



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 30 Franklin St, unit 424, Malden, MA 02148

Seller(s)/Owner(s) Chi D Nguyen and Hong An

How long owned since 2005 How long occupied since 2005 Approximate Year Built 2005

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

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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 10b. | If yes, type of tank | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 10c. | If yes, is it still in use? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 10d. | If not still in use, was it removed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 10e. | Storage Tank: <input type="checkbox"/> Leased <input type="checkbox"/> Owned (See Hazardous Materials Disclosure Page 8) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |

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II. SYSTEM AND UTILITIES INFORMATION (Continued)

| | | Yes | No | Unknown | N/A | Description/Explanation |
|------|--|--------------------------|-------------------------------------|--------------------------|--------------------------|----------------------------------|
| 11. | HEATING SYSTEM | | | | | |
| 11a. | Type: <i>forced hot air</i> | | | | | |
| 11b. | Age: <i>2005</i> | | | | | |
| 11c. | Are there any known problems with the heating system? Explain. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 11d. | Identify any unheated room or area: | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 11e. | Provide approximate date of last service: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 11f. | Provide reason for service: | | | <input type="checkbox"/> | <input type="checkbox"/> | <i>changing filter regularly</i> |

III. WATER, SEWER & OTHER UTILITIES

| | | Yes | No | Unknown | N/A | Description/Explanation |
|------|--|--------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------|
| 12. | DOMESTIC HOT WATER | | | | | |
| 12a. | Type: <i>hw tank, electric</i> | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 12b. | Age: <i>replaced in 2022</i> | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 12c. | Are there any known problems with the hot water? Explain. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 13. | SEWAGE SYSTEM | | | | | |
| 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 checked="" type="checkbox"/> | |
| 13c. | Provide Name of Service Company | | | <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 checked="" type="checkbox"/> | |
| 13f. | During your ownership has sewage backed up into house or onto yard? Explain. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 13g. | Is system shared with other homes? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 | | | | | |
| 14a. | Type: <i>copper & PVC</i> | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 14b. | Problems? Explain. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 14c. | Bathroom ventilation problems? Explain. | <input type="checkbox"/> | <input checked="" 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 |
|--|--------------------------|-------------------------------------|--------------------------|-------------------------------------|----------------------------------|
| 15. WATER SOURCE | | | | | |
| 15a. <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 15b. Location | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 15c. Date Last tested: | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Month _____ Day _____ Year _____ |
| 15d. Report Attached? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 15e. Water Quality problems? Explain. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 15f. Flow rate: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | (gal. /min.) _____ |
| 15g. Age of Pump: | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 15h. Is there a filtration system? If yes, indicate age and type of filtration system. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Age: _____ Type: _____ |

IV. ELECTRICAL SYSTEMS & UTILITIES

| | Yes | No | Unknown | N/A | Description/Explanation |
|---|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--|
| 16. ELECTRICAL SYSTEM | | | | | |
| 16a. Problems? Explain. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 17. APPLIANCES | | | | | |
| 17a. List appliances that are included: <i>electric range microwave, dishwasher refrigerator, washer/dryer</i> | | | <input type="checkbox"/> | <input type="checkbox"/> | <i>refrigerator & washer/dryer will be gifted to buyer by seller</i> |
| 17b. Problems? Explain. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 18. SECURITY SYSTEM | | | | | |
| 18a. Type: | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 18b. Age: | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 18c. Provide Name of Service Company | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 18d. Problems? Explain. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 19. AIR CONDITIONING | | | | | |
| 19a. <input checked="" type="checkbox"/> Central <input type="checkbox"/> Window <input type="checkbox"/> Other. Explain. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 19b. Problems? Explain. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 20. SOLAR PANELS | | | | | |
| 20a. <input type="checkbox"/> Leased <input type="checkbox"/> Owned | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 20b. If leased, explain terms of agreement. | | | <input type="checkbox"/> | <input type="checkbox"/> | |

V. BUILDING/STRUCTURAL INFORMATION

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

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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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | nice basement with storages |
| 22b. Explain amount, frequency, and location of the problems selected in 22a. | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 23. SUMP PUMP — NA | | | | <input checked="" type="checkbox"/> | |
| 23a. If yes to 23, provide age and location. | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 23b. Problems? Explain. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 24. ROOF | | | | | |
| 24a. Age: | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 24b. Problems? Explain. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | owned by association |
| 24c. Location of leaks/repairs: | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 25. CHIMNEY/FIREPLACE — NA | | | | | |
| 25a. Date last cleaned: | | | <input type="checkbox"/> | <input type="checkbox"/> | Month Day Year |
| 25b. Problems? Explain. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 25c. Presence of: <input type="checkbox"/> Wood Stove <input type="checkbox"/> Coal Stove <input type="checkbox"/> Pellet Stove <input type="checkbox"/> Gas Stove | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 25d. If yes to 25c, in compliance with installation regulations/code/bylaws? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 25e. If no to 25d, Explain. | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 25f. Is there any history of smoke/fire damage to structure? Explain. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 26. FLOORS | | | | | |
| 26a. Type of floors under carpet/linoleum: | | | <input type="checkbox"/> | <input type="checkbox"/> | concrete |
| 26b. Are there any known problems with floors (buckling, sagging, etc.)? Explain. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 27. WALLS | | | | | |
| 27a. Interior Walls: Problems? Explain. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 27b. Exterior Walls: Problems? Explain. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 28. WINDOW/SLIDING DOORS/DOORS | | | | | |
| 28a. Problems? Explain. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 29. INSULATION | | | | | |
| 29a. Does house have insulation? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | per 2005 code |

