



THIS FORM IS TO BE COMPLETED BY THE SELLER. 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 55 NOURSE ST, WESTBOROUGH, MA 01581

Seller(s)/Owner(s) CYNTHIA WOLPERT, MICHAEL WOLPERT

How long owned \_\_\_\_\_ How long occupied \_\_\_\_\_ Approximate Year Built 1997

**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): |     | X  |         |     |                                                     |
| 2.  | Easement, Common Driveway, or Right of Way                                                            |     | X  |         |     |                                                     |
| 3.  | Zoning Classification(s) of property:                                                                 |     |    |         |     |                                                     |
| 4.  | Has the City/Town issued notice of outstanding violation?                                             |     | X  |         |     |                                                     |
| 5.  | Have you been advised that current use is nonconforming in any way?                                   |     | X  |         |     |                                                     |
| 6.  | Do you know of any variances or special permits?                                                      |     | X  |         |     |                                                     |
| 7.  | During Seller's ownership, has work been done for which a permit was required? If yes, explain.       |     |    | X       |     | Hired professionals as needed                       |
| 7a. | Were permits obtained?                                                                                |     |    |         | X   |                                                     |
| 7b. | Was the work approved by an inspector?                                                                |     |    |         | X   |                                                     |
| 7c. | Was a licensed contractor hired? (If yes, provide name of contractor)                                 |     |    |         | X   | various- depending on scope of project              |
| 7d. | Is there an outstanding notice of any building code violation?                                        |     | X  |         |     |                                                     |
| 8.  | Have you been informed that any part of the property is in a designated flood zone or wetland?        |     | X  |         |     | Possible wetlands at the very rear of the property. |
| 9.  | Are there any known water drainage problems? Explain.                                                 |     | X  |         |     |                                                     |

**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?                                                                      |     | X  |         |     |                         |
| 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: <input type="checkbox"/> Leased <input type="checkbox"/> Owned<br>(See Hazardous Materials Disclosure Page 8) |     |    |         |     |                         |

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II. SYSTEM AND UTILITIES INFORMATION (Continued)

|      |                                                                | Yes | No       | Unknown | N/A      | Description/Explanation                                                                                     |
|------|----------------------------------------------------------------|-----|----------|---------|----------|-------------------------------------------------------------------------------------------------------------|
| 11.  | HEATING SYSTEM                                                 |     |          |         |          |                                                                                                             |
| 11a. | Type: <u>Forced Hot Air, natural gas</u>                       |     |          |         |          | <u>Garage - heated</u><br><u>Great Room - GAS Fireplace</u><br><u>2 systems <del>2 zone</del> for house</u> |
| 11b. | Age: <u>varies (3 units)</u>                                   |     |          |         |          | <u>2000</u> <u>2009</u> <u>2014</u> <u>2020</u>                                                             |
| 11c. | Are there any known problems with the heating system? Explain. |     | <u>X</u> |         |          | <u>2009 and 2014</u>                                                                                        |
| 11d. | Identify any unheated room or area:                            |     |          |         | <u>X</u> |                                                                                                             |
| 11e. | Provide approximate date of last service:                      |     |          |         |          | <u>April or May, 2022</u>                                                                                   |
| 11f. | Provide reason for service:                                    |     |          |         |          | <u>Seasonal</u>                                                                                             |

III. WATER, SEWER & OTHER UTILITIES

|      |                                                                                      | Yes | No       | Unknown | N/A | Description/Explanation          |
|------|--------------------------------------------------------------------------------------|-----|----------|---------|-----|----------------------------------|
| 12.  | DOMESTIC HOT WATER                                                                   |     |          |         |     |                                  |
| 12a. | Type: <u>Bradford White Tank</u>                                                     |     |          |         |     |                                  |
| 12b. | Age: <u>2014 - 8 yrs</u>                                                             |     |          |         |     |                                  |
| 12c. | Are there any known problems with the hot water? Explain.                            |     | <u>X</u> |         |     |                                  |
| 13.  | SEWAGE SYSTEM                                                                        |     |          |         |     |                                  |
| 13a. | <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Private Sewer |     |          |         |     |                                  |
| 13b. | If Private Sewer, describe type of system:                                           |     |          |         |     |                                  |
| 13c. | Provide Name of Service Company                                                      |     |          |         |     |                                  |
| 13d. | Date it was last pumped:                                                             |     |          |         |     | ____/____/____<br>Month Day Year |
| 13e. | Frequency of Pumps:                                                                  |     |          |         |     |                                  |
| 13f. | During your ownership has sewage backed up into house or onto yard? Explain.         |     | <u>X</u> |         |     |                                  |
| 13g. | Is system shared with other homes?                                                   |     |          |         |     |                                  |
| 13h. | Was a Title 5 Inspection performed?                                                  |     |          |         |     |                                  |
| 13i. | Date of Inspection:                                                                  |     |          |         |     | ____/____/____<br>Month Day Year |
| 13j. | Is a copy of Inspection attached?                                                    |     |          |         |     |                                  |
| 14.  | PLUMBING SYSTEM                                                                      |     |          |         |     |                                  |
| 14a. | Type: <u>Copper</u>                                                                  |     |          |         |     |                                  |
| 14b. | Problems? Explain.                                                                   |     | <u>X</u> |         |     |                                  |
| 14c. | Bathroom ventilation problems? Explain.                                              |     | <u>X</u> |         |     |                                  |

