



RESIDENTIAL PROPERTY DISCLOSURE STATEMENT

Approved by The New Brunswick Real Estate Association for use by members under
An Act to Incorporate The New Brunswick Real Estate Association



Property designated as civic address: 7 St. Croix Street, St. Stephen, New Brunswick E3L 2A2

Seller: Matthew Balcarres and Deanna Balcarres

Buyer: _____

This Property Disclosure Statement is being made by the Seller in his/her capacity as the owner of the property, who has owned the property for approximately 4 years; OR

This Property Disclosure Statement is being made by the Seller in his/her capacity as the legal representative of the owner of the property.

The Seller is responsible for the accuracy of the answers on this disclosure statement and if uncertain should reply "Do Not Know".

The information contained in this Property Disclosure Statement has been provided by the Seller of the property. As part of the Buyer's due diligence, it is strongly advised that the property be inspected by a reliable third party to verify the information below.

The information contained in this disclosure statement has been provided to the best of the Seller's knowledge.

1. WATER SUPPLY

A. Source (check all that apply): Municipal Drilled Well Dug Well Community Shared well None
 Other: _____

- B. i) Are there any problems with water quality?
 ii) Are there any problems with water quantity?
 iii) Are there any problems with water taste or smell?
 iv) Are there any problems with water pressure?
 vi) Date of last water test: _____

If you answered YES for HiV, please detail: _____

YES	NO	DO NOT KNOW	DOES NOT APPLY
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> N/A
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> N/A

C. Is there a water conditioner or treatment system attached to the water supply?

Type of System: _____ Date installed: _____

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	<input type="checkbox"/> P	<input type="checkbox"/> N/A
<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	<input type="checkbox"/> P	<input type="checkbox"/> N/A
<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	<input type="checkbox"/> P	<input type="checkbox"/> N/A

D. Is there a well certificate available? (If YES, written supporting documentation will be provided to the Buyer)

<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> P	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> P	<input checked="" type="checkbox"/> N/A

2. SEWAGE DISPOSAL

A. Type (check all that apply): Municipal Septic Sewer (Other): _____

If Septic, Material: _____ Date last pumped: _____ Capacity: _____

B. i) Are there any problems with the existing septic/sewer system?

- ii) Have any repairs or upgrades been carried out to the septic/sewer system since you owned the property?
 iii) Is there a septic system certificate? (If YES, written supporting documentation will be provided to the Buyer)

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> N/A

3. ELECTRICAL SYSTEM

A. Type of Wiring (check all that apply): Copper Aluminum Knob & Tube Other: _____

B. Electrical Panel: Breakers Fuses Both

C. What is the amperage of the system: _____

D. Are there any problems with the electrical system?

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A

Acknowledgement of completion of Page 1

Seller's initial: MB JPB Buyer's Initials:

