

44 Belfield St Portland ME 04103  
 Chart 176 Block G  
 Lots 021, 022

### PROPERTY DISCLOSURE STATEMENT

The following answers and explanations are true and complete to the best of my /our knowledge. This statement has been prepared pursuant to 33 M.R.S.A. Section 171, et. Seq. **THIS DISCLOSURE IS NOT MEANT TO BE A WARRANTY OF THE CONDITION OF MY/OUR PROPERTY.**

PROPERTY LOCATED AT: 44 Belfield Street, Portland, Maine 04103

#### SECTION I. WATER SUPPLY

Please answer all questions regardless of type of water supply.

**TYPE OF SYSTEM:**  Public  Private  Seasonal  Drilled  Dug  Unknown  Other  
**INSTALLATION:** Location: N/A  
 Installed By: N/A DATE of Installation: N/A  
 What is the source of your information: Seller

**USE:** Number of Persons currently using system? 0  
 Does system supply water for more than one household?  Yes  NO  Unknown

**MALFUNCTIONS:** Are you aware or have you experienced any malfunctions with the (public/private/other) water system?  
 Pump: Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_ Quantity:  Yes  NO  Unknown  
 Quality:  Yes  NO  Unknown  
 If YES to any question, please explain in 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? \_\_\_\_\_

**COMMENTS:** Public water

ATTACHMENT EXPLAINING CURRENT PROBLEMS, PAST REPAIRS OR ADDITIONAL INFORMATION?  Yes  No

#### SECTION II. INSULATION

Location:	Yes	No	Unk	If YES, type:	Installed by:	Date:
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>blown in on East &amp; Southside</u>	<u>Dave Kennedy</u>	<u>6/12/12</u>

unknown  
6/12/12

Comments: Dave Kennedy 6/12 West & North not blown in

ATTACHMENT EXPLAINING CURRENT PROBLEMS, PAST REPAIRS OR ADDITIONAL INFORMATION?  Yes  No

#### SECTION III. WASTE DISPOSAL SYSTEM

**TYPE OF SYSTEM:** Public:  Yes  NO QUASI-PUBLIC:  Yes  NO Private:  Yes  NO  UNKNOWN

\*IF PUBLIC OR QUASI-PUBLIC: Have you ever experienced any problems such as line or other malfunctions?  Yes  NO

What steps were taken to remedy the problem? \_\_\_\_\_

\*IF PRIVATE:  Tank  Septic Tank  Holding Tank  Cesspool  Other: \_\_\_\_\_  
 Tank Size:  500 Gallon  1,000 Gallon  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 ever experienced any Malfunctions?  Yes  NO  
 If YES, give the date and describe the problem: \_\_\_\_\_

*[Handwritten initials]*

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\*LEACHFIELD:  Yes  NO IF YES: Location: \_\_\_\_\_  
 Date of Installation of leach field: \_\_\_\_\_ Installed by: \_\_\_\_\_  
 Date of Last Servicing: \_\_\_\_\_ Name of Company Service Company: \_\_\_\_\_  
 Have you ever experienced any Malfunctions?  Yes  NO If YES, give the date and describe the problem: \_\_\_\_\_

IS SYSTEM LOCATED IN A SHORELAND ZONE:  Yes  NO  Unknown SOURCE OF INFORMATION: \_\_\_\_\_

COMMENTS: Public

ATTACHMENT EXPLAINING CURRENT PROBLEMS, PAST REPAIRS OR ADDITIONAL INFORMATION?  Yes  NO

**SECTION IV. HEATING SYSTEM/RESOURCES**

Heating System/Resources	System 1	System 2	System 3	System 4
Types	FHW/Steam	Fireplace		
Age of system/sources	2007	1933		
Name of service company	Mike Baldwin	n/A		
Date of most recent service call	4/30/2013	n/A		
Annual consumption per system/source (i.e. gallons, kilowatt hours, cord(s))	4411 1/2			
Malfunction per systems/sources within past 2 years	none	none		
Other pertinent information	none	none		

Other pertinent information: FP not used recently - Cleaned chimney in 1996  
 Buried Oil Supply Line:  Yes  No  Unknown Sleeved:  Yes  No  
 Chimney(s) Lined:  Yes  No  Unknown Age: 1933 Last Cleaned: 1996  
 Is more than one heat source vented through one flue?  Yes  No  Unknown  
 COMMENTS: \_\_\_\_\_

