

MASSACHUSETTS ASSOCIATION OF REALTORS®
SELLER'S STATEMENT OF PROPERTY CONDITION



MASSACHUSETTS ASSOCIATION OF REALTORS®

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

Property Address: 83 Barnard Rd, Worcester, MA

Seller(s)/Owner(s): Phillip & Gail E. Barrell

How long owned: _____ How long occupied: _____ Approximate Year Built: _____

| I. TITLE/ZONING/BUILDING INFORMATION | | | | | |
|--|-----|----|---------|-----|--|
| | Yes | No | Unknown | N/A | Description/Explanation |
| 1. Title Problems or Limitations (for example, deed restriction, lot line dispute, order of conditions): | | ✓ | | | |
| 2. Easement, Common Driveway, or Right of Way | | ✓ | | | |
| 3. Zoning Classification(s) of property: | | | | | |
| 4. Has the City/Town issued notice of outstanding violation? | | ✓ | | | |
| 5. Have you been advised that current use is nonconforming in any way? | | ✓ | | | |
| 6. Do you know of any variances or special permits? | | ✓ | | | |
| 7. During Seller's ownership, has work been done for which a permit was required? If yes, explain. | | ✓ | | | |
| 7a. Were permits obtained? | | | | ✓ | |
| 7b. Was the work approved by an inspector? | | | | ✓ | |
| 7c. Was a licensed contractor hired? (If yes, provide name of contractor) | | | | ✓ | |
| 7d. Is there an outstanding notice of any building code violation? | | ✓ | | | |
| 8. Have you been informed that any part of the property is in a designated flood zone or wetland? | | ✓ | | | |
| 9. Are there any known water drainage problems? Explain. | ✓ | | ✓ | | Erosion noted at end of driveway/patio |

| II. SYSTEM AND UTILITIES INFORMATION | | | | | |
|---|-----|----|---------|-----|-------------------------|
| | Yes | No | Unknown | N/A | Description/Explanation |
| 10. STORAGE TANK | | ✓ | | | |
| 10a. Is or Has there ever been an underground storage tank? | | | ✓ | | |
| 10b. If yes, type of tank | | | | ✓ | |
| 10c. If yes, is it still in use? | | | | ✓ | |
| 10d. If not still in use, was it removed? | | | | ✓ | |
| 10e. Storage Tank: <u> </u> Leased <u> </u> Owned (See Hazardous Materials Disclosure Page 8) | | | | ✓ | |

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MASSFORMS™
Statewide Standard Real Estate Forms

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Form No. 700

Berman Property Solutions, 201 Park Ave. Worcester, MA 1609
Debra Shear

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Produced with zipForm® by zipLogix 18070 Fifteen Mile Road, Fraser, Michigan 48026 www.ziplogix.com



| II. SYSTEM AND UTILITIES INFORMATION (Continued) | | | | | | |
|--|--|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|---------------------------|
| | | Yes | No | Unknown | N/A | Description/Explanation |
| 11. | HEATING SYSTEM | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 11a. | Type: GAS FORCED HOT AIR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | DOES NOT STAY LIT |
| 11b. | Age: 13 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 11c. | Are there any known problems with the heating system? Explain. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | DOES NOT STAY LIT |
| 11d. | Identify any unheated room or area: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2ND FL BDRMS, CENTER HALL |
| 11e. | Provide approximate date of last service: | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 11f. | Provide reason for service: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |

