATION:~~ Location: \_\_\_\_\_  
Installed by: \_\_\_\_\_  
Date of Installation: \_\_\_\_\_

~~USE:~~ Number of persons currently using system: \_\_\_\_\_  
Does system supply water for more than one household?  ~~Yes~~     ~~No~~     ~~Unknown~~

Comments: None

Source of Section I information: Sellers

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**SECTION II — WASTE WATER DISPOSAL**

TYPE OF SYSTEM:  Public  Private  Quasi-Public \_\_\_\_\_  Unknown

~~IF PUBLIC OR QUASI-PUBLIC (Strike Section if Not Applicable):~~  
Have you had the sewer line inspected? .....  Yes  No  
If Yes, what results: \_\_\_\_\_  
Have you experienced any problems such as line or other malfunctions? .....  Yes  No  
What steps were taken to remedy the problem? \_\_\_\_\_

~~IF PRIVATE (Strike Section if Not Applicable):~~  
Tank:  Septic Tank  Holding Tank  Cesspool  Other: \_\_\_\_\_  
Tank Size:  500 Gallon  1000 Gallon  Unknown  Other: \_\_\_\_\_  
Tank Type:  Concrete  Metal  Unknown  Other: \_\_\_\_\_  
Location: \_\_\_\_\_ ~~OR~~  Unknown  
Date installed: \_\_\_\_\_ Date last pumped: \_\_\_\_\_ Name of pumping company: \_\_\_\_\_  
Have you experienced any malfunctions? .....  Yes  No  
If Yes, give the date and describe the problem: \_\_\_\_\_

~~Date of last servicing of tank: \_\_\_\_\_ Name of company servicing tank: \_\_\_\_\_~~  
Leach Field: .....  Yes  No  Unknown  
If Yes, Location: \_\_\_\_\_  
Date of installation of leach field: \_\_\_\_\_ Installed by: \_\_\_\_\_  
Date of last servicing of leach field: \_\_\_\_\_ Company servicing leach field: \_\_\_\_\_  
Have you experienced any malfunctions? .....  Yes  No  
If Yes, give the date and describe the problem and what steps were taken to remedy: \_\_\_\_\_

~~Do you have records of the design indicating the # of bedrooms the system was designed for?  Yes  No~~  
If Yes, are they available? .....  Yes  No  
Is System located in a Shoreland Zone? .....  Yes  No  Unknown

Comments: **No septic system Property has an out house.**  
Source of Section II information: **Sellers**

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**SECTION III – HEATING SYSTEM(S)/HEATING SOURCES(S)**

Heating System(s) or Source(s)	SYSTEM 1	SYSTEM 2	SYSTEM 3	SYSTEM 4
TYPE(S)	Wood			
Age of system(s) or source(s)	Unknown			
Name of company that services system(s) or source(s)	Unknown			
Date of most recent service call	Unknown			
Annual consumption per system or source (i.e., gallons, kilowatt hours, cords)	Seasonal			
Malfunction per system(s) or source(s) within past 2 years	None			
Other pertinent information				

- Are there fuel supply lines? .....  Yes  No  Unknown
- Are any buried? .....  Yes  No  Unknown
- Are all sleeved? .....  Yes  No  Unknown
- Chimney(s): .....  Yes  No
  - If Yes, are they lined: .....  Yes  No  Unknown
  - Is more than one heat source vented through one flue? .....  Yes  No  Unknown
  - Had a chimney fire: .....  Yes  No  Unknown
  - Has chimney(s) been inspected? .....  Yes  No  Unknown
  - If Yes, date: \_\_\_\_\_
  - Date chimney(s) last cleaned: \_\_\_\_\_
- Direct/Power Vent(s): .....  Yes  No  Unknown
  - Has vent(s) been inspected? .....  Yes  No  Unknown
  - If Yes, date: \_\_\_\_\_

Comments: Seasonal camp

Source of Section III information: Seller

**SECTION IV – HAZARDOUS MATERIAL**

The licensee is disclosing that the Seller is making representations contained herein.

- A. UNDERGROUND STORAGE TANKS** - Are there now, or have there ever been, any underground storage tanks on the property? .....  Yes  No  Unknown
- If Yes, are tanks in current use? .....  Yes  No  Unknown
- If no longer in use, how long have they been out of service? \_\_\_\_\_
- If tanks are no longer in use, have tanks been abandoned according to DEP?  Yes  No  Unknown
- Are tanks registered with DEP? .....  Yes  No  Unknown

Age of tank(s):- \_\_\_\_\_ Size of tank(s):- \_\_\_\_\_  
 Location:- \_\_\_\_\_

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~~What materials are, or were, stored in the tank(s)?~~ \_\_\_\_\_

~~Have you experienced any problems such as leakage:~~ \_\_\_\_\_  Yes  No  Unknown

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

Source of information: **Sellers have no knowledge of any underground tanks**

**B. ASBESTOS** — Is there now or has there been asbestos:

- As insulation on the heating system pipes or duct work? .....  Yes  No  Unknown
- In the ceilings? .....  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

