Dot Loop

PROPERTY DISCLOSURE - RESIDENTIAL ONLY

New Hampshire Association of REALTORS® Standard Form

NEW HAMPSHIRE REALTORS

TO BE COMPLETED BY SELLER

The following answers and explanations are true and complete to the best of SELLER'S knowledge. This statement has been prepared to assist prospective BUYERS in evaluating SELLER'S property. This disclosure is not a warranty of any kind by the SELLER, or any real estate FIRM representing the SELLER, and is not a substitute for any inspection by the BUYER. SELLERS authorize FIRM in this transaction to disclose the information in this statement to other real estate agents and to prospective buyers of this property.

NOTICE TO SELLER(S): COMPLETE ALL INFORMATION AND STATE NOT APPLICABLE OR UNKNOWN AS APPROPRIATE. IF ANY OF THE INFORMATION IN THIS PROPERTY DISCLOSURE FORM CHANGES FROM THE DATE OF COMPLETION, YOU ARE TO NOTIFY THE LISTING FIRM PROMPTLY IN WRITING.

1. **SELLER:** Tim + MaryAnn Glynn
2. **PROPERTY LOCATION:** 144 LAKE ST #20 LACONIA, NH
3. **CONDOMINIUM, CO-OP, PUD DISCLOSURE RIDER OR MULTIFAMILY DISCLOSURE RIDER ATTACHED?** ☑ Yes ☐ No
4. **SELLER:** ☑ has ☐ has not occupied the property for 3 years.
5. **WATER SUPPLY**

   Please answer all questions regardless of type of water supply.

   a. TYPE OF SYSTEM: ☑ Public ☐ Private ☐ Seasonal ☐ Unknown
   ☐ Drilled ☐ Dug ☐ Other _____

   b. INSTALLATION: Location: _____
   Installed By: _____ Date of Installation: _____
   What is the source of your information? _____

   c. USE: Number of persons currently using the system: _____
   Does system supply water for more than one household? ☐ Yes ☐ No

   d. MALFUNCTIONS: Are you aware of or have you experienced any malfunctions with the (public/private/other) water systems?
   Pump: ☐ Yes ☐ No ☐ N/A Quantity: ☐ Yes ☐ No
   Quality: ☐ Yes ☐ No ☐ Unknown
   If YES to any question, please explain in Comments below or with attachment.

   e. WATER TEST: Have you had the water tested? ☐ Yes ☐ No Date of most recent test _____
   IF YES to any question, please explain in Comments below or with attachment.
   Are you aware of any test results reported as unsatisfactory or satisfactory with notations? ☐ Yes ☐ No
   IF YES, are test results available? ☐ Yes ☐ No
   What steps were taken to remedy the problem? _____
   COMMENTS: _____

6. **SEWAGE DISPOSAL SYSTEM**

   a. TYPE OF SYSTEM: Public: ☑ Yes ☐ No Community/Shared: ☐ Yes ☐ No
   Private: ☐ Yes ☐ No ☐ Unknown
   Septic Design Available: ☐ Yes ☐ No

   b. IF PUBLIC OR COMMUNITY/SHARED
   Have you experienced any problems such as line or other malfunctions? ☐ Yes ☐ No
   What steps were taken to remedy the problem? _____

   c. IF PRIVATE:
   TANK: ☐ Septic Tank ☐ Holding Tank ☐ Cesspool ☐ Unknown ☐ Other _____
   Tank Size _____ Gal. ☐ 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 experienced any malfunctions? ☐ Yes ☐ No
   COMMENTS: _____