**SECTION V. HAZARDOUS MATERIAL**

A ASBESTOS- Current or previously existing:  
 • As insulation on the heating system pipes or ductwork?  Yes  No  Unknown  
 • In the siding?  Yes  No  Unknown • Other \_\_\_\_\_  Yes  No  Unknown  
 IF YES: Source of information: \_\_\_\_\_  
 Comments: Asbestos on heating pipes, wrapped

B LEAD-BASED PAINT/PAINT HAZARDS - Current or previously existing:  
 Is there now or ever been lead-based paint and/or lead-based paint hazards on the property?  Yes  No  Unknown  
 IF YES: describe location and the basis for the determination: \_\_\_\_\_  
 Do you know any records pertaining to such lead-based paint or lead-based hazards:  Yes  No  
 IF YES, describe: \_\_\_\_\_  
 Are you aware of any cracking, peeling, or flaking paint?  Yes  No  
 Comments: Around windows frames

C1 RADON/WATER HAZARD - Current or previously existing:  
 Has the property been tested?  Yes  No  Unknown  
 IF YES: Date: \_\_\_\_\_ By: \_\_\_\_\_  
 Results: \_\_\_\_\_  
 What remedial steps were taken? \_\_\_\_\_  
 Has the property been tested since remedial steps?  Yes  No  Unknown  
 Are the results available?  Yes  No  
 Comments: \_\_\_\_\_

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**C2 RADON/AIR HAZARD**---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 the results available?  Yes  No

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

**D UNDERGROUND STORAGE TANKS**---Current or previously existing:

Are there now, or have there ever been, any underground storage tanks on your property?  Yes  No  Unknown

IF YES: Are tanks in current use?  Yes  No

IF NO: How long have tank(s) been out of service? \_\_\_\_\_

Age of tank(s): \_\_\_\_\_ Size of tank(s)? \_\_\_\_\_

Location: \_\_\_\_\_

Have you ever experienced any problems such as leaking? \_\_\_\_\_

Are tanks registered with the Dept. of Environmental Protection?  Yes  No  Unknown

If tanks are no longer in use, have tanks been abandoned according to D.E.P.?  Yes  No  Unknown

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

**E OTHER HAZARDOUS MATERIAL**--- Current or previously existing:

TOXIC MATERIAL:  Yes  No  Unknown

LAND FILL:  Yes  No  Unknown

RADIOACTIVE MATERIAL:  Yes  No  Unknown

OTHER: \_\_\_\_\_

**ATTACHMENT EXPLAINING CURRENT PROBLEMS, PAST REPAIRS OR ADDITIONAL INFORMATION TO ANY OF THE ABOVE HAZARDOUS MATERIAL:**  Yes  No

**SECTION VI. 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 road, homeowner associations or restrictive covenant?  Yes  No  Unknown

IF YES: Explain: \_\_\_\_\_

What is your source of information: Deed

Are there any tax exemption or reduction 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: \_\_\_\_\_

• Leased Equipment (e.g., propane tank, hot water heater, satellite dish): Type: none

• Age: Age of House: 1933 How long has Seller owned it: 4/2011

• Roof: Age - Structure: 1933 Age - Shingles: 2008 +/-

Moisture or leakage: none known

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

• Foundation/Basement: Sump Pump:  Yes  No  Unknown Comments: \_\_\_\_\_

Moisture or leakage since you owned the property:  Yes  No  Unknown

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

Knowledge of prior moisture or leakage:  Yes  No  Unknown Comments: \_\_\_\_\_

• 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

• Has the property been surveyed?  Yes  No  Unknown If YES, is the survey available?  Yes  No

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

• **KNOWN MATERIAL DEFECTS** about Physical Condition and/or value of Property, including those that may have an adverse impact on health/safety: none known

Attachments explaining current problems, past repairs or additional information in any section in Disclosure?:  Yes  No

*JFH*  
*DT*

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**SECTION VII. KNOWN DEFECTS**

**KNOWN DEFECTS-** Are you aware of any other condition that has a significant adverse effect on the value of the property significantly impairs the health or safety of future occupants of the property or, of not repaired, removed or replaced, significantly shortens the expected normal life of the property?  Yes  No  Unknown

If YES, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION VIII. SIGNATURES**

Donna Fo Allen  
DONNA ALLEN

7-1-2013  
DATE

I/WE have received a copy of this disclosure statement.

Jon Hall  
JON HALL

07/02/2013  
DATE

Barbara Loewenberg-Irlandy  
BARBARA LOEWENBERG-IRLANDY

7/2/13  
DATE