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III. WATER, SEWER & OTHER UTILITIES (Continued)

|                                                                                        | Yes | No                                  | Unknown | N/A | Description/Explanation   |
|----------------------------------------------------------------------------------------|-----|-------------------------------------|---------|-----|---------------------------|
| 15. WATER SOURCE                                                                       |     |                                     |         |     |                           |
| 15a. <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private       |     |                                     |         |     |                           |
| 15b. Location                                                                          |     |                                     |         |     |                           |
| 15c. Date Last tested:                                                                 |     |                                     |         |     | Month / Day / Year        |
| 15d. Report Attached?                                                                  |     |                                     |         |     |                           |
| 15e. Water Quality problems? Explain.                                                  |     | <input checked="" type="checkbox"/> |         |     |                           |
| 15f. Flow rate:                                                                        |     |                                     |         |     | (gal. /min.)              |
| 15g. Age of Pump:                                                                      |     |                                     |         |     |                           |
| 15h. Is there a filtration system? If yes, indicate age and type of filtration system. |     | <input checked="" type="checkbox"/> |         |     | Age: _____<br>Type: _____ |

IV. ELECTRICAL SYSTEMS & UTILITIES

|                                                                                                                                 | Yes | No                                  | Unknown                  | N/A                                 | Description/Explanation                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------|-----|-------------------------------------|--------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| 16. ELECTRICAL SYSTEM                                                                                                           |     |                                     |                          |                                     |                                                                                                                                               |
| 16a. Problems? Explain.                                                                                                         |     | <input checked="" type="checkbox"/> |                          |                                     | None known                                                                                                                                    |
| 17. APPLIANCES                                                                                                                  |     |                                     |                          |                                     |                                                                                                                                               |
| 17a. List appliances that are included:                                                                                         |     |                                     | instahot<br>doesn't work |                                     | 2 refrigerators, <del>stove</del> , 2 ovens<br>dishwasher, trash compactor<br>range top, central vac, washing<br>machine, 2 dryers, microwave |
| 17b. Problems? Explain.                                                                                                         |     | <input checked="" type="checkbox"/> |                          |                                     | None known                                                                                                                                    |
| 18. SECURITY SYSTEM                                                                                                             |     |                                     |                          |                                     |                                                                                                                                               |
| 18a. Type:                                                                                                                      |     |                                     |                          |                                     |                                                                                                                                               |
| 18b. Age:                                                                                                                       |     |                                     |                          |                                     |                                                                                                                                               |
| 18c. Provide Name of Service Company                                                                                            |     |                                     |                          |                                     |                                                                                                                                               |
| 18d. Problems? Explain.                                                                                                         |     |                                     |                          |                                     |                                                                                                                                               |
| 19. AIR CONDITIONING                                                                                                            |     |                                     |                          |                                     |                                                                                                                                               |
| 19a. <input checked="" type="checkbox"/> Central<br><input type="checkbox"/> Window<br><input type="checkbox"/> Other. Explain. |     |                                     |                          |                                     |                                                                                                                                               |
| 19b. Problems? Explain.                                                                                                         |     | <input checked="" type="checkbox"/> |                          |                                     |                                                                                                                                               |
| 20. SOLAR PANELS                                                                                                                |     |                                     |                          |                                     |                                                                                                                                               |
| 20a. <input type="checkbox"/> Leased<br><input type="checkbox"/> Owned                                                          |     |                                     |                          | <input checked="" type="checkbox"/> |                                                                                                                                               |
| 20b. If leased, explain terms of agreement.                                                                                     |     |                                     |                          |                                     |                                                                                                                                               |

V. BUILDING/STRUCTURAL INFORMATION

|                         | Yes | No                                  | Unknown | N/A | Description/Explanation |
|-------------------------|-----|-------------------------------------|---------|-----|-------------------------|
| 21. FOUNDATION/SLAB     |     |                                     |         |     |                         |
| 21a. Problems? Explain. |     | <input checked="" type="checkbox"/> |         |     |                         |