SELLER(S) INITIALS TMG MG BUYER(S) INITIALS _____ _____

TO BE COMPLETED BY SELLER
PROPERTY LOCATION: 144 LAKE ST #20 LACONIA NH

d. LEACH FIELD: ☐ Yes ☑ No ☐ Other _____
IF YES, Location: _____ Size: _____ ☐ Unknown
Date of installation of leach field: _____ Installed By: _____
Have you experienced any malfunctions? ☐ Yes ☐ No
Comments: _____

e. IS SYSTEM LOCATED ON "DEVELOPED WATERFRONT" as described in RSA 485-A? ☐ Yes ☑ No ☐ Unknown
IF YES, has a septic system evaluation been done within 180 days? ☐ Yes ☐ No ☐ Unknown
Date of Evaluation: _____
Comments: _____
FOR ADDITIONAL INFORMATION THE BUYER IS ENCOURAGED TO CONTACT THE NH DEPARTMENT OF ENVIRONMENTAL SERVICES SUBSURFACE SYSTEMS BUREAU, 603-271-3501

7. **INSULATION**

LOCATION	Yes	No	Unknown	If YES, Type	Amount	Unknown
Attic or Cap	☑	☐	☐	FIBERGLASS	PER CODE	☐
Crawl Space	☑	☐	☐	FIBERGLASS	PER CODE	☐
Exterior Walls	☑	☐	☐			☐
Floors	☑	☐	☐			☐
_____	☐	☐	☐			☐

8. **HAZARDOUS MATERIAL**

a. UNDERGROUND STORAGE TANKS - **Current or previously existing:**
Are you aware of any past or present underground storage tanks on your property? ☐ Yes ☑ No ☐ Unknown
IF YES: Are tanks currently in use? ☐ Yes ☐ No
IF NO: How long have tank(s) been out of service? _____
What materials are, or were, stored in the tank(s)? _____
Age of tank(s): Size of tank(s):
Location: _____
Are you aware of any past or present problems such as leakage, etc? ☐ Yes ☐ No
Comments: _____
If tanks are no longer in use, have the tanks been removed? ☐ Yes ☐ No ☐ Unknown
Comments: _____

b. ASBESTOS - **Current or previously existing:**
As insulation on the heating system pipes or ducts? ☐ 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
If YES, Source of information: _____
Comments: _____

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
Are test results available? ☐ Yes ☐ No
Comments: _____

SELLER(S) INITIALS RMG / MG BUYER(S) INITIALS _____ / _____

TO BE COMPLETED BY SELLER

PROPERTY LOCATION: 144 LAKE ST #20 LACONIA, NH

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
Are test results available? ☐ Yes ☐ No Comments: _____

e. LEAD-BASED PAINT - **Current or previously existing:**
Are you aware of lead-based paint on this property? ☐ Yes ☑ No
If YES: Source of information: _____
Are you aware of any cracking, peeling, or flaking lead-based paint? ☐ Yes ☐ No
Comments: _____

f. Are you aware of any other hazardous materials? ☐ Yes ☑ No
If YES: Source of information: _____
Comments: _____

9. **GENERAL INFORMATION**

a. Is this property subject to liens, encroachments, easements, rights-of-way, leases, restrictive covenants, attachments, life estates, or right of first refusal?
☐ Yes ☑ No ☐ Unknown If YES, Explain: _____
What is your source of information? _____

b. Is this property subject to special assessments, betterment fees, association fees, or any other transferable fees?
☑ Yes ☐ No ☐ Unknown If YES, Explain: ASSOCIATION FEES
What is your source of information? _____

c. Are you aware of any onsite landfills or any other factors, such as soil, flooding, drainage, etc?
☐ Yes ☑ No If YES, Explain: _____

d. Are you aware of any problems with other buildings on the property?
☐ Yes ☑ No If YES, Explain: _____

e. Are you receiving a tax exemption or reduction for this property for any reason including but not limited to current use, land conservation, etc.?
☐ Yes ☑ No ☐ Unknown If YES, Explain: _____

f. Is this property located in a Federally Designated Flood Hazard Zone?
☐ Yes ☑ No ☐ Unknown Comments: _____

g. Has the property been surveyed?
☐ Yes ☐ No ☑ Unknown If YES, By: _____
If YES, is survey available? ☐ Yes ☐ No ☐ Unknown

h. How is the property zoned? RESIDENTIAL

i. **Heating System** Age: 3 Type: HVAC MINISPLIT Fuel: _____ Tank Location: _____
Owner of Tank: _____
Annual Fuel Consumption: _____ Price: _____ Gallons: _____
Date system was last serviced and by whom? _____
Secondary Heat Systems: _____
Comments: _____

j. **Roof** Age: 3 Type of Roof Covering: SHINGLES
Moisture or leakage: _____
Comments: _____

