

SELLER'S STATEMENT OF PROPERTY CONDITION #700 (Page 1 of 8)



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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 1243 Quaker St., Northbridge MA 01534
Seller(s)/Owner(s) Mary & Jeff West
How long owned 2015 How long occupied 2015 Approximate Year Built 1964

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): | | <input checked="" type="checkbox"/> | | | |
| 2. | Easement, Common Driveway, or Right of Way | | <input checked="" type="checkbox"/> | | | |
| 3. | Zoning Classification(s) of property: | | | | | |
| 4. | Has the City/Town issued notice of outstanding violation? | | <input checked="" type="checkbox"/> | | | |
| 5. | Have you been advised that current use is nonconforming in any way? | | <input checked="" type="checkbox"/> | | | |
| 6. | Do you know of any variances or special permits? | | <input checked="" type="checkbox"/> | | | |
| 7. | During Seller's ownership, has work been done for which a permit was required? If yes, explain. | <input checked="" type="checkbox"/> | | | | truck port added to side of house |
| 7a. | Were permits obtained? | <input checked="" type="checkbox"/> | | | | |
| 7b. | Was the work approved by an inspector? | <input checked="" type="checkbox"/> | | | | |
| 7c. | Was a licensed contractor hired? (If yes, provide name of contractor) | | | | | |
| 7d. | Is there an outstanding notice of any building code violation? | | <input checked="" type="checkbox"/> | | | |
| 8. | Have you been informed that any part of the property is in a designated flood zone or wetland? | | <input checked="" type="checkbox"/> | | | |
| 9. | Are there any known water drainage problems? Explain. | | <input checked="" type="checkbox"/> | | | When we moved in, we worked on landscaping so water would drain properly. |

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

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| II. SYSTEM AND UTILITIES INFORMATION (Continued) | | | | | Description/Explanation |
|---|-----|----|---------|-----|--|
| | Yes | No | Unknown | N/A | |
| 11. HEATING SYSTEM | | | | | |
| 11a. Type: <i>oil Fired Boiler</i> | | | | | |
| 11b. Age: | | | X | | |
| 11c. Are there any known problems with the heating system? Explain. | | ✓ | | | |
| 11d. Identify any unheated room or area: | P | | | | |
| 11e. Provide approximate date of last service: | P | | | | |
| 11f. Provide reason for service: | | | | | <i>3 season rpm Oct 2024 oil burner Annual service</i> |

| III. WATER, SEWER & OTHER UTILITIES | | | | | Description/Explanation |
|---|-----|----|---------|-----|-------------------------|
| | Yes | No | Unknown | N/A | |
| 12. DOMESTIC HOT WATER | | | | | |
| 12a. Type: <i>electric</i> | | | | | |
| 12b. Age: <i>12 yrs.</i> | | | | | |
| 12c. Are there any known problems with the hot water? Explain. | | ✓ | | | |
| 13. SEWAGE SYSTEM | | | | | |
| 13a. <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> Private Sewer | | | | | |
| 13b. If Private Sewer, describe type of system: <i>gravity</i> | | | | | |
| 13c. Provide Name of Service Company: <i>Audet</i> | | | | | |
| 13d. Date it was last pumped: <i>3/25/22</i> | | | | | Month / Day / Year |
| 13e. Frequency of Pumps: <i>4 yrs.</i> | | | | | |
| 13f. During your ownership has sewage backed up into house or onto yard? Explain. | | ✓ | | | |
| 13g. Is system shared with other homes? | | ✓ | | | |
| 13h. Was a Title 5 Inspection performed? | ✓ | | | | <i>new system 2014</i> |
| 13i. Date of Inspection: <i>10 yrs.</i> | | | | | Month / Day / Year |
| 13j. Is a copy of Inspection attached? | | | | | |
| 14. PLUMBING SYSTEM | | | | | |
| 14a. Type: | | | | | |
| 14b. Problems? Explain. | | ✓ | | | |
| 14c. Bathroom ventilation problems? Explain. | | ✓ | | | |

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III. WATER, SEWER & OTHER UTILITIES (Continued)

| | Yes | No | Unknown | N/A | Description/Explanation |
|--|-------------------------------------|-------------------------------------|---------|-----|---------------------------------|
| 15. WATER SOURCE | | | | | |
| 15a. <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private | | | | | |
| 15b. Location | | | | | |
| 15c. Date Last tested: | | | | | 11 / 22 / 24 Month Day Year |
| 15d. Report Attached? | | | | | |
| 15e. Water Quality problems? Explain. | | <input checked="" type="checkbox"/> | | | None as of the date (gal./min.) |
| 15f. Flow rate: | | | | | |
| 15g. Age of Pump: | | | | | Age: 2022 |
| 15h. Is there a filtration system? If yes, indicate age and type of filtration system. | <input checked="" type="checkbox"/> | | | | Type: Poet |