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3. ELECTRICAL SYSTEM continued		YES	NO	DO NOT KNOW	DOES NOT APPLY	
E. Have any repairs or upgrades been carried out to the electrical system since you owned the property?		<input checked="" type="checkbox"/>	<input type="checkbox"/> N	<input type="checkbox"/> P	<input type="checkbox"/> N/A	
If YES, details: <i>Sub panels added, new wiring for lights & plugs</i>						
4. PLUMBING SYSTEM						
A. Type (check all that apply): <input checked="" type="checkbox"/> Copper <input type="checkbox"/> Cast Iron <input type="checkbox"/> Lead <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> None						
B. Are there any problems with the plumbing system?		<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	<input type="checkbox"/> P	<input type="checkbox"/> N/A	
C. Have any repairs or upgrades been done to the plumbing system since you have owned the property?		<input checked="" type="checkbox"/>	<input type="checkbox"/> N	<input type="checkbox"/> P	<input type="checkbox"/> N/A	
If YES, details: <i>new main drains/cast iron removed</i>						
5. HEATING SYSTEM						
A. Type of Heating (check all that apply): <input checked="" type="checkbox"/> Oil <input checked="" type="checkbox"/> Propane <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Wood <input type="checkbox"/> Solar <input type="checkbox"/> Geothermal <input type="checkbox"/> None						
B. Type of Heating System (check all that apply): <input type="checkbox"/> Forced Air Furnace <input checked="" type="checkbox"/> Baseboard <input checked="" type="checkbox"/> Radiant <input checked="" type="checkbox"/> Heat Pump <input type="checkbox"/> Hot Water <input type="checkbox"/> Stove						
i) If oil, what is the age of the tank (in years)? _____		<input type="checkbox"/> Inside	<input checked="" type="checkbox"/> Outside	<input type="checkbox"/> P	<input type="checkbox"/> N/A	
ii) Have there been any fuel leaks from the lines or tank?		<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	<input type="checkbox"/> P	<input type="checkbox"/> N/A	
C. Are there any problems with the heating system?		<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	<input type="checkbox"/> P	<input type="checkbox"/> N/A	
D. Have any repairs or upgrades been carried out to the heating system since you owned the property?		<input checked="" type="checkbox"/>	<input type="checkbox"/> N	<input type="checkbox"/> P	<input type="checkbox"/> N/A	
E. Are the following in good working order? Please indicate the date of the last known inspection:						
Wood/Pellet/Propane Stove	Inspection date: _____	Inspector: _____	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input checked="" type="checkbox"/> P	<input type="checkbox"/> N/A
Fireplace	Inspection date: _____	Inspector: _____	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input checked="" type="checkbox"/> P	<input type="checkbox"/> N/A
Fireplace Insert	Inspection date: _____	Inspector: _____	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input checked="" type="checkbox"/> P	<input type="checkbox"/> N/A
Chimney	Inspection date: _____	Inspector: _____	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input checked="" type="checkbox"/> P	<input type="checkbox"/> N/A
Furnace	Inspection date: _____	Inspector: _____	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input checked="" type="checkbox"/> P	<input type="checkbox"/> N/A
6. STRUCTURAL						
A. Are there any structural problems, damage, or leakage in the foundation?		<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	<input type="checkbox"/> P	<input type="checkbox"/> N/A	
i) Have there been any repairs to the foundation since you have owned the property?		<input checked="" type="checkbox"/>	<input type="checkbox"/> N	<input type="checkbox"/> P	<input type="checkbox"/> N/A	
B. Are there any structural problems, damage, leakage, or dampness with the walls, roof or roof covering?		<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	<input type="checkbox"/> P	<input type="checkbox"/> N/A	
i) Have there been repairs to the roof or walls since you have owned the property? Age of roof covering: <i>2-3s</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/> N	<input type="checkbox"/> P	<input type="checkbox"/> N/A	
C. Are the exterior walls insulated? Type: <i>cellulose</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/> N	<input type="checkbox"/> P	<input type="checkbox"/> N/A	
D. Is the attic insulated? Type: <i>fiberglass bats</i>		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> P	<input type="checkbox"/> N/A	
E. Are the basement walls insulated? Type: <i>spray foam</i>		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> P	<input type="checkbox"/> N/A	
7. MECHANICAL (For example: mechanical ventilation, air conditioning, central vacuum, swimming pool, etc.)						
A. Are there any problems with the mechanical systems or units?		<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	<input type="checkbox"/> P	<input type="checkbox"/> N/A	
If YES, details: _____						
B. Is any equipment leased or rented?		<input checked="" type="checkbox"/>	<input type="checkbox"/> N	<input type="checkbox"/> P	<input type="checkbox"/> N/A	
If YES, please indicate equipment and terms: <i>hot water tank</i>						
8. ZONING AND PERMITS						
A. Does property usage conform with municipal bylaws and regulations including the existing zoning?		<input checked="" type="checkbox"/>	<input type="checkbox"/> N	<input type="checkbox"/> P	<input type="checkbox"/> N/A	
B. Does the property conform to the current zoning requirements?		<input checked="" type="checkbox"/>	<input type="checkbox"/> N	<input type="checkbox"/> P	<input type="checkbox"/> N/A	
i) If NO, is the non-conforming use approved under municipal zoning regulations?		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> P	<input type="checkbox"/> N/A	

