

SMITH, CHARLES G.
TO
KOWALESKI, DALE E. AND MONIKA Y. FOUT-

Vermont Property Transfer Tax
32 V.S.A. Chap. 231
-ACKNOWLEDGMENT-
Return Rec'd. - Tax Paid - Board of Health Cert. Rec'd. -
Vt. Land Use & Development Plans Act Cert. Rec'd.
Folio No. 99-45
Signed n.c. [signature] Clerk
Date May 16, 1999

WARRANTY DEED

KNOW ALL PERSONS BY THESE PRESENTS THAT, Charles G. Smith, of
Congers, County of _____, State of New York, Grantor, in consideration
of -----Ten and More-----Dollars paid to his satisfaction by Dale E. Kowalewski,
Jr. and Monika Y. Fout-Kowalewski of Jericho, County of Chittenden, State of Vermont,
Grantees, by these presents, does freely GIVE, GRANT, SELL, CONVEY and
CONFIRM unto said Grantees, Dale E. Kowalewski, Jr. and Monika Y. Fout-
Kowalewski, husband and wife as tenants by the entirety, and their heirs and assigns
forever, a certain parcel of land in Underhill, County of Chittenden, State of Vermont,
described as follows, viz:

Being all and the same lands and premises conveyed to Charles G. Smith by
Warranty Deed of Elwood R. Pratt, Maureen C. Pratt, Leo G. Campagna and Theresa P.
Campagna dated October 12, 1973 and recorded in Volume 44 at Page 139 of the
Underhill Land Records. Reference is also made to the corrective Warranty Deed from
Elwood R. Pratt, Maureen C. Pratt, Leo G. Campagna and Theresa P. Campagna dated
December 10, 1973 and recorded in Volume 44 at Page 191 of the Underhill Land
Records.

Being a vacant parcel of land containing 100.6 acres, more or less, and more
particularly depicted on plan entitled "Plat of Survey Showing Parceling of Land Pursuant
to Town of Underhill Regulations in regards to Charles Gary Smith in the Town of
Underhill, Chittenden County, Vermont" as prepared by Harold N. Marsh, Registered
Land Surveyor, dated March 23, 1999 and to be recorded in the Underhill Land Records.

This conveyance is made subject to and with the benefit of any easements, rights-
of-way, conditions, restrictions, and other such interests as the same may appear of
record, provided however that this paragraph shall not reinstate any such interests
extinguished heretofore by provisions of the Vermont Marketable Record Title Act as set
forth in Title 27 Vermont Statutes Annotated §§ 601-606 and any amendments thereto.

Reference is hereby made to the aforementioned instruments, the records thereof,
and references therein, in further aid of this description.

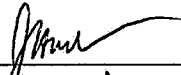
TO HAVE AND TO HOLD said granted premises, with all the privileges and
appurtenances thereof, to the said Grantees, Dale E. Kowalewski, Jr. and Monika Y.
Fout-Kowalewski, husband and wife as tenants by the entirety, their heirs and assigns, to

PETERSON & RUPLE
ATTORNEYS AT LAW
P. O. BOX 159
JERICHO, VERMONT
05465

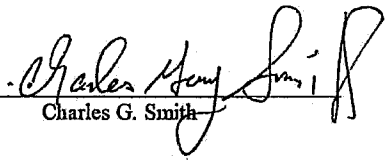
their own use and behoof forever; and the said Grantor, Charles G. Smith, for himself and his and assigns, does covenant with the said Grantees, Dale E. Kowalewski, Jr. and Monika Y. Fout-Kowalewski, their heirs and assigns, that until the ensealing of these presents he is the sole owner of the herein conveyed lands and premises, and has good right and title to convey the same in manner aforesaid, that it is FREE FROM EVERY ENCUMBRANCE except as aforesaid, and he hereby engages to WARRANT AND DEFEND the same against all lawful claims whatever, except as aforesaid.

IN WITNESS WHEREOF, Charles G. Smith hereunto set his hand and seal this 7th day of May, 1999.

IN PRESENCE OF:



 Witness
 Vermont *C.S.*



 Charles G. Smith

STATE OF ~~NEW YORK~~ *Vermont C.S.*
Chittenden COUNTY, SS.

At Essex Tct, ~~New York~~ *Vermont C.S.*, in said county, this 7th day of May, 1999, personally appeared Charles G. Smith who acknowledged the foregoing instrument, by him sealed and subscribed to be his free act and deed.

Before me: 

 Notary Public

My commission expires:

BEVERSON & RUPLE
 ATTORNEYS AT LAW
 BOX 159
 JERICHO, VERMONT
 05485

Received for record May 10, 1999 at 11:30 A.M.
 ATTEST: *Nancy C. Bradford*, Town Clerk

