

PROPERTY LOCATED AT: 806 Stillwater Ave, Old Town, ME 04468

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: Public water supply

Source of Section I information: City of Old Town and seller

Buyer Initials _____ Page 1 of 7 Seller Initials 

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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: **Public sewer**

Source of Section II information: **City of Old Town and seller**

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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)	FHA			
Age of system(s) or source(s)	15 yrs +/-			
Name of company that services system(s) or source(s)	RH Foster			
Date of most recent service call	_2019			
Annual consumption per system or source (i.e., gallons, kilowatt hours, cords)				
Malfunction per system(s) or source(s) within past 2 years	none			
Other pertinent information	natural gas			

- 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: n/a

Date chimney(s) last cleaned: n/a

- Direct/Power Vent(s): Yes No Unknown
- Has vent(s) been inspected? Yes No Unknown

If Yes, date: n/a

Comments: **Natural gas from street.**

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:~~ _____

Buyer Initials _____

Seller Initials *Paula*

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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: _____

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: _____

Source of information: _____

C. RADON/AIR - Current or previously existing:

Has the property been tested? Yes No Unknown

If Yes: Date: Fall 2016 By: Seller

Results: Satisfactory

If applicable, what remedial steps were taken? n/a

Has the property been tested since remedial steps? Yes No Unknown

Are test results available? Yes No

Results/Comments: Seller tested property.

Source of information: Seller

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: Public water supply

Source of information: _____


E. METHAMPHETAMINE - Current or previously existing:

Yes No Unknown

Comments: None

Source of information: Seller

Buyer Initials _____

Seller Initials 

PROPERTY LOCATED AT: **806 Stillwater Ave, Old Town, ME 04468**

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: **Manufacture date of MH unknown.**

Source of information: **Seller**

G. OTHER HAZARDOUS MATERIALS - Current or previously existing:

TOXIC MATERIAL: Yes No Unknown

LAND FILL: Yes No Unknown

RADIOACTIVE MATERIAL: Yes No Unknown

Other: **None known**

Source of information: **Seller**

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: **ROW from 812 to 806 for ingress and egress.**

Source of information: **Seller and deed.**

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? **Plowing contractor**

Road Association Name (if known): **N/A**

Buyer Initials _____

Seller Initials  _____

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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: n/a

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: n/a

Year Principal Structure Built: Unknown

What year did Seller acquire property? 2011

Roof: Year Shingles/Other Installed: Metal roof age unknown.

Water, moisture or leakage: No

Comments: None

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: No basement, MH is on posts which were leveled 2017, covered by skirt.

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: _____ Unknown

Comments: _____

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: when MH was leveled, joint section has crack in it on wall.

Comments: 4 bedrooms and 2 full baths. Rooms are rented monthly.

Source of Section V information: Seller

Buyer Initials _____

Seller Initials 

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SECTION VI – ADDITIONAL INFORMATION

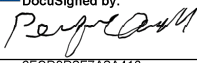
Seller has done improvements such as leveling the MH and adding slab and skirting.
Bedroom 1-3 = \$375/month/bedroom. Bedrooms 1-2 have rented for fewer than 12 months. Bedroom 3
tenant has rented for 3 years. Bedroom 4 = \$400/month. Tenant has rented for past 7 years
\$1,525/month gross. Tenants pay electric. Seller pays heat and hot water. Natural gas and .14 acre.

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:

12/1/2021
SELLER _____ DATE _____ SELLER _____ DATE _____
Peifen T. Carroll

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 _____



Income and Expense

Address: 806 Stillwater Ave, Old Town, ME 04468

Units: 4

RENTAL INFORMATION:

ML #: 1516366

	#BR	#Baths	Rent	Security Deposit	Lease	Date Lease Expires	Utilities Paid by Tenant
Unit #1	1		\$ \$375.00 <input type="checkbox"/> Estimated <input checked="" type="checkbox"/> Actual	\$500.00			electric and wifi shared: 2 baths, KIT LR DR
Unit #2	1		\$ \$375.00 <input type="checkbox"/> Estimated <input checked="" type="checkbox"/> Actual	\$200.00			electric and wifi shared: 2 baths, KIT LR DR
Unit #3	1		\$ \$375.00 <input type="checkbox"/> Estimated <input checked="" type="checkbox"/> Actual	\$400.00			electric and wifi shared: 2 baths, KIT LR DR
Unit #4	1		\$ \$400.00 <input type="checkbox"/> Estimated <input checked="" type="checkbox"/> Actual	\$400.00			electric and wifi shared: 2 baths, KIT LR DR
Unit #5			\$ <input type="checkbox"/> Estimated <input type="checkbox"/> Actual				

INCOME:

Monthly Rental Income	\$ 1,525.00	
Annual Rental Income	\$ 18,300.00	
Vacancy	\$	%
Gross Income	\$ 18,300.00	

Additional Comments:

OWNER EXPENSES:

Gas	\$ \$900.00	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Annual
Propane	\$	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annual
Oil	\$	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annual
Water	\$ \$470.00	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Annual
Sewer	\$ \$830.00	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Annual
Electricity	\$ tenant	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annual
Taxes	\$ \$616.00	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Annual
Insurance	\$ \$528.00	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Annual
Snow Removal	\$	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annual
Mowing	\$	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annual
Repairs/Maintenance	\$	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annual
Other:	\$	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annual
Other:	\$	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annual
Other:	\$	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annual
Operating Expenses	\$ \$4,046.00		
Management Fee	\$ zero		
Total Expenses	\$ \$4,046.00		
NOI	\$ \$14,254.00		

NOTE: The information provided in this document are estimates only. The creator makes no guarantees of accuracy.

Revised: 10/2020

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PENNY (PEIFEN)

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