SELLER(S) INITIALS TMB / MB BUYER(S) INITIALS _____ / _____

PROPERTY DISCLOSURE - RESIDENTIAL ONLY

New Hampshire Association of REALTORS® Standard Form

TO BE COMPLETED BY SELLER

PROPERTY LOCATION:

k. **Foundation/Basement** ☑ Full ☐ Partial ☐ Other: _____ ☐ Type: _____
Moisture or leakage: none
Comments: _____

l. **Chimney(s)** How Many? _____ Lined? _____ Last Cleaned: _____ Problems? _____
Comments: _____

m. **Plumbing** Type: PEX Age: 3 yrs
Comments: _____

n. **Domestic Hot Water** Age: 3 Type: _____ Gallons: 40

o. **Electrical System** # of Amps 110 ☑ Circuit Breakers ☐ Fuses
Comments: _____
Solar Panels: ☐ Leased ☐ Owned If leased, explain terms of agreement: _____
Comments: _____

p. **Modifications:** Are you aware of any modifications or repairs made without the necessary permits? ☐ Yes ☑ No
If Yes, please explain: _____

q. **Pest Infestation:** Are you aware of any past or present pest infestations? ☐ Yes ☑ No Type: _____
Comments: _____

r. **Methamphetamine Production** Do you have knowledge of methamphetamine production ever occurring on the property? (Per RSA 477:4-g) ☐ Yes ☑ No If YES, please explain: _____

s. **Air Conditioning** Type: HVAC mini Age: 3 Date Last Serviced and by whom: Jan 2024 Dan Ricard
Comments: _____

t. **Pool** Age: _____ Heated: ☐ Yes ☐ No Type: _____ Last Date of Service: _____
By Whom: _____

u. **Generator** Portable: ☐ Yes ☐ No Whole House: ☐ Yes ☐ No Kw/Size: _____ Last Date of Service: _____
If Portable: ☐ Included ☐ Negotiable
Comments: _____

v. **Internet** Type Currently Used at Property: COMCAST

w. **Other** (e.g. Alarm System, Irrigation System, etc.) _____
Comments: _____

NOTICE TO PURCHASER(S): PRIOR TO SETTLEMENT YOU SHOULD EXERCISE WHATEVER DUE DILIGENCE YOU DEEM NECESSARY WITH RESPECT TO ADJACENT PARCELS IN ACCORDANCE WITH THE TERMS AND CONDITIONS AS MAY BE CONTAINED IN PURCHASE AND SALES AGREEMENT AND DEPOSIT RECEIPT. YOU SHOULD EXERCISE WHATEVER DUE DILIGENCE YOU DEEM NECESSARY WITH RESPECT TO INFORMATION ON ANY SEXUAL OFFENDERS REGISTERED UNDER NH RSA CHAPTER 651-B. SUCH INFORMATION MAY BE OBTAINED BY CONTACTING THE LOCAL POLICE DEPARTMENT.