Department of Environmental Conservation

Well Completion Report Searchable Database

Printed 5/1/2026

Field Name	Field Value
Date Well Was Completed	12/19/2006
Date Report Received	11/09/2006
Drilled By	OPR License: 165.0000031 WellDrillerID: 198 Thomas Williams, Spafford & Sons of Williston VT Inc
Well Report Number	35266
Well Number/Tag Number	35266
Comments	
Town	Underhill
Map Cell	
Tax Map	
E911 Address	211 Poker Hill Road
Sub Division	
Lot Number	
Owner's First Name	Dale
Owner's Last Name	Kowalewski
Purchaser's First Name	
Purchaser's Last Name	
Well Use Code	01 = Domestic
Reason For Well Code	1 = New Supply
Drilling Equipment Code	
Total Depth Of Well (in feet)	425.00
Yield (in GPM)	2.00
Yield Test Tested For (in hours)	1.00
Static Water Level (in feet)	0.00
Well is Overflowing	N
Date Measured	
Depth To Bedrock (in feet)	55.00
Total Casing Length (in feet)	80.00
Casing Diameter (in inches)	6.00
Casing Length Below Land Surface (in feet)	78.40
Casing Length Exposed (in feet)	1.30
Casing Material	1 = Steel
Casing Weight (in lbs/foot)	19.00

Casing Finish Code	
Length Of Liner Used (in feet)	0.00
Liner Diameter (in inches)	0.00
Liner Material	
Liner Weight (in lbs/foot)	0.00
Liner Type	
Grout Type	
Seal Type	
Diameter Drilled In Bedrock (in inches)	0.00
Depth Drilled In Bedrock (in Feet)	0.00
Screen Make And Type	
Screen Material	
Screen Length (in feet)	0.00
Screen Diameter (in inches)	0.00
Screen Slot Size (in Inches)	0.00
Depth To Top of Screen Below Land Surface (in Feet)	0.00
Gravel Size Type	
Method of Sealing Casing Code	1 = Drive shoe only
Yield Test Method Code	
Well Development Code	
Not Steel Casing	N
Has Water Been Analyzed	N
Well Has Screen	N
AW Partial	N
Unique GIS Name	UH35266
Latitude	44.55965
Longitude	-72.92942
Well Not Visible At Latitude/Longitude	N
Location Determination Method	13 = E911 Address
Well Type	Bedrock
Depth To Liner Top (in feet)	0.00
Hydro Fractured	N
Hydro Fractured Resulting Flow (GPM)	0.00
Well Location Submitted As A Dot On A Map	N
Abandoned Per Water Supply Rule	N
Date Of Abandonment	
Reason For Abandonment	
Well Driller Supervising Abandonment	
Date Of Deepening Or Hydrofracture	

Signed Form	N
Well Status	Available For Use
UOE	
DOE	
UOC	
DOC	
WellReportID	101510

Lithology

Starting Depth	Starting Depth	Water Bearing	Lithology Code	Lithology Code Description	Lithology Description
0.00	55.00		H	Hardpan	
55.00	425.00		R	Rock, bedrock, ledge	gray schist

Deepened/Hydrofractured

Date Of Deepening Hydro Fracturing	Deepened	HydroFractured	Hydro Fractured Resulting Flow	Driller Who Deepened/Hydrofractured

Closure Log

Starting Depth	Ending Depth	Fill Material

Change Log

Date Of Change	User Who Changed	Field Name	New Value	Old Value
8/28/2023 5:38:37 PM	Admin Admin	SignedForm	N	NULL



SELLER'S PROPERTY INFORMATION REPORT

TO BE COMPLETED BY SELLER

Date Prepared: 05/01/2026

Seller's Name(s): Dale Kowalewski Monika Fout-Kowalewski

Physical Property Address: 211 Poker Hill Road, Underhill, VT 05489

Street

City/Town

Type of Property: Single Family Residence Multi-Family Residence (duplex, triplex, etc.)
 Condominium/Townhouse Land Only Commercial

Use of Property: Primary Residence Vacation Property Rental Property
 Other:

INTRODUCTION: This Report provides information from the Seller based on Seller's personal knowledge concerning the above Property. Unless otherwise disclosed, Seller does not have any expertise in construction, architecture, engineering, surveying or any other skills that would provide Seller with special knowledge concerning the condition of the Property. Other than having owned the Property, Seller has no greater knowledge about the Property than that which could be obtained by a careful inspection performed by or on behalf of a potential buyer. The real estate agents involved with the sale of this Property do not conduct or perform any inspection of the Property. Unless otherwise disclosed, Seller has not inspected or examined those portions of the Property that are generally inaccessible. **THIS REPORT DOES NOT CONSTITUTE A WARRANTY OF ANY KIND BY THE SELLER OR BY ANY REAL ESTATE AGENT CONCERNING THE CONDITION OF THE PROPERTY. THIS REPORT IS NOT A SUBSTITUTE FOR A PROPERTY INSPECTION. BUYER HAS THE OPPORTUNITY TO REQUEST THAT SELLER AGREE TO A PROPERTY INSPECTION AS PART OF ANY CONTRACT FOR THE SALE OF THE PROPERTY.**

INSTRUCTIONS TO SELLER: (1) Complete this form yourself. (2) Answer ALL questions. (3) Disclose conditions that you know about that affect the Property. (4) Attach additional pages to this Report if additional information is provided. (5) IF YOU DO NOT KNOW THE FACTS, WRITE "DON'T KNOW." DO NOT GUESS THE ANSWER TO ANY QUESTION.