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**V. BUILDING/STRUCTURAL INFORMATION (Continued)**

|      |                                                                                                                                                                                          | Yes | No | Unknown  | N/A | Description/Explanation                         |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----------|-----|-------------------------------------------------|
| 22.  | BASEMENT                                                                                                                                                                                 |     |    |          |     |                                                 |
| 22a. | Problems (select any that apply):<br><input type="checkbox"/> Water<br><input type="checkbox"/> Seepage<br><input type="checkbox"/> Dampness<br><input type="checkbox"/> Other. Explain. |     | X  |          |     |                                                 |
| 22b. | Explain amount, frequency, and location of the problems selected in 22a.                                                                                                                 |     |    |          |     |                                                 |
| 23.  | SUMP PUMP                                                                                                                                                                                |     |    |          |     |                                                 |
| 23a. | If yes to 23, provide age and location.                                                                                                                                                  |     |    |          |     |                                                 |
| 23b. | Problems? Explain.                                                                                                                                                                       |     |    |          |     |                                                 |
| 24.  | ROOF                                                                                                                                                                                     |     |    |          |     |                                                 |
| 24a. | Age: 25 yrs                                                                                                                                                                              |     |    |          |     |                                                 |
| 24b. | Problems? Explain.                                                                                                                                                                       |     | X  |          |     | None known                                      |
| 24c. | Location of leaks/repairs:                                                                                                                                                               |     |    |          |     |                                                 |
| 25.  | CHIMNEY/FIREPLACE                                                                                                                                                                        |     |    |          |     |                                                 |
| 25a. | Date last cleaned:                                                                                                                                                                       |     |    | not used |     | Month / Day / Year                              |
| 25b. | Problems? Explain.                                                                                                                                                                       |     |    |          |     |                                                 |
| 25c. | Presence of:<br><input type="checkbox"/> Wood Stove<br><input type="checkbox"/> Coal Stove<br><input type="checkbox"/> Pellet Stove<br><input checked="" type="checkbox"/> Gas Stove     |     |    |          |     | Gas fireplace in bonus room controlled manually |
| 25d. | If yes to 25c, in compliance with installation regulations/code/bylaws?                                                                                                                  |     |    |          |     |                                                 |
| 25e. | If no to 25d, Explain.                                                                                                                                                                   |     |    |          |     |                                                 |
| 25f. | Is there any history of smoke/fire damage to structure? Explain.                                                                                                                         |     | X  |          |     |                                                 |
| 26.  | FLOORS                                                                                                                                                                                   |     |    |          |     |                                                 |
| 26a. | Type of floors under carpet/linoleum:                                                                                                                                                    |     |    |          |     | Plywood                                         |
| 26b. | Are there any known problems with floors (buckling, sagging, etc.)? Explain.                                                                                                             |     | X  |          |     |                                                 |
| 27.  | WALLS                                                                                                                                                                                    |     |    |          |     |                                                 |
| 27a. | Interior Walls: Problems? Explain.                                                                                                                                                       |     | X  |          |     |                                                 |
| 27b. | Exterior Walls: Problems? Explain.                                                                                                                                                       |     | X  |          |     |                                                 |
| 28.  | WINDOW/SLIDING DOORS/DOORS                                                                                                                                                               |     |    |          |     |                                                 |
| 28a. | Problems? Explain.                                                                                                                                                                       |     | X  |          |     |                                                 |
| 29.  | INSULATION                                                                                                                                                                               |     |    |          |     |                                                 |
| 29a. | Does house have insulation?                                                                                                                                                              | X   |    |          |     |                                                 |

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**V. BUILDING/STRUCTURAL INFORMATION (Continued)**

|      |                                            | Yes | No | Unknown | N/A | Description/Explanation             |
|------|--------------------------------------------|-----|----|---------|-----|-------------------------------------|
| 29b. | If yes, type: <u>Fiberglass + Blown In</u> |     |    |         |     |                                     |
| 29c. | Date Installed: <u>original</u>            |     |    |         |     | _____/_____/_____<br>Month Day Year |
| 29d. | Location:                                  |     |    |         |     |                                     |