SELLER(S) INITIALS _____, _____ BUYER(S) INITIALS _____, _____

PROPERTY DISCLOSURE - RESIDENTIAL ONLY

New Hampshire Association of REALTORS® Standard Form

NEW HAMPSHIRE REALTORS

TO BE COMPLETED BY SELLER

PROPERTY LOCATION: 144 LAKE ST #20 LACONIA, NH

10. ADDITIONAL INFORMATION

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

b. ADDITIONAL COMMENTS:

ACKNOWLEDGEMENTS:

SELLER ACKNOWLEDGES THAT HE/SHE HAS PROVIDED THE ABOVE INFORMATION AND THAT SUCH INFORMATION IS ACCURATE, TRUE AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE. SELLER AUTHORIZES THE LISTING BROKER TO DISCLOSE THE INFORMATION CONTAINED HEREIN TO OTHER BROKERS AND PROSPECTIVE PURCHASERS.

SELLER(S) MAY BE RESPONSIBLE AND LIABLE FOR ANY FAILURE TO PROVIDE *KNOWN* INFORMATION TO BUYER(S).

6-10 2026
SELLER DATE

6-10-2026
SELLER DATE

BUYER ACKNOWLEDGES RECEIPT OF THIS PROPERTY DISCLOSURE RIDER AND HEREBY UNDERSTANDS THE PRECEDING INFORMATION WAS PROVIDED BY SELLER AND IS NOT GUARANTEED BY BROKER/AGENT. THIS DISCLOSURE STATEMENT IS NOT A REPRESENTATION, WARRANTY OR GUARANTY AS TO THE CONDITION OF THE PROPERTY BY EITHER SELLER OR BROKER. BUYER IS ENCOURAGED TO UNDERTAKE HIS/HER OWN INSPECTIONS AND INVESTIGATIONS VIA LEGAL COUNSEL, HOME, STRUCTURAL OR OTHER PROFESSIONAL AND QUALIFIED ADVISORS AND TO INDEPENDENTLY VERIFY INFORMATION DIRECTLY WITH THE TOWN OR MUNICIPALITY.

BUYER DATE

BUYER DATE

SELLER(S) INITIALS TMK / MMG

BUYER(S) INITIALS _____ / _____

PROPERTY DISCLOSURE RIDER
CONDOMINIUM, CO-OP, PUD AND OTHER HOMEOWNER ORGANIZATIONS
(To be used in conjunction with Property Disclosure - Residential)
New Hampshire Association of REALTORS® Standard Form

REALTOR® EQUAL HOUSING OPPORTUNITY

In compliance with the requirements of RSA 477:4-f, the following information is provided to BUYER relative to the purchase of a condominium unit.

RIGHT TO INFORMATION: In accordance with RSA 356-B:58, a party interested in purchasing a condominium unit has the right to obtain from the Condominium Unit Owner's Association the following information: a copy of the condominium declaration, by-laws, any formal rules of the association, a statement of monthly and annual fees and any special assessments made within the last 3 years.

1. Seller and Property Address: Timothy and MaryAnn Glynn 144 Lake St. #20
2. Association Name (if applicable): Eastern Shores
3. Property Manager/Agent: _____ Phone: _____
4. GENERAL AND LEGAL
   - a. Are there any Association or Corporation approvals required for transfer of Ownership? ☐ Yes ☑ No ☐ Unknown
   - b. Is there a time share operation existing at Property? ☐ Yes ☑ No ☐ Unknown
   - c. Is there a vacation rental operation or other organized rental program at Property? ☐ Yes ☑ No ☐ Unknown
   - d. Are you aware of any rental, use or age restrictions? ☑ Yes ☐ No ☐ Unknown
   - e. Number of allocated parking spaces available for this unit. 2
   - f. Are you aware of any pending or existing litigation? ☐ Yes ☑ No If Yes, please explain: NO RENTING
   - g. Are the minutes of the Condominium Association annual meeting available? ☐ Yes ☐ No ☐ Unknown
   - h. Are there any pet policies? Restrictions: ☐ Yes ☑ No Dogs/Cats Allowed: ☑ Yes ☐ No
5. MASTER INSURANCE POLICY
   - a. Name of Company: _____
   - b. Name of Agent: _____ Phone: _____
6. FINANCIAL
   - a. Monthly maintenance fee(s): $ $ 211.66 Dot Loop
   - b. What do the monthly fees include?