Seller's Initials

DK			
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Buyer's Initials

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**THE STATEMENTS IN THIS REPORT ARE MADE BY THE SELLER.
THEY ARE NOT STATEMENTS OR REPRESENTATIONS MADE BY ANY REAL ESTATE AGENT(S).**

1. SOILS, DRAINAGE, BOUNDARIES AND EASEMENTS)

(a)	Has any fill or off-site material been placed on the Property?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(b)	Do you know of any sliding, settling, subsidence, earth movement, upheaval or earth stability problems that have affected the Property?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(c)	Is the Property located in a federal flood hazard zone or wetlands, public waters or conservation zones designated by federal, state or local statute, regulation or ordinance?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(d)	Do you know of any past or present drainage, high water table, or flood problems affecting the Property?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(e)	Is the Property served by a road maintained by the municipality? If "No," how is the road serving the Property maintained? <input type="checkbox"/> Road Maintenance Agreement <input type="checkbox"/> Homeowners/Road Assoc. <input type="checkbox"/> Shared Driveway <input type="checkbox"/> Other (explain): _____ Annual Cost(s): _____	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(f)	Are there public or private landfills or dumps (compacted or otherwise) on the Property or on any abutting property?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> DON'T KNOW
(g)	Are there currently any underground fuel storage tanks on the Property? If "Yes," Fuel Type: _____	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(h)	Have there been any underground fuel storage tanks on the Property in the past? If "Yes," have they been removed? _____ When? _____ By whom? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> DON'T KNOW
(i)	Do you know the location of the boundary lines of the Property?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(j)	Are the boundary lines of the Property marked in any way? If "Yes," how are they marked? <u>Stakes (Metal)</u>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(k)	Has the Property been surveyed? If "Yes," when? <u>1999</u> By whom? <u>Do not Remember</u>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(l)	Are copies of any of the following available? <input type="checkbox"/> Site Plan <input checked="" type="checkbox"/> Survey <input type="checkbox"/> Tax Map <input type="checkbox"/> Subdivision Plan/Sketch	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(m)	Are there any easements or rights of way affecting the Property?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(n)	Are there any boundary line disputes, claims of adverse possession, encroachments, or zoning set back violations affecting the Property?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> DON'T KNOW

Further explanation of any of the above: _____

Seller's Initials DAKS

Buyer's Initials

2. MECHANICAL, ELECTRICAL, AND OTHER SYSTEMS

(a) **Primary Heating System (check all that apply):** Base Board Hot Air Radiant Direct
 Heat Pump Vent Steam Other (please explain): WOODSTOVE

(b) Age of Heating System: 18 YRS DON'T KNOW

(c) **Primary Fuel Type:** Oil Natural Gas Propane Electric Wood Wood Pellet
 Coal Solar Geothermal Other (please explain):
 If propane, who owns the propane tank? Owner Propane Supplier Association
 If oil, when was the tank last inspected? By whom?

(d) When was the **primary** heating system last serviced? 2022
 By whom? Owner is HVAC Service Technician

(e) **Primary** heating service and/or inspection reports attached? YES NO

(f) **Primary** Annual Fuel Usage: 1000 Gallons (or other measure) Date Range: including Generator
Fuel consumption may vary by user, number of occupants and weather conditions.

(g) **Primary** fuel provider: On Site Propane

(h) **Secondary Heating System (check all that apply):** Base Board Hot Air Radiant Direct
 Heat Pump Vent Steam Other (please explain): WOODSTOVE

(i) **Secondary Fuel Type:** Oil Natural Gas Propane Electric Wood Wood Pellet
 Coal Solar Geothermal Other (please explain):
 If propane, who owns the propane tank? Owner Propane Supplier Association
 If oil, when was the tank last inspected? By whom?

(j) When was the **secondary** heating system last serviced? 2025
 By whom? owner

(k) **Secondary** heating service and/or inspection reports attached? YES NO

(l) **Secondary** Annual Fuel Usage: 3 cords Gallons (or other measure) Date Range:
Fuel consumption may vary by user, number of occupants and weather conditions.

(m) **Secondary** fuel provider: owner

(n) Property used: Full Time Seasonally

(o) Is there air conditioning? YES NO
 If "Yes," describe type and number of units (central, heat pump, window, etc.):

(p) **Hot Water System (check all that apply):** Hot Water Tank Domestic/Off Boiler On Demand
 Heat Pump Water Heater

(q) Age of Hot Water System: 18 years DON'T KNOW

(r) Hot Water Tank is: Owned Rented
 If rented, from whom: Monthly rental fee: \$

(s) **Alternative Energy System(s) (check all that apply):** Solar Wind Hydroelectric
 Geothermal Unknown
 Energy returned to grid?: YES NO Owned or Leased?: owned

(t) **Electrical System:** Electrical service panel has: Fuses Circuit Breakers Knob and Tube
 Other (please explain):
 Main Breaker Amperes: 60 Amps DON'T KNOW

Seller's Initials

DEKT

Buyer's Initials

(u)	Annual electricity usage: \$ <u>N/A</u> Date Range: _____ <i>Electricity consumption may vary by user, number of occupants, appliances and weather conditions.</i>		
(v)	Electric Utility Provider: <u>N/A</u>		
(w)	Has a Vermont Home Energy Profile been created? If "Yes," when? _____ By whom? _____	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW
(x)	Are you aware of any problems or conditions that affect any of the above systems? If "Yes," explain in detail: _____ _____	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