| III. WATER, SEWER & OTHER UTILITIES | | | | | | |
|-------------------------------------|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---|
| | | Yes | No | Unknown | N/A | Description/Explanation |
| 12. | DOMESTIC HOT WATER | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 12a. | Type: Cakes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 12b. | Age: 13 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 12c. | Are there any known problems with the hot water? Explain. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | WATER TURNED OFF BECAUSE FURNACE WON'T STAY LIT |
| 13. | SEWAGE SYSTEM | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 13a. | <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Private Sewer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 13b. | If Private Sewer, describe type of system: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 13c. | Provide Name of Service Company | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 13d. | Date it was last pumped: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Month / Day / Year |
| 13e. | Frequency of Pumps: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 13f. | During your ownership has sewage backed up into house or onto yard? Explain | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 13g. | Is system shared with other homes? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 13h. | Was a Title 5 Inspection performed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 13i. | Date of Inspection: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Month / Day / Year |
| 13j. | Is a copy of Inspection attached? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 14. | PLUMBING SYSTEM | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 14a. | Type: COPPER & CAST | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 14b. | Problems? Explain | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | WATER TURNED OFF AT MAIN |
| 14c. | Bathroom ventilation problems? Explain | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 15. | WATER SOURCE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 15a. | <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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| III. WATER, SEWER & OTHER UTILITIES (continued) | | | | | | |
|---|---|-----|----|---------|-----|---------------------------|
| | | Yes | No | Unknown | N/A | Description/Explanation |
| 15b. | Location | | | | | |
| 15c. | Date Last tested: | | | ✓ | | Month / Day / Year |
| 15d. | Report Attached? | | | | ✓ | |
| 15e. | Water Quality problems? Explain. | | | ✓ | | |
| 15f. | Flow rate: | | | ✓ | | (gal. /min.) |
| 15g. | Age of Pump: | | | ✓ | | |
| 15h. | Is there a filtration system? If yes, indicate age and type of filtration system. | | | ✓ | | Age: _____ Type: _____ |

| IV. ELECTRICAL SYSTEMS & UTILITIES | | | | | | |
|------------------------------------|---|-----|----|---------|-----|-------------------------|
| | | Yes | No | Unknown | N/A | Description/Explanation |
| 16. | ELECTRICAL SYSTEM | | | | | BASMENT PANEL REMOVED |
| 16a. | Problems? Explain. | ✓ | | | | WIRES TIED TO CEILING |
| 17. | APPLIANCES | | | | | |
| 17a. | List appliances that are included: | | | | | 3 THROUGH WALL A/C |
| 17b. | Problems? Explain. | | | ✓ | | |
| 18. | SECURITY SYSTEM | | | | ✓ | |
| 18a. | Type: | | | | ✓ | |
| 18b. | Age: | | | | ✓ | |
| 18c. | Provide Name of Service Company | | | | ✓ | |
| 18d. | Problems? Explain. | | | | ✓ | DISCONNECTED |
| 19. | AIR CONDITIONING | | | | | |
| 19a. | <input type="checkbox"/> Central <input type="checkbox"/> Window <input type="checkbox"/> Other. Explain. | | | | | 3 THROUGH WALL |
| 19b. | Problems? Explain. | | | | | |
| 20. | SOLAR PANELS | | ✓ | | | |
| 20a. | <input type="checkbox"/> Leased <input type="checkbox"/> Owned | | | | ✓ | |
| 20b. | If leased, explain terms of agreement. | | | | ✓ | |

| V. BUILDING/STRUCTURAL INFORMATION | | | | | | |
|------------------------------------|---|-----|----|---------|-----|-------------------------|
| | | Yes | No | Unknown | N/A | Description/Explanation |
| 21. | FOUNDATION/SLAB | | | | | |
| 21a. | Problems? Explain. | | | ✓ | | |
| 22. | BASEMENT | | | | | |
| 22a. | Problems (select any that apply): <input type="checkbox"/> Water <input type="checkbox"/> Seepage <input checked="" type="checkbox"/> Dampness <input type="checkbox"/> Other. Explain. | | | | | 2-1'x1' DAMP AREAS |

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| V. BUILDING/STRUCTURAL INFORMATION (continued) | | | | | |
|--|---|-------------------------------------|-------------------------------------|-------------------------------------|---|
| | Yes | No | Unknown | N/A | Description/Explanation |
| 22b. | Explain amount, frequency, and location of the problems selected in 22a. | | | | |
| 23. | | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | |
| 23a. | If yes to 23, provide age and location. | | | | |
| 23b. | | | | <input checked="" type="checkbox"/> | |
| 24. | ROOF | | | | |
| 24a. | Age: | | | | |
| 24b. | | | <input checked="" type="checkbox"/> | | |
| 24c. | Location of leaks/repairs: | | | | |
| 25. | CHIMNEY/FIREPLACE | | | | |
| 25a. | Date last cleaned: | | | | Month / Day / Year |
| 25b. | Problems? Explain. | | | | |
| 25c. | Presence of: <input type="checkbox"/> Wood Stove <input type="checkbox"/> Coal Stove <input type="checkbox"/> Pellet Stove <input type="checkbox"/> Gas Stove | | | | |
| 25d. | If yes to 25c, in compliance with installation regulations/code/bylaws? | | | | |
| 25e. | If no to 25d, Explain. | | | | |
| 25f. | <input checked="" type="checkbox"/> | | | | 2004 COMPLETELY RENOVATED REAR BEDROOM |
| 26. | FLOORS | | | | |
| 26a. | Type of floors under carpet/linoleum: Hardwood | | | | |
| 26b. | <input checked="" type="checkbox"/> | | | | 2 ROOMS ARE ONLY SUB FLOORS |
| 27. | WALLS | | | | |
| 27a. | Interior Walls: Problems? Explain | | | | |
| 27b. | Exterior Walls: Problems? Explain | | | | |
| 28. | WINDOW/SLIDING DOORS/DOORS | | | | |
| 28a. | Problems? Explain | | | | |
| 29. | INSULATION | | | | |
| 29a. | Does house have insulation? | | | | |
| 29b. | If yes, type: | | | | |
| 29c. | Date installed: | | | | Month / Day / Year |
| 29d. | Location: | | | | |