☐ Air Conditioning	☐ Hot Water	☐ Road Maintenance
☐ Cable TV Signal	☑ Landscaping	☐ Sewer
☐ Electricity	☐ Lot Rent	☑ Snow Removal
☐ Garage/Parking	☐ Real Property Tax	☑ Trash Removal
☐ Gas	☑ Recreation/Community Association Dues	☑ Water
☐ Other:		

   - c. Are there any additional fees? If so, please specify: _____
   - d. Are you aware of any special assessments or loans in effect at this time? ☐ Yes ☑ No
     If Yes, explain: _____

Additional Comments: _____

7. **ACKNOWLEDGEMENTS:**
SELLER ACKNOWLEDGES THAT HE/SHE HAS PROVIDED THE ABOVE INFORMATION AND THAT SUCH INFORMATION IS ACCURATE, TRUE AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE. SELLER AUTHORIZES THE LISTING BROKER TO DISCLOSE THE INFORMATION CONTAINED HEREIN TO OTHER BROKERS AND PROSPECTIVE PURCHASERS.

SELLER	DATE	SELLER	DATE
[signature]	6/10/2026	[signature]	6-10-2026

BUYER ACKNOWLEDGES RECEIPT OF THIS PROPERTY DISCLOSURE RIDER AND HEREBY UNDERSTANDS THE PRECEDING INFORMATION WAS PROVIDED BY SELLER AND IS NOT GUARANTEED BY BROKER/AGENT. THIS DISCLOSURE STATEMENT IS NOT A REPRESENTATION, WARRANTY OR GUARANTY AS TO THE CONDITION OF THE PROPERTY BY EITHER SELLER OR BROKER. BUYER IS ENCOURAGED TO UNDERTAKE HIS/HER OWN INSPECTIONS AND INVESTIGATIONS VIA LEGAL COUNSEL, HOME, STRUCTURAL AND OTHER ADVISORS.

BUYER	DATE	BUYER	DATE

144 LAKE ST #20

Location	144 LAKE ST #20	**Mblu**	283/ 23/ 2/ 020/
Acct#	8771	**Owner**	GLYNN TIMOTHY & MARYANN
Assessment	$622,000		2308
Building Count	1		

Current Value

Assessment			
Valuation Year	**Improvements**	**Land**	**Total**
2025	$622,000	$0	$622,000

Owner of Record

Owner	GLYNN TIMOTHY & MARYANN	**Sale Price**	$151,500
Co-Owner		**Book & Page**	3303/0695
Address	4067 CHERRYBROOK LOOP FORT MYERS, FL 33966-7003	**Sale Date**	03/24/2020
		Instrument	01

Ownership History

Ownership History				
Owner	**Sale Price**	**Book & Page**	**Instrument**	**Sale Date**
GLYNN TIMOTHY & MARYANN	$151,500	3303/0695	01	03/24/2020
NGUYEN THE & VIVIAN	$125,000	3181/0027	38	07/03/2018
LANGNER KEITH A	$63,000	1652/0515	00	05/23/2001
HOULE RAYMOND R & CAROL M	$20,000	1385/0266	00	07/22/1996
DE JAGER PETER SR	$0	/0		07/22/1996

Building Information

Building 1 : Section 1

Year Built: 2024
Living Area: 612

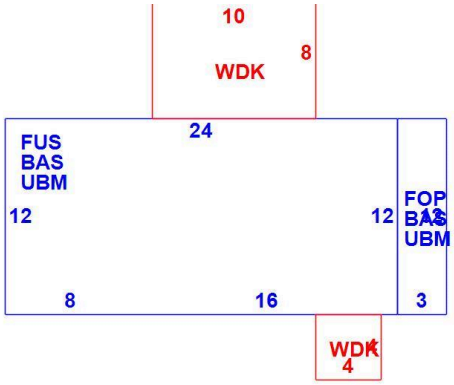
Building Attributes	
Field	**Description**
Style:	Condo Conv

