

SELLER'S STATEMENT OF PROPERTY CONDITION

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

Property Address 15 Ingalls Rd. Tyngsborough

ANSWERS

YES	NO	UNKN	I. TITLE/ZONING/BUILDING/INFORMATION
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Seller/Owner <u>JEFF + Carolyn Kosioruk</u> How long owned? <u>8 years</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. How long occupied? <u>8 years</u> Approximate year built? <u>1975</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Have you been advised of any title problems or limitations (for example, deed restriction, lot line dispute, order of conditions)? If yes, please explain _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	a) Do you know of any easements, common driveway, or right of way? If yes, explain _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Zoning classification of property (if known) _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. Has your city/town issued a notice of any violation which is still outstanding? If yes, explain _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	a) Have you been advised that the current use is nonconforming in any way? Explain _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Do you know of any variances or special permits? Explain _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. During Seller's ownership, has work been done for which a permit was required? If yes, explain. <u>New septic system in fall of 2006</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a) Were permits obtained? _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b) Was the work approved by inspector? _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	c) Is there an outstanding notice of any building code violation? Yes _____ No _____ Explain _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. Have you been informed that any part of the property is in a designated flood zone or wetlands? Explain _____ (See Flood Zone disclosure Page 3)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. Water drainage problems? Explain _____

YES	NO	UNKN	II. SYSTEM UTILITIES INFORMATION
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DO YOU KNOW OF ANY CURRENT PROBLEMS WITH ANY SYSTEMS LISTED BELOW?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. Has there ever been an UNDERGROUND FUEL TANK? If yes, is it still in use? If not used, was it removed? _____ (See Hazardous Materials Disclosure Page 3)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. HEATING SYSTEM: Problems? Explain <u>None</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	a) Identify any unheated room or area <u>Garage</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	b) Approximate date of last service <u>11/27/07</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	c) Reason <u>Regular maintenance + cleaning</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. DOMESTIC HOT WATER: Type <u>FHW/Oil</u> Age _____ Problems? Explain <u>None</u> Burners owned or rented? <u>Owned</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	13. SEWAGE SYSTEM: Problems? Explain <u>None</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Type: Municipal Sewer _____ Private <input checked="" type="checkbox"/> If private, describe type of system: <u>Septic Tank</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Name of service company <u>Brookview Gardens</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Date it was last pumped <u>New System</u> Frequency _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	During your ownership has sewage backed up into house or onto yard? Yes <input checked="" type="checkbox"/> No _____ Explain <u>old septic system failed, New septic system installed.</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is system shared with other homes? _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Date a Title 5 inspection last performed <u>12/06</u> Copy attached. Yes _____ No _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14. PLUMBING SYSTEM: Problems/Leaks/Freezing? Explain <u>None</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bathroom ventilation problems? Explain <u>None</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	15. DRINKING WATER SOURCE: Public _____ Private <input checked="" type="checkbox"/> If private:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	a) Location _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	b) Date last tested _____ Report: Attached _____ Not attached _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	c) Water quality problems? Explain _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	d) Water quantity problems? Explain _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	e) Flow rate (gal. min.) _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	f) Age of pump _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	g) Is there a filtration system? <u>Kinetic</u> Age/Type of filtration system <u>Installed in 2000</u>

SELLER'S INITIALS JL CWK

BUYER'S INITIALS _____