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| VI. ENVIRONMENTAL ISSUES | | | | | |
|--------------------------|--------------|----|---------|-----|----------------------------------|
| | Yes | No | Unknown | N/A | Description/Explanation |
| 30. | ASBESTOS | | | | |
| 30a. | | | ✓ | | |
| 30b. | | | ✓ | | |
| 30c. | | | | ✓ | |
| 31. | LEAD PAINT | | | | |
| 31a. | | | ✓ | | |
| 31b. | | | | ✓ | |
| 31c. | | | | ✓ | |
| 31d. | | | ✓ | | |
| 31e. | | | | ✓ | ____/____/____ Month Day Year |
| 31f. | | | | | |
| 32. | RADON | | | | |
| 32a. | | | ✓ | | |
| 33. | MOLD | | | | |
| 33a. | | | ✓ | | |
| 34. | INSECTS | | | | |
| 34a. | | | ✓ | | |
| 34b. | | | | ✓ | ____/____/____ Month Day Year |
| 35. | ENERGY AUDIT | | | | |
| 35a. | | | ✓ | | |

| VII. OUTDOOR AMENITIES & STRUCTURES | | | | | |
|-------------------------------------|-----------------------|----|---------|-----|-------------------------|
| | Yes | No | Unknown | N/A | Description/Explanation |
| 36. | SWIMMING POOL/JACUZZI | | | | |
| 36a. | | ✓ | | | |
| 36b. | | | | ✓ | |
| 37. | ✓ | | | | |
| 37a. | ✓ | | | | CRACKS BETWEEN BLOCKS |

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| VIII. CONDOMINIUM INFORMATION | | | | | Description/Explanation | |
|-------------------------------|---|----|---------|-----|-------------------------------------|---|
| | Yes | No | Unknown | N/A | | |
| 38. | PARKING | | | | <input checked="" type="checkbox"/> | |
| 38a. | Number of Spaces | | | | | 2-3 Spaces |
| 38b. | Of those spaces, identify the number that are: <input type="checkbox"/> Deeded <input type="checkbox"/> Exclusive Easements <input type="checkbox"/> Assigned <input type="checkbox"/> Unassigned or <input type="checkbox"/> In Common area | | | | <input checked="" type="checkbox"/> | Number of Spaces: Deeded _____ Exclusive Easements _____ Assigned _____ Unassigned _____ In Common area _____ |
| 39. | CONDO FEES | | | | | |
| 39a. | Current monthly fees for Unit are: Are any of the following (39b.-39g.) included in the monthly fees: | | | | <input checked="" type="checkbox"/> | |
| 39b. | Heat | | | | <input checked="" type="checkbox"/> | |
| 39c. | Electricity | | | | <input checked="" type="checkbox"/> | |
| 39d. | Hot Water | | | | <input checked="" type="checkbox"/> | |
| 39e. | Trash Removal | | | | <input checked="" type="checkbox"/> | |
| 39f. | Landscaping | | | | <input checked="" type="checkbox"/> | |
| 39g. | Snow Removal | | | | <input checked="" type="checkbox"/> | |
| 40. | RESERVE FUND | | | | | |
| 40a. | Has advance payment been made to a condo reserve fund? | | | | <input checked="" type="checkbox"/> | |
| 40b. | If yes to 40a, how much? | | | | <input checked="" type="checkbox"/> | |
| 41. | CONDO ASSOCIATION FUND | | | | | |
| 41a. | Is owners' association currently involved in any litigation? Explain. | | | | <input checked="" type="checkbox"/> | |
| 41b. | Have you been advised of any matter which is likely to result in a special assessment or substantially increase condominium fees? Explain | | | | <input checked="" type="checkbox"/> | |