Model	Res Condo
Stories:	1 Story
Grade	Average +10
Occupancy	1
Interior Wall 1:	Drywall/Sheet
Interior Wall 2:	
Interior Floor 1	Woodlam/Vinylplank
Interior Floor 2	
Heat Fuel:	Electric
Heat Type:	Hot Air-no Duc
AC Type:	Heat Pump
Ttl Bedrms:	1 Bedroom
Ttl Bathrms:	1 Full
Ttl Half Bths:	1
Xtra Fixtres	
Total Rooms:	2 Rooms
Bath Style:	Average
Kitchen Style:	Average
Kitchen Type	00
Kitchen Func	00
Primary Bldg Use	
Htwtr Type	00
Atypical	
Park Type	N
Park Own	N
Park Tandem	N
Fireplaces	
Num Part Bedrm	
Base Flr Pm	
Num Park	00
Pct Low Ceiling	
Unit Locn	
Grade	Average
Stories:	2
Residential Units:	23
Exterior Wall 1:	Clapboard
Exterior Wall 2:	
Roof Structure	Gable/Hip
Roof Cover	Asph/F Gls/Cmp
Cmrcl Units:	0
Res/Com Units:	0

Building Photo

(https://images.vgsi.com/photos/LaconiaNHPhotos//\0028\8771_28745.JPG

Building Layout



(ParcelSketch.ashx?pid=2308&bid=2545)

Building Sub-Areas (sq ft)			Legend
Code	Description	Gross Area	Living Area
BAS	First Floor	324	324
FUS	Upper Story, Finished	288	288
FOP	Porch, Open, Finished	36	0
UBM	Basement, Unfinished	324	0
WDK	Deck, Wood	96	0
		1,068	612

Section #:	
Parking Spaces	
Section Style:	
Foundation	
Security:	
Cmplx Cnd	
Xtra Field 1:	
Remodel Ext:	
Super	
Grade	

Extra Features

Extra Features	Legend
No Data for Extra Features	

Land

Land Use

Use Code	1020
Description	CONDO MDL-05
Zone	CR
Neighborhood	CONDO
Category	No

Land Line Valuation

Size (Acres)	0
Frontage	0
Depth	0
Assessed Value	$0

Outbuildings

Outbuildings	Legend
No Data for Outbuildings	

Valuation History

Assessment			
Valuation Year	**Improvements**	**Land**	**Total**
2025	$622,000	$0	$622,000
2024	$294,000	$0	$294,000
2023	$231,400	$0	$231,400

Tax Collector
PO Box 489 45 Beacon St East
Laconia, NH 03247
taxcollector@laconianh.gov

City of Laconia
Real Estate Tax Bill
1100 2026 July 1st Half Tax Bill

(603) 527-1269
8:30 - 4:30 Mon. - Fri.
Make Checks Payable To:
City of Laconia

Tax Year	Acct. No.	Bill No.	Bill Date	Interest Rate	Due Date
2026	8771	496968	5/29/2026	8% if paid after:	7/1/2026

Map/Parcel No.	Location of Property	Area
283/23/2/020	144 LAKE ST 20	0.00

Owner of Record

GLYNN TIMOTHY & MARYANN
4067 CHERRYBROOK LOOP
FORT MYERS, FL 33966-7003

Tax Rate		Assessed Valuation	
City Tax Rate	2.605	**Land Value**	0
County Tax Rate	0.465	**Building Value**	622,000
Local School Rate	2.860	**Total Value**	622,000
State Ed. Rate	0.560	**- Exemptions**	
Total	6.49	Net Value	622,000

Tax Calculation

Prior Years Due	
Gross Tax	$4,036.00
July Tax	$4,036.00
- Less:Veteran Credit	
Prepayments	
Net July Tax	$4,036.00
Amount to Pay	**$4,036.00**