**VI. ENVIRONMENTAL ISSUES**

|      |                                                                                             | Yes | No | Unknown | N/A | Description/Explanation             |
|------|---------------------------------------------------------------------------------------------|-----|----|---------|-----|-------------------------------------|
| 30.  | ASBESTOS                                                                                    |     |    |         |     |                                     |
| 30a. | Is asbestos present in exterior shingles, pipe covering or boiler insulation?               |     | X  |         |     |                                     |
| 30b. | Has a fiber count been performed?                                                           |     |    |         |     |                                     |
| 30c. | If yes to 30b., is copy attached?<br>(See Asbestos Disclosure Page 8)                       |     |    |         |     |                                     |
| 31.  | LEAD PAINT                                                                                  |     |    |         |     |                                     |
| 31a. | Is lead paint present?                                                                      |     | X  |         |     |                                     |
| 31b. | If yes to 31a., locations present:<br>(Attach copy of Inspection Reports)                   |     |    |         |     |                                     |
| 31c. | If yes to 31a., describe abatement plan/<br>interim controls, if any:                       |     |    |         |     |                                     |
| 31d. | Has paint been encapsulated?                                                                |     |    |         |     |                                     |
| 31e. | If yes to 31d. provide date of encapsulation<br>and by whom.                                |     |    |         |     | _____/_____/_____<br>Month Day Year |
| 31f. | Is Lead Paint Disclosure Form available?<br>If yes attach copy. If no, Explain.             |     |    |         |     |                                     |
| 32.  | RADON                                                                                       |     |    |         |     |                                     |
| 32a. | Has test for Radon been performed?<br>If yes, attach copy.<br>(See Radon Disclosure Page 7) |     | X  |         |     |                                     |
| 33.  | MOLD                                                                                        |     |    |         |     |                                     |
| 33a. | Have you been advised of elevated levels of<br>mold at the Property? Explain.               |     | X  |         |     |                                     |
| 34.  | INSECTS                                                                                     |     |    |         |     |                                     |
| 34a. | History of Termites/Wood Destroying Insect or<br>Rodent Problems?                           |     | X  |         |     | <u>None known</u>                   |
| 34b. | If yes to 34a., explain treatment and dates:<br><br>(See Chlordane Disclosure Page 8)       |     |    |         |     | _____/_____/_____<br>Month Day Year |
| 35.  | ENERGY AUDIT                                                                                |     |    |         |     |                                     |
| 35a. | Has an Energy Audit been performed?<br>If yes, attach a copy.                               |     | X  |         |     |                                     |

**VII. OUTDOOR AMENITIES & STRUCTURES**

|      |                          | Yes | No | Unknown | N/A | Description/Explanation |
|------|--------------------------|-----|----|---------|-----|-------------------------|
| 36.  | SWIMMING POOL/JACUZZI    |     |    |         |     |                         |
| 36a. | Problems? Explain.       |     |    |         |     |                         |
| 36b. | Name of Service Company: |     |    |         |     |                         |

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| VII. OUTDOOR AMENITIES & STRUCTURES (Continued) |                                |     |    |         |     |                         |
|-------------------------------------------------|--------------------------------|-----|----|---------|-----|-------------------------|
|                                                 |                                | Yes | No | Unknown | N/A | Description/Explanation |
| 37.                                             | GARAGE/SHED/OR OTHER STRUCTURE |     |    |         |     |                         |
| 37a.                                            | Problems? Explain.             |     | X  |         |     | Heated                  |

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

| IX. RENTAL PROPERTY INFORMATION |                                                               |     |    |         |     |                         |
|---------------------------------|---------------------------------------------------------------|-----|----|---------|-----|-------------------------|
|                                 |                                                               | Yes | No | Unknown | N/A | Description/Explanation |
| 42.                             | UNITS                                                         |     |    |         |     |                         |
| 42a.                            | Number of Units:                                              |     |    |         |     | _____ Units             |
| 42b.                            | Has a unit been added/subdivided since original construction? |     |    |         |     |                         |
| 42c.                            | If yes to 42b., was a permit for new/added unit obtained?     |     |    |         |     |                         |

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**IX. RENTAL PROPERTY INFORMATION**

|      |                                                                        | Yes | No | Unknown | N/A | Description/Explanation             |
|------|------------------------------------------------------------------------|-----|----|---------|-----|-------------------------------------|
| 43.  | RENT                                                                   |     |    |         |     | Rent \$ _____ /month                |
| 43a. | Expiration date of each lease:                                         |     |    |         |     | _____/_____/_____<br>Month Day Year |
| 43b. | Any tenants without leases?                                            |     |    |         |     |                                     |
| 43c. | Is owner holding last month's rent?                                    |     |    |         |     |                                     |
| 43d. | Is owner holding security deposit?                                     |     |    |         |     |                                     |
| 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. |     |    |         |     |                         |

**XI. DESCRIPTION/EXPLANATION**

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**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.

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**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 #30)**

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 (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.

**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 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.

**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](http://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.

**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 10-10-2008

Seller

Michael J. Wajst

Seller

Cynthia M. Dolp

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

SELLER'S INITIALS \_\_\_\_\_

BUYER'S INITIALS \_\_\_\_\_