| IX. RENTAL PROPERTY INFORMATION | | | | | Description/Explanation | |
|---------------------------------|---|----|---------|-----|-------------------------------------|----------------------------------|
| | Yes | No | Unknown | N/A | | |
| 42. | UNITS | | | | <input checked="" type="checkbox"/> | _____ Units |
| 42a. | Number of Units: | | | | <input checked="" type="checkbox"/> | |
| 42b. | Has a unit been added/subdivided since original construction? | | | | <input checked="" type="checkbox"/> | |
| 42c. | If yes to 42b., was a permit for new/added unit obtained? | | | | <input checked="" type="checkbox"/> | |
| 43. | RENT | | | | <input checked="" type="checkbox"/> | Rent \$ _____ /month |
| 43a. | Expiration date of each lease: | | | | <input checked="" type="checkbox"/> | Month _____ Day _____ Year _____ |
| 43b. | Any tenants without leases? | | | | <input checked="" type="checkbox"/> | |
| 43c. | Is owner holding last month's rent? | | | | <input checked="" type="checkbox"/> | |
| 43d. | Is owner holding security deposit? | | | | <input checked="" type="checkbox"/> | |

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| IX. RENTAL PROPERTY INFORMATION (continued) | | | | | | |
|---|--|-----|----|---------|-----|-------------------------|
| | | Yes | No | Unknown | N/A | Description/Explanation |
| 43e. | If yes to 43c. and/or 43de., has interest been paid? | | | | ✓ | |
| 43f. | If security deposit held, attach a copy of Statement(s) of Conditions. | | | | ✓ | |
| 43g. | Is there any outstanding notice of sanitary code violation? Explain | | | | ✓ | |

| X. MISCELLANEOUS INFORMATION | | | | | | |
|------------------------------|--|-----|----|---------|-----|---|
| | | Yes | No | Unknown | N/A | Description/Explanation |
| 44. | Do you know of any other problem which may affect the value or use of the property which may not be obvious to a prospective buyer? Explain. | | ✓ | | | Garage/shed in poor shape Back room needs strengthened support |

| XI. DESCRIPTION/EXPLANATION | |
|-----------------------------|--|
| | |

XII. 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 property is in a flood hazard zone.

E. Radon Disclosure Clause (Question #32)

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 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.

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

F. Chlordane Disclosure Clause (Question #34b.)

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 do not conclusively prove that significant health effects have occurred as

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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.

a direct result of chlordane use, the long-term potential health risks are such that it is prudent public health policy, according to the Department, to eliminate the further introduction of chlordane into the environment.

C. Asbestos Disclosure Clause (Question #30)

The United States Consumer Produce 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.

G. Mold Information (Question #33)

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 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.

D. Lead Paint Disclosure (Question #31)

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 undergoes a change of ownership, and 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.

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.

XIII. Acknowledgment

Seller(s) hereby acknowledges that the information set forth above is true and accurate to the best of his or her knowledge. Seller(s) agrees to defend and indemnify the broker(s) and any subagents for disclosure of any information contained herein. Seller(s) acknowledges receipt of a copy of the Seller's Statement of Property Condition.

Date 09/05/2008 Seller [Signature] Seller Gail Banell

Buyer(s)/Prospective Buyer(s) acknowledges receipt of Seller's Statement of Property Condition prior to purchase. Buyer(s) acknowledges that Broker has not verified the information herein and Buyer(s) has been advised to verify information independently. Buyer(s) is not relying upon any representation, verbal or written, from any real estate broker or licensee concerning legal use. Any reference to the category (single family, multi-family, residential, commercial) or the use of this property in any advertisement or listing sheet, including the number of units, number of rooms or other classification is not a representation concerning legal use or compliance with zoning by-laws, building code, sanitary code or other public or private restrictions by the broker. The BUYER understands that if this information is important to BUYER, it is the duty of the BUYER to seek advice from an attorney or written confirmation from the municipality.

Date _____ Buyer _____ Buyer _____

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