3. OTHER EQUIPMENT, APPLIANCES, AND FIXTURES

(a)	Check the items that will be included in the sale of the Property:		
	<input type="checkbox"/> Beverage Cooler <input type="checkbox"/> Central Air <input type="checkbox"/> Central Vacuum <input type="checkbox"/> Ceiling Fans <input type="checkbox"/> CO Detectors - # _____ <input type="checkbox"/> Compost Bin <input checked="" type="checkbox"/> Cooktop Stove <input type="checkbox"/> Dehumidifier <input type="checkbox"/> Dishwasher <input type="checkbox"/> Disposal <input type="checkbox"/> Dryer <input type="checkbox"/> Electric Garage Door Opener – Number of transmitters _____ <input checked="" type="checkbox"/> Energy Recovery Ventilator Unit	<input type="checkbox"/> Freezer <input type="checkbox"/> Hot Tub <input type="checkbox"/> Humidifier <input type="checkbox"/> Irrigation System <input type="checkbox"/> Microwave <input type="checkbox"/> Mini-Fridge <input type="checkbox"/> Mini split <input type="checkbox"/> Pool – above-ground <input type="checkbox"/> Pool – in-ground <input type="checkbox"/> Pool Equipment <input checked="" type="checkbox"/> Portable Generator <input type="checkbox"/> Radon Mitigation <input type="checkbox"/> Range-Electric <input checked="" type="checkbox"/> Range-Gas <input type="checkbox"/> Range Hood	<input checked="" type="checkbox"/> Refrigerator <input type="checkbox"/> Satellite Dish <input type="checkbox"/> Security System: <input type="radio"/> Owned <input type="radio"/> Leased <input checked="" type="checkbox"/> Smoke Detectors – # <u>2</u> <input type="checkbox"/> Sprinkler System <input type="checkbox"/> Standby Generator <input checked="" type="checkbox"/> Stove: <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Wood <input type="checkbox"/> Pellet <input type="checkbox"/> Sump Pump <input type="checkbox"/> Wall Oven <input type="checkbox"/> Washer <input type="checkbox"/> Window AC <input type="checkbox"/> OTHER: _____
(b)	Are any of the items that will be included in the sale of the Property in need of repair or replacement? If "Yes," explain in detail: _____	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
(c)	List equipment and appliances that will be excluded from the sale of the Property: _____ _____		

Seller's Initials

DEKJ			
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Buyer's Initials

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4. TELEPHONE/INTERNET/TELEVISION

(a)	Is landline telephone service present at the Property? If "Yes," current provider:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
(b)	Is cellular telephone service available at the Property? If "Yes," list available providers: <u>AT&T, Verizon</u>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
(c)	Is internet service available at the Property? If "Yes," current provider:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
(d)	What type of internet service is available: <input type="checkbox"/> Dial Up <input type="checkbox"/> Broadband <input type="checkbox"/> Cable <input checked="" type="checkbox"/> Satellite <input type="checkbox"/> DSL <input type="checkbox"/> Fiber Optic <input type="checkbox"/> None			
(e)	Is television service available at the Property? If "Yes," current provider: <u>Antennae</u>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
(f)	What type of television service is available: <input checked="" type="checkbox"/> Antenna <input type="checkbox"/> Cable <input checked="" type="checkbox"/> Satellite <input type="checkbox"/> DSL <input type="checkbox"/> Fiber Optic <input type="checkbox"/> None			

5. STRUCTURAL COMPONENTS

(a)	Type of construction (check all that apply): <input type="checkbox"/> Manufactured <input type="checkbox"/> Modular <input type="checkbox"/> Wood Frame <input checked="" type="checkbox"/> Other (describe): <u>Post & Beam, SIP's</u>			
(b)	Year Building(s) Constructed: Main Building <u>2007</u> Additions to Main Building: <u>N/A</u> Additional Building(s): (a) _____ (b) _____ (c) _____ (d) _____			
(c)	Have you built, or caused to be built, any of the buildings on the Property, or made any additions, modifications, alterations, or renovations to any building on the Property? If "Yes," please explain: <u>New Construction Home</u>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
	If required, did you obtain all permits and approvals for such work? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW			
(d)	Check any of the following items that have defects or malfunctions that need repair: <input type="checkbox"/> Foundation <input type="checkbox"/> Slab <input type="checkbox"/> Chimney <input type="checkbox"/> Fireplace <input type="checkbox"/> Interior Walls <input type="checkbox"/> Ceilings <input type="checkbox"/> Floors <input type="checkbox"/> Windows <input checked="" type="checkbox"/> Doors <input type="checkbox"/> Storms/Screens <input checked="" type="checkbox"/> Exterior Walls <input type="checkbox"/> Driveway <input type="checkbox"/> Sidewalks <input type="checkbox"/> Pool <input type="checkbox"/> Roof <input type="checkbox"/> Outside Retaining Walls <input type="checkbox"/> Other Structures/Components: _____ If any of the above items are checked, describe the defect, malfunction or item(s) that need repair: <u>Storm Door sagging, Siding Needs replaced.</u>			
(e)	Has there ever been damage to the Property or any of the structures from fire, wind, floods, earth movements, or landslides? If "Yes," explain in detail, including any repairs: <u>Tree damage to Solar Array, Components on site to repair and expand solar array</u>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW

Seller's Initials

<u>DEKJ</u>			
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Buyer's Initials

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(f)	Has there ever been damage to the Property due to broken pipes or failed appliances and/or equipment causing water damage? If "Yes," explain in detail, including any repairs:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
<input type="text"/> <input type="text"/>				

BASEMENT/CELLAR/CRAWL SPACE

(g)	Has there ever been any water leakage, accumulation of water, or dampness within the basement, cellar or any crawl space? If "Yes," explain in detail: <u>NIA</u>	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
<input type="text"/>				

(h)	Have there been any repairs or other attempts to control any water or dampness in the basement, cellar or crawl space? If "Yes," explain in detail, including any repairs:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
<input type="text"/>				

(i)	Are any of the above recurring problems? If "Yes," what are the problems and how often have they recurred?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
<input type="text"/>				

ROOF

(j)	Type of roof: <input type="checkbox"/> Shingle <input type="checkbox"/> Slate <input checked="" type="checkbox"/> Standing Seam Metal <input type="checkbox"/> Corrugated Metal <input type="checkbox"/> Tile <input type="checkbox"/> Other (describe) _____ <input type="checkbox"/> DON'T KNOW Approximate age of roof? <u>18 years</u>			
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(k)	Has the roof ever leaked since you have owned the Property? If "Yes," explain: _____	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
<input type="text"/>				

(l)	Has the roof been replaced or repaired since you have owned the Property? If "Yes," when?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
<input type="text"/>				

(m)	Are there any current problems with the roof? If "Yes," explain: _____	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
<input type="text"/>				

Seller's Initials

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Buyer's Initials

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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6. WATER SUPPLY

Special Notice: Water supplies, especially those that are not public or municipal supplies, are affected by many conditions about which Seller may have no knowledge or have any ability to control. These water supply systems can change, deteriorate or fail, often with no warning signs. *Seller makes no warranty or representation whatsoever that the water supply, including quality or quantity, will operate or continue to function for any period of time. Inspection of these systems by a qualified inspector is strongly recommended. As required by law, any Seller with a water supply that is not served by a public water system shall provide the Buyer with an informational brochure developed by the Vermont Department of Health regarding Testing Water from Private Water Supplies within 72 hours of the execution of a contract for the purchase of the Property.*

TYPE OF WATER SYSTEM

(a)	The Property is connected to and serviced by (check all applicable boxes): <input type="checkbox"/> Public or Municipal <input type="checkbox"/> Community <input type="checkbox"/> Private <input type="checkbox"/> Shared <input type="checkbox"/> Driven Point Well <input type="checkbox"/> On-site <input type="checkbox"/> Off-site <input checked="" type="checkbox"/> Drilled Well <input type="checkbox"/> Spring <input type="checkbox"/> Lake/Pond <input type="checkbox"/> None <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> OTHER: _____	
(b)	If Drilled Well: Drilled by: _____ Tag #: _____ Depth: <u>425'</u> Gallons Per Minute (at time of driller's report): <u>1.5</u> Date of driller's report: _____	
(c)	Age of Water System: <u>20 years</u>	
(d)	Water System Features: <input checked="" type="checkbox"/> Cistern/Reservoir/Holding Tank <input checked="" type="checkbox"/> Water Softener/Conditioner <input type="checkbox"/> Reverse Osmosis <input type="checkbox"/> Infrared Light <input type="checkbox"/> Ultraviolet <input checked="" type="checkbox"/> Sediment Filter <input type="checkbox"/> Other: _____ <input type="checkbox"/> None <input type="checkbox"/> DON'T KNOW	
(e)	What is the annual cost for municipal water? \$ <u>N/A</u> Date Range: _____ Metered <input type="checkbox"/> YES <input type="checkbox"/> NO	

CONDITION OF WATER AND WATER SYSTEM

(f)	Has the water been tested for coliform bacteria? If "Yes," when? _____ By whom? _____ Results: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> DON'T KNOW
(g)	Has any other water quality or water chemistry testing been done? If "Yes," when? _____ By whom? _____ Results: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> DON'T KNOW
(h)	Are you aware of low pressure in your water system?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
(i)	Has your water supply ever run out or run low? If "Yes," describe: _____	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
(j)	Does the water have any odor, bad taste, cloudiness or discoloration? If "Yes," describe in detail: _____	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(k)	Describe in detail any other problems you have had with your water system, including water quality or quantity: <u>N/A</u>			

Seller's Initials

DPKJ			
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Buyer's Initials

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7. SEWER/SEPTIC/WASTEWATER SYSTEM

Special Notice: Sewer, septic and wastewater systems that are not public or municipal systems are not designed to perform indefinitely and are affected by many conditions about which Seller may have no knowledge or have the ability to control. In addition, the useful life of these systems is affected by the amount and type of use, soil conditions, maintenance, the inherent design of these systems and many other factors. *Seller makes no warranty or representation whatsoever that these systems will operate or continue to function for any period of time. Inspection of these systems by a qualified inspector is recommended. State and local permits may be required for sewer, septic and wastewater systems.*