Comments: **Sellers have no knowledge of asbestos on the property.**

Source of information: **Sellers**

**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  Unknown

Are test results available? .....  Yes  No

Results/Comments: **Sellers have no knowledge of Radon/Air.**

Source of information: **Sellers**

**D. RADON/WATER** - 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  Unknown

Are test results available? .....  Yes  No

Results/Comments: **Sellers have no knowledge of Radon/Water**

Source of information: **Sellers**

**E. METHAMPHETAMINE** - Current or previously existing:

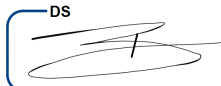
Yes  No  Unknown

Comments: **Sellers have no knowledge of any hazardous materials or methamphetamine**

Source of information: **Sellers**

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**F. LEAD-BASED PAINT/PAINT HAZARDS** — (Note: Lead-based paint is most commonly found in homes constructed prior to 1978)

Is there now or has there ever been lead-based paint and/or lead-based paint hazards on the property? .....  
.....  Yes  No  Unknown  Unknown (but possible due to age)

If Yes, describe location and basis for determination: \_\_\_\_\_

Do you know of any records/reports pertaining to such lead-based paint/lead-based paint hazards:  Yes  No

If Yes, describe: \_\_\_\_\_

Are you aware of any cracking, peeling or flaking paint? .....  Yes  No

Comments: No paint noted on property.

Source of information: Sellers have no knowledge of any hazardous materials or methamphetamine.

**G. OTHER HAZARDOUS MATERIALS** - Current or previously existing:

TOXIC MATERIAL: .....  Yes  No  Unknown

LAND FILL: .....  Yes  No  Unknown

RADIOACTIVE MATERIAL: .....  Yes  No  Unknown

Other: Sellers have no knowledge of any hazardous materials on the property.

Source of information: Sellers

**Buyers are encouraged to seek information from professionals regarding any specific issue or concern.**

**SECTION V — GENERAL INFORMATION**

Is the property subject to or have the benefit of any encroachments, easements, rights-of-way, leases, rights of first refusal, life estates, private ways, trails, homeowner associations (including condominiums and PUD's) or restrictive covenants? .....  Yes  No  Unknown

If Yes, explain: \_\_\_\_\_

Source of information: Sellers

Is access by means of a way owned and maintained by the State, a county, or a municipality over which the public has a right to pass? .....  Yes  No  Unknown

If No, who is responsible for maintenance? N/A

Road Association Name (if known): N/A

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Are there any tax exemptions or reductions for this property for any reason including but not limited to: Tree Growth, Open Space and Farmland, Veteran's, Homestead Exemption, Blind, Working Waterfront?.....  
.....  Yes  No  Unknown

If Yes, explain: \_\_\_\_\_

Is a Forest Management and Harvest Plan available?.....  Yes  No  Unknown

Is house now covered by flood insurance policy (not a determination of flood zone)  Yes  No  Unknown

Equipment leased or not owned (including but not limited to, propane tank, hot water heater, satellite dish, water filtration system, photovoltaics, wind turbines): Type: Propane tank

Year Principal Structure Built: Unknown

What year did Seller acquire property? 2020

Roof: Year Shingles/Other Installed: Unknown

Water, moisture or leakage: No

Comments: Hunting camp used seasonal.

Foundation/Basement:

Is there a Sump Pump? .....  Yes  No  Unknown

Water, moisture or leakage since you owned the property: .....  Yes  No  Unknown

Prior water, moisture or leakage? .....  Yes  No  Unknown

Comments: Hunting camp only occasional use.

Mold: Has the property ever been tested for mold? .....  Yes  No  Unknown

If Yes, are test results available? .....  Yes  No

Electrical:  Fuses  Circuit Breaker  Other: None  Unknown

Has all or a portion of the property been surveyed? .....  Yes  No  Unknown

If Yes, is the survey available? .....  Yes  No  Unknown

Manufactured Housing – Is the residence a:

Mobile Home .....  Yes  No  Unknown

Modular .....  Yes  No  Unknown

KNOWN MATERIAL DEFECTS about Physical Condition and/or value of Property, including those that may have an adverse impact on health/safety: Broken step on porch side

Source of Section V information: Seller

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**SECTION VI – ADDITIONAL INFORMATION**

**Seasonal camp on very nice 8 acre parcel.**

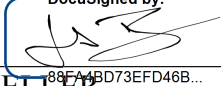
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ATTACHMENTS EXPLAINING CURRENT PROBLEMS, PAST REPAIRS OR ADDITIONAL INFORMATION IN ANY SECTION IN DISCLOSURE: .....  Yes  No

Seller shall be responsible and liable for any failure to provide known information regarding known material defects to the Buyer.

Neither Seller nor any Broker makes any representations as to the applicability of, or compliance with, any codes of any sort, whether state, municipal, federal or any other, including but not limited to fire, life safety, building, electrical or plumbing.

As Sellers, we have provided the above information and represent that all information is correct. To the best of our knowledge, all systems and equipment, unless otherwise noted on this form, are in operational condition.

DocuSigned by:  9/19/2020  
SELLER \_\_\_\_\_ DATE \_\_\_\_\_ SELLER \_\_\_\_\_ DATE \_\_\_\_\_  
**Joshua G. Byron**

SELLER \_\_\_\_\_ DATE \_\_\_\_\_ SELLER \_\_\_\_\_ DATE \_\_\_\_\_

I/We have read and received a copy of this disclosure, the arsenic in wood fact sheet, the arsenic in water brochure, and understand that I/we should seek information from qualified professionals if I/we have questions or concerns.

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

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