

YES	NO	UNKN	16. ELECTRICAL SYSTEM: Problems? Explain _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. APPLIANCES: List appliances that are included <u>CANOPY, REF/FREEZ, WINE COOLER, CENTRAL VAC, MILKMAKING</u> Any known problems? <u>NONE</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. SECURITY SYSTEM: None <input checked="" type="checkbox"/> Type _____ Age _____ Company _____ Problems? Explain _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. AIR CONDITIONING: Central <input checked="" type="checkbox"/> Window _____ Other _____ None _____ Problems? Explain _____

YES	NO	UNKN	III. BUILDING/STRUCTURAL IMPROVEMENTS INFORMATION
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. FOUNDATION / SLAB: Problems? Explain _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. BASEMENT: Water _____ Seepage _____ Dampness _____ Explain amount, frequency, and location _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a) Sump Pump? If yes, age _____ location _____ Problems _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. ROOF: Problems? Explain _____ Location of leaks/problems _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. CHIMNEY/FIREPLACE: Date last cleaned <u>7/15</u> Problems? <u>NO</u> Wood/Coal/Pellet Stove in compliance with installation regulations/code/bylaws? <u>N/A</u> If not, explain _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24. History of smoke / fire damage to structure, if any? Explain _____

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25. FLOORS: Type of floors under carpet/linoleum? <u>SUB FLOOR (PLYWOOD)</u> Problems with floors (buckling, sagging, etc.)? Explain _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26. WALLS: a) INTERIOR Walls: Problems? Explain _____ b) EXTERIOR Walls: Problems? Explain _____

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27. WINDOWS / SLIDING DOORS / DOORS: Problems or leaks? Explain _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28. INSULATION: Does house have insulation? If yes, type <u>Fib</u> Date installed <u>UNK</u> Location <u>ALL</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29. ASBESTOS: Do you know whether asbestos is present in exterior shingles, pipecovering or boiler insulation? <u>N/A</u> Has a fiber count been performed? _____ If yes, attach copy _____ (See Asbestos disclosure Page 3)

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30. LEAD PAINT: Is lead paint present? _____ If yes, locations (attach copy of inspection reports) _____ If yes, describe abatement plan/interim controls, if any _____ Has paint been encapsulated? If yes, when and by whom? _____ (See Lead Paint disclosure Page 3)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31. RADON: Has test for radon been performed? If yes attach copy _____ (See Radon disclosure Page 3)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32. INSECTS: History of Termites/Wood Destroying Insects or Rodent Problems? If yes, explain treatment and dates _____ (See Chloroform disclosure Page 3)

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33. SWIMMING POOL / JACUZZI: Problems? Explain _____ Name of Service Company <u>N/A</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34. GARAGE / SHED / OR OTHER STRUCTURE: Problems? Explain _____

YES	NO	UNKN	IV. MISCELLANEOUS INFORMATION
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	35. Do you know of any other problems which may affect the value or use of the property which may not be obvious to a prospective buyer? Explain <u>NO</u>

YES	NO	UNKN	V. CONDOMINIUM INFORMATION
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36. If converted to condominium, are documents recorded (Master deed/Unit deed etc.)? <u>N/A</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37. PARKING: Is parking space included? If yes, is it deeded, exclusive easement or common? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38. CONDO FEES: Current monthly fees for Unit are \$ _____ Heat included? Yes <input type="checkbox"/> No <input type="checkbox"/> Electricity included? Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39. RESERVE FUND: Has an advance payment been made to a condo reserve fund? _____ If yes, how much \$ _____

SELLER'S INITIALS MA BUYER'S INITIALS WE

MASSACHUSETTS ASSOCIATION of REALTORS®

 REALTOR

ANSWERS

YES	NO	UNKN
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

40. CONDO ASSOC. INFO: Is owners' association currently involved in any litigation? N/A
If yes, explain _____

41. Have you been advised of any matter which is likely to result in a special assessment or substantially increase condominium fees? Explain _____

VI. RENTAL PROPERTY INFORMATION

42. NUMBER OF UNITS: _____
Has a unit been added/subdivided since original construction?
If yes, was a permit for new/added unit obtained? N/A

43. RENTS: Number of units occupied _____ Rents \$ _____/month

Expiration date of each lease _____

Any tenants without leases?

Is owner holding last month's rent _____ security deposit? _____

If yes, has interest been paid? _____

If security deposit held attach a copy of statements of condition. Attached _____ Not Attached _____

44. Is there any outstanding notice of any sanitary code violation? Yes _____ No _____ Explain _____

VII. ACKNOWLEDGEMENTS

Seller(s) hereby acknowledge that the information set forth above is true and accurate to the best of my (our) knowledge. I (we) further agree to defend and indemnify the broker(s) and any subagents for disclosure of any of the information contained herein. Seller(s) further acknowledge receipt of copy of Seller's Statement of Property Condition.