8. ZONING AND PERMITS continued

- C. Have all necessary and/or appropriate permits been issued for improvements on the property?
 Yes No Don't Know N/A
D. Have all necessary improvements been inspected and signed off on by an authorized Federal, Provincial or Municipal Inspector?
 Yes No Don't Know N/A
E. Has the property received any heritage property designations?
 Yes No Don't Know N/A

9. ENVIRONMENTAL (If YES, written supporting documentation will be provided to the Buyer).

- A. Has the property been tested for radon gas levels?

Home owner tested C-NRPP Professional inspector tested Long term test Short term test

1. Length of test _____ [Start date] _____ [End date]

2. If YES, what was the Bequerel level? _____

3. If YES, has remediation actions been taken? By Whom? _____

- B. Are there any known or suspected environmental concerns on this property or in this immediate area?

C. Is the property subject to any environmental restrictions (i.e. waterfront setbacks, designated wetlands, wellfield protection zone, municipal watershed, etc.) either from Federal, Provincial and/or Municipal authority?

- D. Are there any fuel storage tanks, asbestos, or lead on the property? If YES, details:

If YES, Has there ever been any fuel storage tanks located on the property? If YES, details:

Date of removal: _____ Removed by: _____

10. GENERAL

- A. Are you aware of any restrictions with the property such as, but not limited to: Restrictive Covenants, Easements and Rights-of-Way, Shared Wells, Driveway Agreements, Encroachments on or by adjoining properties?

If YES, details: _____

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> ?	<input type="checkbox"/> N/A
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- B. Is there, or has there been, any damage due to wind, fire, humidity, flooding, pests, rodents or insects?

If YES, details: _____

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> ?	<input type="checkbox"/> N/A
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- C. Is there or has there been evidence of any moisture and/or water in the structure?

If YES, Details: _____

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> ?	<input type="checkbox"/> N/A
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- D. Are there any mould/mildew problems in the property?

If YES, details: _____

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> ?	<input type="checkbox"/> N/A
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- E. Has this property ever been subject to flooding?

If YES, Details: _____

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> ?	<input type="checkbox"/> N/A
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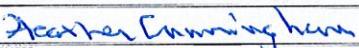
Property designated as civic address: 7 St. Croix Street, St. Stephen, New Brunswick, E3L 2A2

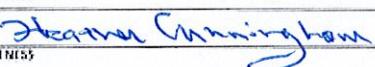
	YES	NO	DO NOT KNOW	DOES NOT APPLY
F. Are there any warranties currently in force with the property?	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	<input type="checkbox"/> ?	<input type="checkbox"/> N/A
Are these warranties transferable?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> ?	<input checked="" type="checkbox"/> N/A
If YES, details:				
G. Are you aware of any public projects or real estate developments planned for your neighbourhood?	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	<input type="checkbox"/> ?	<input type="checkbox"/> N/A
If YES, details:				
H. Has there ever been any insurance claims made against the property?	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	<input type="checkbox"/> ?	<input type="checkbox"/> N/A
If YES, details:				

11. ADDITIONAL COMMENTS (attach a schedule if needed):

The Seller confirms receipt of a copy of the Property Disclosure Statement and agrees that it may be given to prospective Buyer or Buyer's Agent. The Seller agrees to provide prospective Buyer or Buyer's Agent with a further disclosure of any changes in the condition of the property that have occurred since completion of this statement.

Dated at 7 St. Croix, St. Stephen, this 2 day of June, 2023


WITNESS

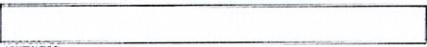

WITNESS

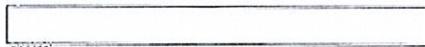

SELLER

SELLER

Buyer acknowledges having received a copy of this Property Disclosure Statement.

Dated at _____, this _____ day of _____, 20____


WITNESS


BUYER


WITNESS


BUYER

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