INFORMATION FOR TAXPAYERS

* Plus interest on July Bill if Applicable

1. Please use account number on checks and all inquiries. Payable to "City of Laconia."
2. REMITTAL PORTION MUST ACCOMPANY PAYMENT. Cancelled checks is your receipt. If return receipt is desired send ENTIRE bill and a self-addressed stamped envelope. NO STAMP - NO ENVELOPE - NO RECEIPT.
3. Taxes are not considered paid until check clears. A fee is charged on all checks returned for any reason.
4. The taxpayer may, by March 1 following the date of notice of tax, and not afterward, apply in writing to the Assessors for a tax abatement. Wait for December bill.
5. Valuation questions must be to Assessors (not Tax Collector) 527-1268.
6. You are responsible for forwarding your bill to your escrow agent. We suggest you make an extra copy for your records.
7. Interest and fees are collected first where applicable. Balance of payment will be applied to principal.
8. **Unpaid Accounts after January next year will be subject to tax lien and additional charges.**
9. There is a fee of $1.00 per account for payment histories or research of records.
10. July tax = Valuation x 1/2 prior years rate. December tax = Valuation x current rate less amount of July bill.
11. Payment of this bill does not prevent collection of previous unpaid taxes nor does an error in name of person taxed prevent collection.
12. Tax year is April 1 to March 31. RSA 76:2
13. If you are elderly, disabled, blind, a veteran or surviving spouse of a veteran, or are unable to pay taxes due to poverty or other good cause, you may be eligible for a tax exemption, credit, abatement or deferral. Must be your primary residence to qualify. For details and application contact the Board of Assessors, 45 Beacon Street E., Laconia, NH 03246, Phone: 527-1268.
14. Credit cards are accepted online, in person, or by calling (855) 906-0411. Convenience fees are applied to all credit card transactions.

PLEASE KEEP THIS ENTIRE UPPER PORTION OF BILL FOR YOUR RECORDS

detach here TO INSURE PROPER CREDIT, RETURN ENTIRE BOTTOM PORTION OF BILL detach here

Tax Collector
PO Box 489 45 Beacon St East
Laconia, NH 03247

Prior Years Due

City of Laconia
Real Estate Tax Bill

FOR RECEIPT, PLEASE SEND A SELF-ADDRESSED STAMPED ENVELOPE WITH THE ENTIRE BILL

Map/Parcel No.	Location of Property	Tax Year	Acct. No.	Bill No.	Due Date
283/23/2/020	144 LAKE ST 20	2026	8771	496968	7/1/2026