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V. BUILDING/STRUCTURAL INFORMATION (Continued)

| | | Yes | No | Unknown | N/A | Description/Explanation |
|------|-----------------|--------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------|
| 29b. | If yes, type: | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 29c. | Date Installed: | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Month Day Year |
| 29d. | Location: | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |

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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 30b. | Has a fiber count been performed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 30c. | If yes to 30b., is copy attached? (See Asbestos Disclosure Page 8) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 31. | LEAD PAINT | | | | | |
| 31a. | Is lead paint present? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | built after 1978 |
| 31b. | If yes to 31a., locations present: (Attach copy of Inspection Reports) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 31c. | If yes to 31a., describe abatement plan/ interim controls, if any: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 31d. | Has paint been encapsulated? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 31e. | If yes to 31d. provide date of encapsulation and by whom. | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Month Day Year |
| 31f. | Is Lead Paint Disclosure Form available? If yes attach copy. If no, Explain. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | not required |
| 32. | RADON | | | | | |
| 32a. | Has test for Radon been performed? If yes, attach copy. (See Radon Disclosure Page 7) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 33. | MOLD | | | | | |
| 33a. | Have you been advised of elevated levels of mold at the Property? Explain. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 34. | INSECTS | | | | | |
| 34a. | History of Termites/Wood Destroying Insect or Rodent Problems? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 34b. | If yes to 34a., explain treatment and dates: (See Chlordane Disclosure Page 8) | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Month Day Year |
| 35. | ENERGY AUDIT | | | | | |
| 35a. | Has an Energy Audit been performed? If yes, attach a copy. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

VII. OUTDOOR AMENITIES & STRUCTURES

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

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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. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

VIII. CONDOMINIUM INFORMATION

| | | Yes | No | Unknown | N/A | Description/Explanation |
|------|--|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|---|
| 38. | PARKING | | | | | |
| 38a. | Number of Spaces <u>1 (# 58)</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>1</u> Spaces <u>see *</u> |
| 38b. | Of those spaces, identify the number that are: <input checked="" type="checkbox"/> Deeded <input type="checkbox"/> Exclusive Easements <input type="checkbox"/> Assigned <input type="checkbox"/> Unassigned or <input type="checkbox"/> In Common area <u>* additional parking spot (#) available for sale</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Number of Spaces: Deeded <u>1</u> Exclusive Easements _____ Assigned _____ Unassigned _____ In Common area _____ |
| 39. | CONDO FEES | | | | | |
| 39a. | Current monthly fees for Unit are: <u>\$ 298⁰⁰</u> Are any of the following (39b.-39g.) included in the monthly fees: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>water & sewer is separately metered and not included in condo fee</u> |
| 39b. | Heat | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 39c. | Electricity | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 39d. | Hot Water | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 39e. | Trash Removal | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 39f. | Landscaping | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 39g. | Snow Removal | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 40. | RESERVE FUND | | | | | |
| 40a. | Has advance payment been made to a condo reserve fund? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>10% of condo fee goes to Reserve</u> |
| 40b. | If yes to 40a, how much? | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 41. | CONDO ASSOCIATION FUND | | | | | |
| 41a. | Is owners' association currently involved in any litigation? Explain. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>Condo fee last increase was Nov 1st, 2022</u> |

IX. RENTAL PROPERTY INFORMATION

| | | Yes | No | Unknown | N/A | Description/Explanation |
|------|---|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------|
| 42. | UNITS | | | | | |
| 42a. | Number of Units: | | | <input type="checkbox"/> | <input type="checkbox"/> | Units |
| 42b. | Has a unit been added/subdivided since original construction? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 42c. | If yes to 42b., was a permit for new/added unit obtained? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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IX. RENTAL PROPERTY INFORMATION

| | | Yes | No | Unknown | N/A | Description/Explanation |
|------|--|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------------|
| 43. | RENT | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Rent \$ _____ /month |
| 43a. | Expiration date of each lease: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Month _____ Day _____ Year _____ |
| 43b. | Any tenants without leases? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 43c. | Is owner holding last month's rent? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 43d. | Is owner holding security deposit? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 43e. | If yes to 43c. and/or 43d., has interest been paid? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 43f. | If security deposit held, attach a copy of Statement(s) of Conditions. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 43g. | Is there any outstanding notice of sanitary code violation? Explain. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

XI. DESCRIPTION/EXPLANATION

Large deeded Storage in the basement # 101

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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