TYPE OF SYSTEM

(a)	The Property is connected to and serviced by (check all applicable boxes): <input type="checkbox"/> Public or Municipal <input type="checkbox"/> Community <input checked="" type="checkbox"/> Private <input type="checkbox"/> Shared <input type="checkbox"/> On-site septic/wastewater system <input type="checkbox"/> Off-site septic/wastewater system <input checked="" type="checkbox"/> Septic Tank <input type="checkbox"/> New or Alternate Technology (explain technology): _____ <input type="checkbox"/> Holding Tanks <input type="checkbox"/> Cesspool <input type="checkbox"/> Sewage Pump <input type="checkbox"/> Dry Well <input checked="" type="checkbox"/> Conventional Disposal Area <input type="checkbox"/> Mound System Disposal Area <input type="checkbox"/> At Grade <input type="checkbox"/> Other <input type="checkbox"/> DON'T KNOW If other, please explain: <u>Two leach fields installed with valve to switch fields</u>	
(b)	What is the annual cost of municipal sewer? \$ _____ Date Range: _____	

CONDITION OF SYSTEM If other than public or municipal sewer/wastewater system, answer the following:

(c)	Date system installed: <u>2006</u>			
(d)	Is the system entirely on your Property? If "No," where is it?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(e)	Has the system been repaired since you have owned the Property? If "Yes," when? What was done? By whom?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(f)	Type of septic tank: <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Metal <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other (describe): _____	<input type="checkbox"/> DON'T KNOW		
(g)	Septic tank capacity (in gallons) <u>1000</u>	<input type="checkbox"/> DON'T KNOW		
(h)	Date septic tank last inspected? By whom?	<input checked="" type="checkbox"/> DON'T KNOW		
(i)	Date septic tank last pumped? By whom?	<input checked="" type="checkbox"/> DON'T KNOW		
(j)	Reports of last inspection/pumping attached?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
(k)	If required by a State of Vermont wastewater permit, have required periodic maintenance/inspections been completed? If so, date of most recent service: <u>N/A</u> Cost: \$ _____ By whom: _____	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	

Seller's Initials

<u>DEKJ</u>			
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Buyer's Initials

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(l)	To your knowledge, is any portion of the system in need of repair or replacement? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "Yes," describe in detail:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
(m)	Has the Property been occupied as a primary residence for at least 181 days during any one calendar year between December 31, 1986 and December 31, 2006?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW

8. ADDITIONAL INFORMATION CONCERNING THE PROPERTY

(a)	Are you currently occupying the Property? If "No," how long has it been since Seller occupied?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
(b)	Are there any property or development rights (e.g. conservation easements to Land Trusts, etc.) owned by others? If "Yes," by whom?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
(c)	Is Property enrolled in Vermont's Current Use program?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
(d)	Have you received written notice of any violations of local, state or federal laws, building codes and/or zoning ordinances affecting the Property?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
(e)	Are there any property tax abatements, land use value appraisal, land use tax stabilization agreements or other special property tax arrangements applicable to the Property? If "Yes," explain:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(f)	Was the house built after December 31, 1997? If "Yes," is a Residential Building Energy Standard (RBES) certification available? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> DON'T KNOW	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
(g)	Have you received notice that the Property will be reassessed by any taxing authority during the next 12 months?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
(h)	Does the Property have urea-formaldehyde foam insulation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> DON'T KNOW
(i)	Does the Property have asbestos and/or asbestos materials in the siding, walls, plaster, flooring, insulation, heating system?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(j)	Has the Property been tested for radon gas? If "Yes," when? _____ By whom? _____ Results:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(k)	Has paint containing lead been used on the Property?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(l)	Does the Property have evidence of mold? If "Yes," what has been done about the mold? _____	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW

Seller's Initials

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(m)	Are you aware of any off-site conditions in your neighborhood/community that could affect the value or desirability of the Property such as noise, proposed major new development, relocation or major construction of road or highways, proposed zoning changes, etc.? If "Yes," explain in detail: _____	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
(n)	Is there any infestation by pests that affect the Property? If "Yes," explain: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> DON'T KNOW
(o)	Do you have any knowledge of any damage to the Property caused by pests?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> DON'T KNOW
(p)	Is the Property currently under warranty or other coverage by a pest control company?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(q)	Do you know of any termite/pest control reports or treatments for the Property in the last five years?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(r)	Does the Property have any audio and/or surveillance or recording equipment? If "Yes," will said equipment be active during showings? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW

Further explanation of any of the above:

1 camera looking at battery bank. No recording.