IV. ELECTRICAL SYSTEMS & UTILITIES

| | Yes | No | Unknown | N/A | Description/Explanation |
|---|-----|-------------------------------------|---------|-----|---|
| 16. ELECTRICAL SYSTEM | | | | | |
| 16a. Problems? Explain. | | <input checked="" type="checkbox"/> | | | |
| 17. APPLIANCES | | | | | |
| 17a. List appliances that are included: | | | | | Refrigerator Dishwasher microwave Stove/cooktop washer dryer |
| 17b. Problems? Explain. | | <input checked="" type="checkbox"/> | | | |
| 18. SECURITY SYSTEM | | | | | |
| 18a. Type: | | | | | |
| 18b. Age: | | | | | |
| 18c. Provide Name of Service Company | | | | | |
| 18d. Problems? Explain. | | | | | |
| 19. AIR CONDITIONING | | | | | |
| 19a. <input type="checkbox"/> Central <input checked="" type="checkbox"/> Window <input type="checkbox"/> Other. Explain. | | | | | |
| 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. | | <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): <input type="checkbox"/> Water <input type="checkbox"/> Seepage <input type="checkbox"/> Dampness <input type="checkbox"/> Other. Explain. | | <input checked="" type="checkbox"/> | | | |
| 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: 2010 | | | | | |
| 24b. Problems? Explain. | | | | | |
| 24c. Location of leaks/repairs: | | <input checked="" type="checkbox"/> | | | |
| 25. CHIMNEY/FIREPLACE | | | | | |
| 25a. Date last cleaned. | | | | | |
| 25b. Problems? Explain. | | | | | |
| 25c. Presence of: <input type="checkbox"/> Wood Stove <input type="checkbox"/> Coal Stove <input checked="" type="checkbox"/> Pellet Stove <input type="checkbox"/> Gas Stove | | <input checked="" type="checkbox"/> | | | |
| 25d. If yes to 25c, in compliance with installation regulations/code/bylaws? | | <input checked="" type="checkbox"/> | | | |
| 25e. If no to 25d, Explain. | | | | | |
| 25f. Is there any history of smoke/fire damage to structure? Explain. | | <input checked="" type="checkbox"/> | | | Well was struck by lightning prior to ownership. |
| 26. FLOORS | | | | | |
| 26a. Type of floors under carpet/linoleum: | | | | | |
| 26b. Are there any known problems with floors (buckling, sagging, etc.)? Explain. | | <input checked="" type="checkbox"/> | | | |
| 27. WALLS | | | | | |
| 27a. Interior Walls: Problems? Explain. | | <input checked="" type="checkbox"/> | | | |
| 27b. Exterior Walls: Problems? Explain. | | <input checked="" type="checkbox"/> | | | |
| 28. WINDOW/SLIDING DOORS/DOORS | | | | | |
| 28a. Problems? Explain. | | <input checked="" type="checkbox"/> | | | |
| 29. INSULATION | | | | | |
| 29a. Does house have insulation? | <input checked="" type="checkbox"/> | | | | |

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BUILDING/STRUCTURAL INFORMATION (Continued)

| | Yes | No | Unknown | N/A | Description/Explanation |
|---------------------|-----|----|---------|-----|-------------------------|
| 9b. If yes, type: | | | | | |
| 9c. Date Installed: | | | | | Month / Day / Year |
| 9d. Location: | | | | | Month / Day / Year |

VI. ENVIRONMENTAL ISSUES

| | Yes | No | Unknown | N/A | Description/Explanation |
|--|-----|-------------------------------------|---------|-----|-------------------------|
| 30. ASBESTOS | | | | | |
| 30a. Is asbestos present in exterior shingles, pipe covering or boiler insulation? | | <input checked="" type="checkbox"/> | | | |
| 30b. Has a fiber count been performed? | | | | | |
| 30c. If yes to 30b., is copy attached? (See Asbestos Disclosure Page 8) | | | | | |
| 31. LEAD PAINT | | | | | |
| 31a. Is lead paint present? | | <input checked="" type="checkbox"/> | | | |
| 31b. If yes to 31a., locations present: (Attach copy of Inspection Reports) | | | | | |
| 31c. If yes to 31a., describe abatement plan/interim controls, if any: | | | | | |
| 31d. Has paint been encapsulated? | | | | | |
| 31e. If yes to 31d. provide date of encapsulation and by whom. | | | | | Month / Day / Year |
| 31f. Is Lead Paint Disclosure Form available? If yes attach copy. If no, Explain. | | | | | |
| 32. RADON | | | | | |
| 32a. Has test for Radon been performed? If yes, attach copy. (See Radon Disclosure Page 7) | | <input checked="" type="checkbox"/> | | | 2009 |
| 33. MOLD | | | | | |
| 33a. Have you been advised of elevated levels of mold at the Property? Explain. | | <input checked="" type="checkbox"/> | | | |
| 34. INSECTS | | | | | |
| 34a. History of Termites/Wood Destroying Insect or Rodent Problems? | | <input checked="" type="checkbox"/> | | | |
| 34b. If yes to 34a., explain treatment and dates: (See Chlordane Disclosure Page 8) | | | | | Month / Day / Year |
| 35. ENERGY AUDIT | | | | | |
| 35a. Has an Energy Audit been performed? If yes, attach a copy. | | <input checked="" type="checkbox"/> | | | |

VII. OUTDOOR AMENITIES & STRUCTURES

| | Yes | No | Unknown | N/A | Description/Explanation |
|-------------------------------|-----|-------------------------------------|---------|-----|-------------------------|
| 36. SWIMMING POOL/JACUZZI | | | | | |
| 36a. Problems? Explain. | | <input checked="" type="checkbox"/> | | | |
| 36b. Name of Service Company: | | | | | |

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

| VIII. CONDOMINIUM INFORMATION | | | | | Description/Explanation |
|---|-----|----|---------|-----|--|
| | Yes | No | Unknown | N/A | |
| 38. PARKING | | | | | |
| 38a. Number of Spaces | | | | | <u>5</u> Spaces |
| 38b. Of those spaces, identify the number that are: | | | | | 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: | | | | | |
| 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 | | | | | Description/Explanation |
|--|-----|----|---------|-----|-------------------------|
| | Yes | No | Unknown | N/A | |
| 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: | | | | | 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. | | <i>[Handwritten mark]</i> | | | |

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.

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