Date 4/7/17 Seller [Signature] Seller [Signature]

Buyer/Prospective Buyer acknowledges receipt of Seller's Statement of Property Condition before purchase. Buyer acknowledges that Broker has not verified the information herein and Buyer has been advised to verify information independently.

Date _____ Buyer _____

VIII. EXPLANATORY MATERIAL

The following clauses are provided for descriptive purposes only. For detailed information, consult the Massachusetts Department of Public Health, the Massachusetts Department of Environmental Protection, or other appropriate agency, or your attorney.

A. Flood Hazard Insurance Disclosure Clause (Question #8)
The lender may require Flood Hazard Insurance as a condition of the mortgage loan if the lender determines that the premises is in a flood hazard zone.

B. Hazardous Materials Disclosure Clause (Question #10)
In certain circumstances Massachusetts law can hold an owner of real estate liable to pay for the cost of removing hazardous or toxic materials from real estate and for damages resulting from the release of such materials, according to the Massachusetts Oil and Hazardous Material Release and Response Act, General Laws, Chapter 21E. The buyer acknowledges that he may have the property professionally inspected for the presence of, or the substantial likelihood of release of oil or hazardous material and such proof of inspection may be required as a prerequisite for financing the property.

C. Asbestos Disclosure Clause (Question #29)
The United States Consumer Product Safety Commission has maintained that asbestos materials are hazardous if they release separate fibers which can be inhaled. Asbestos is a common insulation material on heating pipes, boilers, and furnaces. It may also be present in certain types of floor and ceiling materials, shingles, plaster products, cements and other building materials. The buyer may have the property professionally inspected for the presence of asbestos and if repair or removal of asbestos is desired, proper safety guidelines must be observed.

D. Lead Paint Disclosure Clause (Question #30)
Whenever a child under six years of age resides in any residential premises in which any paint, plaster or other accessible material contains dangerous levels of lead, the owner is required by law, to remove all said paint, plaster or cover with appropriate materials so as to make it inaccessible to a child under six years of age. Consumption of lead is poisonous and may cause serious personal injury. Whenever such residential premises containing dangerous levels of lead undergo a change of ownership, as a result, a child under six years of age will become a resident, the new owner is required by law to remove said paint, plaster cover or encapsulate it with appropriate materials so as to make it inaccessible to such child. Buyer should receive information pamphlet from Department of Public Health.

E. Radon Disclosure Clause (Question #31)
Radon is an odorless, colorless, tasteless gas produced naturally in the ground by the normal decay of uranium and radium. Radon can lead to the development of lung cancer.

ponent of radioactive particles which can be inhaled. Studies indicate the result of extended exposure to high levels of radon may increase the risk of developing lung cancer.

F. Chlordane Disclosure Clause (Question #32)
Pesticide products containing chlordane were banned in Massachusetts on June 11, 1985, following a determination by the Department of Food and Agriculture that the use of chlordane may cause unreasonable adverse effects on the environment including risk of cancer. Although existing data does not conclusively prove that significant health effects have occurred as a direct result of chlordane use, the long-term potential health risks are such that it prudent public health policy, according to the Department, to eliminate the further introduction of chlordane into the environment.

G. Mold Information
Molds are naturally occurring organisms that exist both indoors and outdoors. More than 1000 different kinds of mold have been found in homes in the United States. Molds are fungi that reproduce by making spores. Spores are small and lightweight and able to travel through the air. Molds need moisture and food to grow and their growth is stimulated by warm, damp and humid conditions. Molds can use materials such as wood, paper, drywall and carpet as food sources. Reducing dampness indoors is often key to reducing the growth of mold. Depending on the level of mold, allergies, respiratory problems and other health consequences can be triggered in sensitive individuals. However, exposure to mold does not always result in health problems. As of July of 2002, U.S. governmental agencies reported that a determination had not been made what quantity of mold was acceptable in an indoor environment. For more information on mold, contact an engineer or other qualified mold inspector. Information may also be found at the web site for the U. S. Environmental Protection Agency, www.epa.gov.

H. Fair Housing Notice
It is unlawful to discriminate on the basis of race, color, religious creed, national origin, age, gender, sex, ancestry, marital status, veteran status, sexual orientation, disability, presence of a child, receipt of public assistance or other protected classification in the sale or rental of covered housing.