9. CONDOMINIUMS/SUBDIVISIONS/HOMEOWNERS' ASSOCIATIONS

(a)	Is the Property part of a condominium or other common interest ownership association or is it subject to covenants, conditions and restrictions (CC&R's)? If "Yes," Condo docs or CC&R's attached?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
(b)	Is there any defect, damage, or problem with any common elements or common areas? If "Yes," describe below.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(c)	Is there any condition or claim which may result in an increase in assessment or fees? If "Yes," describe below.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(d)	Are pets allowed? If "Yes," what is allowed? <i>Dog</i>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(e)	Are there any rental restrictions? If "Yes", what is the rule?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
(f)	Are there any homeowners' association dues associated with the Property? If "Yes," amount \$ _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	

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Buyer's Initials

(g)	Are there any special assessments on the Property? If "Yes," amount \$ _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly Purpose of special assessment:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Years of term remaining on any outstanding special assessments:				
(h)	Are there any current actions, disputes or lawsuits pending between the homeowners/condominium owners' association and any other parties? If "Yes," describe below.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(i)	Do you know of any violations of local, state, or federal laws or regulations, condominium rules or CC&R's relating to the Property? If "Yes," describe below.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(j)	Contact person/manager for condominium/homeowner association: Name: _____ Phone number/email: _____			
Further explanation of any of the above: _____				

IS THERE ANYTHING ELSE THAT SHOULD BE DISCLOSED ABOUT THE CONDITION OF THE PROPERTY? (In answering this question, you should be guided by what you would want to know about the condition of the Property if you were buying it.)

YES NO DON'T KNOW OF ANYTHING ELSE If "Yes," explain:

<p><i>Healthy forest with possibility of maple sugar operation.</i></p>

Seller's Statement: Seller is providing the information in this report to reduce the likelihood of disputes or legal action concerning the sale of the Property. The information provided herein does not constitute any warranty, express or implied, by Seller about the Property or any feature of the Property. Seller hereby authorizes any real estate agent to provide a copy of this report to any prospective buyer. **In delivering this report to a buyer or prospective buyer, no representation is made by any real estate agent that they have any independent or personal knowledge about the condition of the Property, that they have made any inquiry or investigation about the condition of the Property, or any of the information provided in this report by the Seller or that they have verified the information provided in this report by the Seller.** Seller acknowledges that the information provided in this report is correct to the best of Seller's knowledge as of the date signed by the Seller.


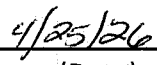
Seller's Initials

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Buyer's Initials

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Buyer/prospective buyer acknowledges receipt of a copy of this report on the dates set forth below. Buyer/prospective buyer understands that this report provides information about the Property made by the Seller as of the above date. It is not a warranty of any kind by Seller or any real estate agent. This report is not a substitute for any property inspection. Buyer/prospective buyer may obtain a property inspection. However, any such inspection must be by written agreement with Seller. Buyer/prospective buyer understands that there may be matters relating to the Property which are not addressed in this report.

Seller:			Buyer:		
	(Signature)	(Date)		(Signature)	(Date)

Seller:			Buyer:		
	(Signature)	(Date)		(Signature)	(Date)

Seller:			Buyer:		
	(Signature)	(Date)		(Signature)	(Date)

Seller:			Buyer:		
	(Signature)	(Date)		(Signature)	(Date)



Vermont Mandatory Flood Disclosure



Date Prepared: 05/01/2026

Seller's Name(s): Dale Kowalewski Monika Fout-Kowalewski

Property Address: 211 Poker Hill Road, Underhill, VT 05489
Street City/Town

27 V.S.A. § 380 requires all Sellers of real property in Vermont to disclose the flood risk and status of their property to the Buyer. Sellers are required to provide a physical, electronic, or digital link to a copy of the official Flood Insurance Rate Map (FIRM) published by FEMA. It is the Seller's responsibility to locate this map, either online or through their Town office. The Federal Emergency Management Agency (FEMA) search engine can be found at <https://msc.fema.gov/portal/home>.

- A copy of the FEMA map for the Property is attached; or,
- A link to the FEMA map for the Property is as follows: _____ ; or,
- A FEMA map is unavailable for the Property or the community in which the property is located.

1	Has the Property been subject to flooding or flood damage while the seller possessed the property, including flood damage from inundation or from flood-related erosion or landslide damage?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
1a	If yes, please describe:		
2	Does the seller maintain flood insurance on the Property?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

THE STATEMENTS IN THIS REPORT ARE MADE BY THE SELLER. THEY ARE NOT STATEMENTS OR REPRESENTATIONS MADE BY ANY REAL ESTATE AGENT(S).

Seller: Dale Kowalewski 4/24/26 Seller: Monika Fout-Kowalewski 05/01/26 2:06 PM CDT
 (Signature) (Date) (Signature) (Date)

Seller: _____ Seller: _____
 (Signature) (Date) (Signature) (Date)

Buyer acknowledges receipt of this Disclosure. It is the Buyer's responsibility to review any attached or linked maps for information regarding potential flood hazard areas affecting the Property. There may be map amendments or other information available at <https://msc.fema.gov/portal/home>.

