

PROPERTY LOCATED AT: 310 Main Street, Southwest Harbor, ME 04679

**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: \_\_\_\_\_~~

Source of Section I information: **Owner, broker and public information**

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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: \_\_\_\_\_

Source of Section II information: **Owner, broker and public information**

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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)	<b>Forced Hot air</b>	<b>Propane</b>		
Age of system(s) or source(s)				
Name of company that services system(s) or source(s)	<b>Dead River</b>	<b>Dead River</b>		
Date of most recent service call	<b>Automatic</b>	<b>Automatic</b>		
Annual consumption per system or source (i.e., gallons, kilowatt hours, cords)	<b>approx. 650 gal/2019</b>			
Malfunction per system(s) or source(s) within past 2 years	<b>none</b>	<b>none</b>		
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: 2017  
         Date chimney(s) last cleaned: Unknown  
 Direct/Power Vent(s): .....  Yes  No  Unknown  
     Has vent(s) been inspected? .....  Yes  No  Unknown  
         If Yes, date: 2017

Comments: \_\_\_\_\_  
 Source of Section III information: Owner, broker and public information

**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: **Owner, broker and public 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: **Owner, broker and public information**

**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: \_\_\_\_\_

Source of information: **Owner, broker and public information**

**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: \_\_\_\_\_

Source of information: **Owner, broker and public information**

**E. METHAMPHETAMINE** - Current or previously existing:  Yes  No  Unknown

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

Source of information: **Owner, broker and public information**

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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: normal wear and tear

Source of information: Owner, broker and public information

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

TOXIC MATERIAL: .....  Yes  No  Unknown

LAND FILL: .....  Yes  No  Unknown

RADIOACTIVE MATERIAL: .....  Yes  No  Unknown

Other: \_\_\_\_\_

Source of information: Owner, broker and public information

**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: Owner, broker and public information

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? \_\_\_\_\_

Road Association Name (if known): \_\_\_\_\_

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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: none

Year Principal Structure Built: 1940

What year did Seller acquire property? 2017

Roof: Year Shingles/Other Installed: 2012/13 partially

Water, moisture or leakage: none

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

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: 2 sump pumps, 1 battery, 1 electric new in 2018. Renovations believe remedied. New Honeywell Moisture Detector in 2018.

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 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: None aware of.

Source of Section V information: Owner, broker and public information

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**SECTION VI – ADDITIONAL INFORMATION**

**Electric sump pump new in 2018. Outdoor generator connection installed 2019. Electric vehicle connection 2019. (G&G Electric)**

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:  
Mary Ternus 9/30/2020  
SELLER DATE  
Mary Ternus

DocuSigned by:  
Mark Kandutsch 10/1/2020  
SELLER DATE  
Mark Kandutsch

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