SELLER'S INITIALS [Signature] BUYER'S INITIALS _____



SELLER'S STATEMENT OF PROPERTY CONDITION

THE SELLER AUTHORIZES THE BROKERS OR SALESPERSONS TO PROVIDE THE FOLLOWING INFORMATION TO PROSPECTIVE BUYERS. THIS INFORMATION IS BASED UPON THE SELLER'S KNOWLEDGE, BUT IS NOT INTENDED AS A GUARANTEE OF THE CONDITION OF THE PROPERTY AFTER SALE OR THE CONTINUED SATISFACTORY OPERATION OF ANY SYSTEM. THE BUYER SHOULD INDEPENDENTLY VERIFY ALL INFORMATION BEFORE PURCHASE.

Property Address: 24 WHITNEY RD BOSTON, MA 01921

ANSWERS

		I. TITLE ZONING/BUILDING/INFORMATION	
YES	NO	UNKN	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Seller/Owner <u>NICHOLAS J & WENDY E. CASALE</u> How long owned? <u>2 Yr</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. How long occupied? <u>2 Yr</u> Approximate year built? <u>1996</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Have you been advised of any title problems or limitations (for example, deed restriction, lot line dispute, order of conditions)? If yes, please explain <u>N/A</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a) Do you know of any easements, common driveway, or right of way? If yes, explain <u>LOWER PORTION OF DRIVEWAY IS RIGHT OF WAY ACCESS FOR BOSTON TUNNEL</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Zoning classification of property (if known) <u>RESIDENTIAL</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. Has your city/town issued a notice of any violation which is still outstanding? If yes, explain <u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	a) Have you been advised that the current use is nonconforming in any way? Explain <u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Do you know of any variances or special permits? Explain <u>NO</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. During Seller's ownership, has work been done for which a permit was required? If yes, explain <u>ADDED GAS COOKTOP AND UPGRADED ELECTRIC PANEL</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a) Were permits obtained? <u>YES</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b) Was the work approved by inspector? <u>YES</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	c) Is there an outstanding notice of any building code violation? Yes <u>NO</u> No <u>✓</u> Explain
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. Have you been informed that any part of the property is in a designated flood zone or wetlands? Explain <u>N/A</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(See Flood Zone disclosure Page 3)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. Water drainage problems? Explain <u>N/A</u>
		II. SYSTEM UTILITIES INFORMATION	
YES	NO	UNKN	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. DO YOU KNOW OF ANY CURRENT PROBLEMS WITH ANY SYSTEMS LISTED BELOW?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Has there ever been an UNDERGROUND FUEL TANK? If yes, is it still in use? <u>N/A</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If not used, was it removed? <u>N/A</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(See Hazardous Materials Disclosure Page 3)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. HEATING SYSTEM: Problems? Explain <u>NONE</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	a) Identify any unheated room or area <u>N/A</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	b) Approximate date of last service <u>NOVEMBER 2016</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	c) Reason <u>BLIND ANNUAL CHECK-UP</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. DOMESTIC HOT WATER: Type <u>OIL</u> Age <u>2 Yr</u> Problems? Explain <u>N/A</u> Burners owned or rented? <u>OWNED</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	13. SEWAGE SYSTEM: Problems? Explain <u>REPAIRED TITRE II INSPECTOR</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Type: <u>REPLACED D-BOX 4/7/17</u> Private <u>X</u> If private, describe type of system: <u>SEPTIC</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(cesspool, septic tank, etc.) <u>PREVENTATIVE SEPTIC</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Name of service company <u>MAY 2014</u> Frequency <u>N/A</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Date it was last pumped <u>MAY 2014</u> During your ownership has sewage backed up into house or onto yard? Yes <u>NO</u> No <u>X</u> Explain
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is system shared with other homes? <u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Date a Title 5 inspection last performed <u>NO</u> Copy attached. Yes <u>NO</u> No <u>X</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14. PLUMBING SYSTEM: Problems/Leaks/Freezing? Explain <u>NONE</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bathroom ventilation problems? Explain <u>NO</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	15. DRINKING WATER SOURCE: Public <u>X</u> Private <u>X</u> If private:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	a) Location <u>FRONT DE PROPERTY NEAR DRIVEWAY</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	b) Date last tested <u>MAR 2015</u> Report: Attached <u>X</u> Not attached
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	c) Water quality problems? Explain <u>NONE</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	d) Water quantity problems? Explain <u>NONE</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	e) Flow rate (gal. min.) <u>UNK</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	f) Age of pump <u>UNK</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	g) Is there a filtration system? <u>YES</u> Age/Type of filtration system <u>2 YR W/ HOLE HOUSE FIBER FOR SEDIMENT ONLY</u>

SELLER'S INITIALS NJ WL BUYER'S INITIALS _____