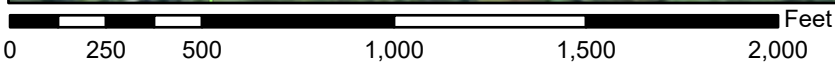
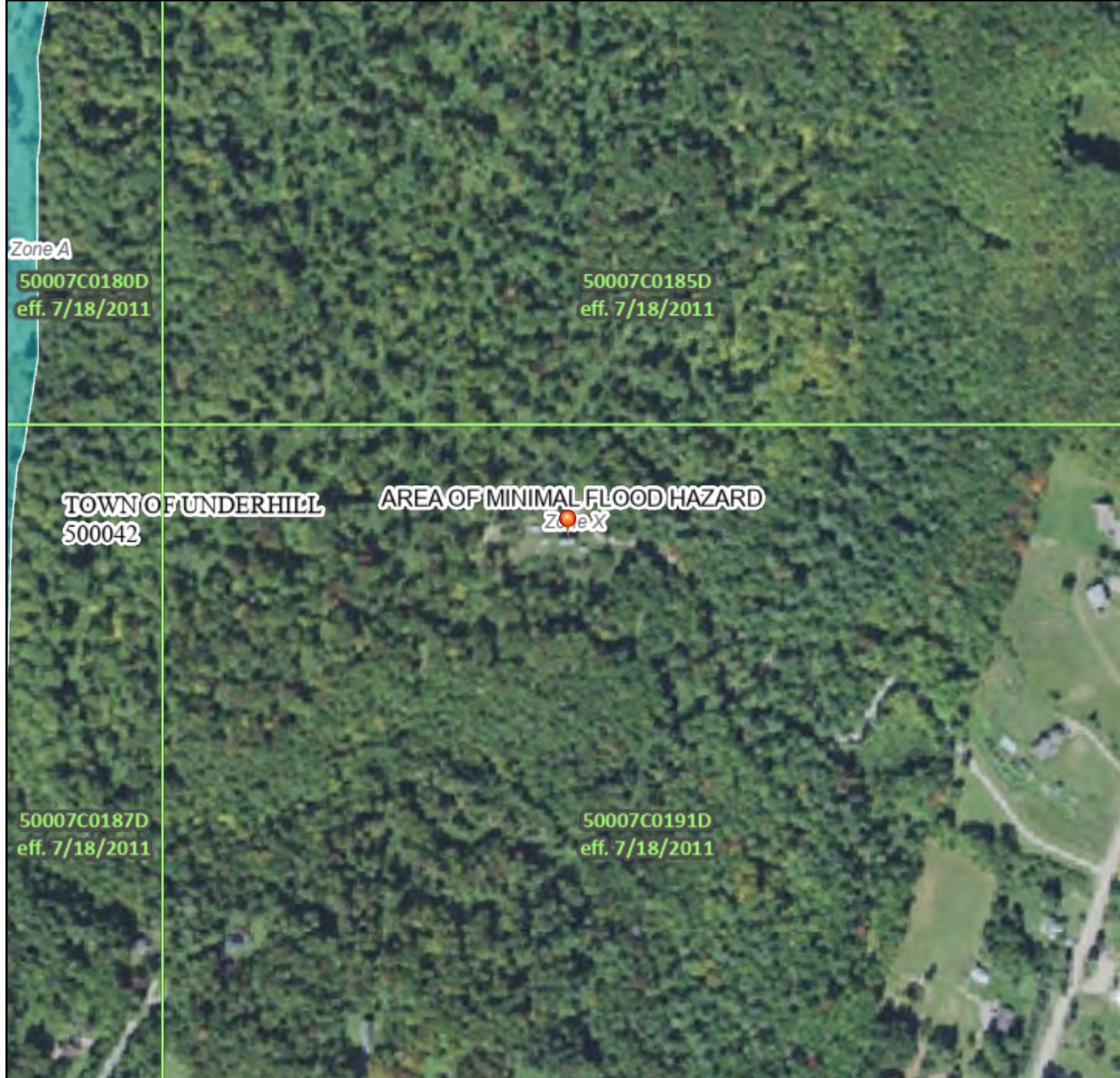
Buyer: _____ Buyer: _____
 (Signature) (Date) (Signature) (Date)

Buyer: _____ Buyer: _____
 (Signature) (Date) (Signature) (Date)

National Flood Hazard Layer FIRMMette



72°56'20"W 44°33'55"N



1:6,000

72°55'43"W 44°33'29"N

Basemap Imagery Source: USGS National Map 2023

Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

SPECIAL FLOOD HAZARD AREAS		Without Base Flood Elevation (BFE) <i>Zone A, V, A99</i>
		With BFE or Depth <i>Zone AE, AO, AH, VE, AR</i>
		Regulatory Floodway
OTHER AREAS OF FLOOD HAZARD		0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile <i>Zone X</i>
		Future Conditions 1% Annual Chance Flood Hazard <i>Zone X</i>
		Area with Reduced Flood Risk due to Levee. See Notes. <i>Zone X</i>
		Area with Flood Risk due to Levee <i>Zone D</i>
OTHER AREAS		NO SCREEN Area of Minimal Flood Hazard <i>Zone X</i>
		Effective LOMRs
GENERAL STRUCTURES		Area of Undetermined Flood Hazard <i>Zone D</i>
		Channel, Culvert, or Storm Sewer
		Levee, Dike, or Floodwall
OTHER FEATURES		20.2 Cross Sections with 1% Annual Chance
		17.5 Water Surface Elevation
		Coastal Transect
		Base Flood Elevation Line (BFE)
		Limit of Study
MAP PANELS		Jurisdiction Boundary
		Coastal Transect Baseline
		Profile Baseline
		Hydrographic Feature
		Digital Data Available
		No Digital Data Available
		Unmapped
		The pin displayed on the map is an approximate point selected by the user and does not represent an authoritative property location.



This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The basemap shown complies with FEMA's basemap accuracy standards

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on **10/6/2025 at 4:33 PM** and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: basemap imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.