8% APR Interest Charged After: 7/1/2026

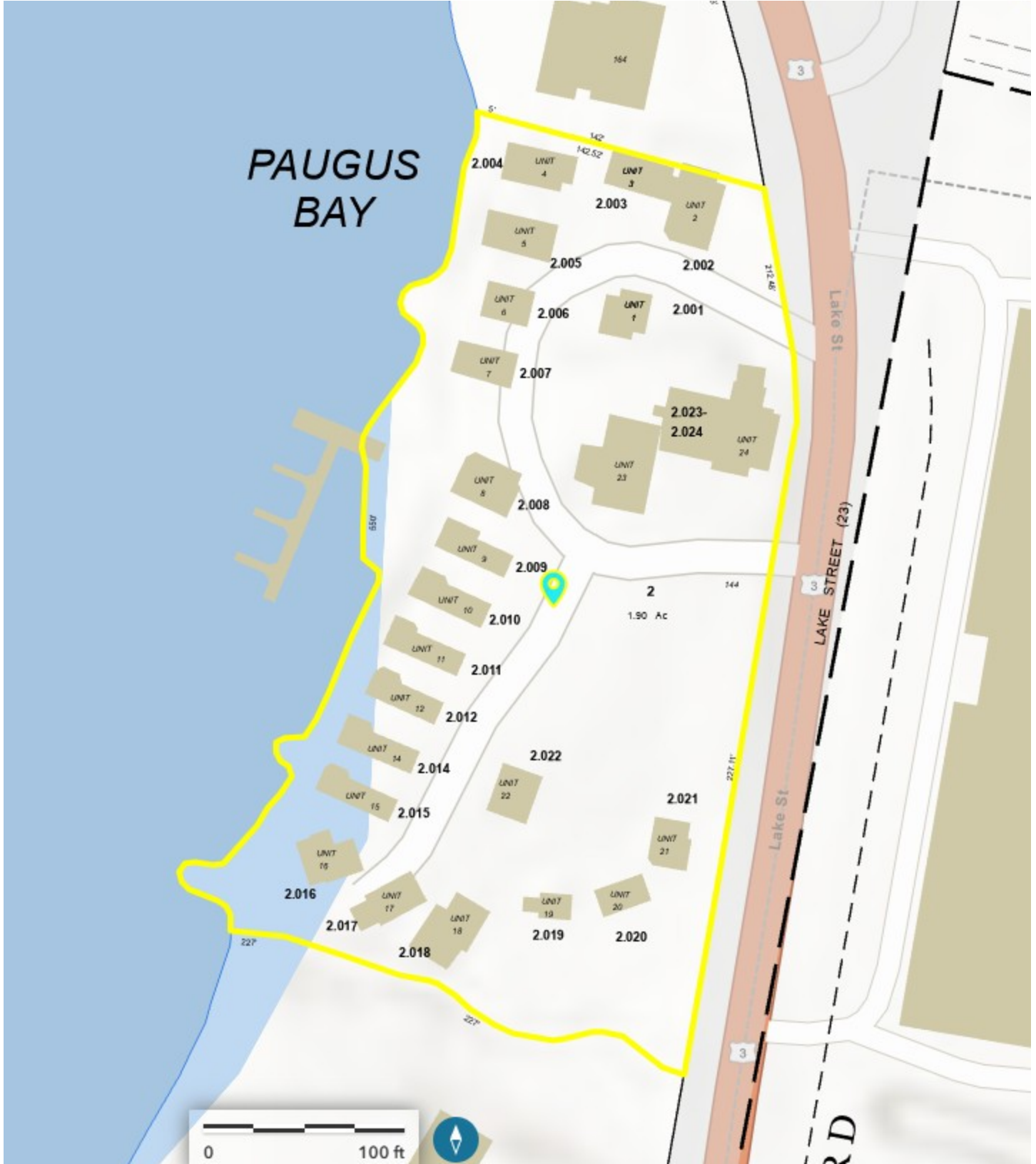
Amount to Pay **$4,036.00**

Net July Tax $4,036.00

GLYNN TIMOTHY & MARYANN
4067 CHERRYBROOK LOOP
FORT MYERS, FL 33966-7003

Address Changes:

PLEASE RETURN THIS REMITTAL PORTION WITH YOUR PAYMENT


PAUGUS
BAY
164
142
142.52'
2.004
UNIT 4
UNIT 3
2.003
UNIT 2
UNIT 5
2.005
2.002
212.48'
UNIT 6
2.006
UNIT 1
2.001
UNIT 7
2.007
2.023-
2.024
UNIT 24
UNIT 23
UNIT 8
2.008
UNIT 9
2.009
144
2
1.90 Ac
UNIT 10
2.010
UNIT 11
2.011
UNIT 12
2.012
2.022
UNIT 14
2.014
UNIT 22
2.021
UNIT 15
2.015
UNIT 21
UNIT 16
2.016
UNIT 17
2.017
UNIT 18
2.018
UNIT 19
2.019
UNIT 20
2.020
227' H'
227'
227'
550'
LAKE STREET (23)
Lake St
Lake St
3
3
3
0
100 ft