

25

Martina Friel Hegarty

of Salem

Essex

County, Massachusetts,

being ~~un~~ married, for consideration paid, and in full consideration of One Hundred Eighty-three Thousand Five Hundred Dollars (\$183,500.00)

grant to Donald Graumann and Laurie H. Graumann, husband and wife, as tenants by * the entirety

of 10 Fairmount Street, Salem, Massachusetts

with quitclaim covenants

~~RECORDING~~

11/15/95 03:48 Inst 408

BK 13283 PG 319

[Description and encumbrances, if any]

All of my right, title and interest in the land with the buildings thereon, situated in Salem in the County of Essex and Commonwealth of Massachusetts, being an undivided one-half interest in said property, and described as Lot 15 on a plan entitled "Land of J. M. Parsons, J.C. Foster, Sur. June 1896," which plan is recorded in the Essex (South District) Registry of Deeds in Book 1494, Page 600, to which reference may be had for further particulars as to boundaries, measurements, etc. Said lot fifteen contains 5,000 square feet of land. Said lot is conveyed subject to the restriction contained in title reference deed, insofar as the said restriction continues to be applicable.

For grantor's title see deed dated August 27, 1993, recorded at Essex South District Registry of Deeds, Book 12086, Page 38.

Locus: 10 Fairmount Street, Salem, Massachusetts

CANCELLED

Witness my hand and seal this 15th day of November, 1995.

Martina Friel Hegarty
MARTINA FRIEL HEGARTY

The Commonwealth of Massachusetts

Essex

ss.

November 15 1995

Then personally appeared the above named MARTINA FRIEL HEGARTY

and acknowledged the foregoing instrument to be her free act and deed before me

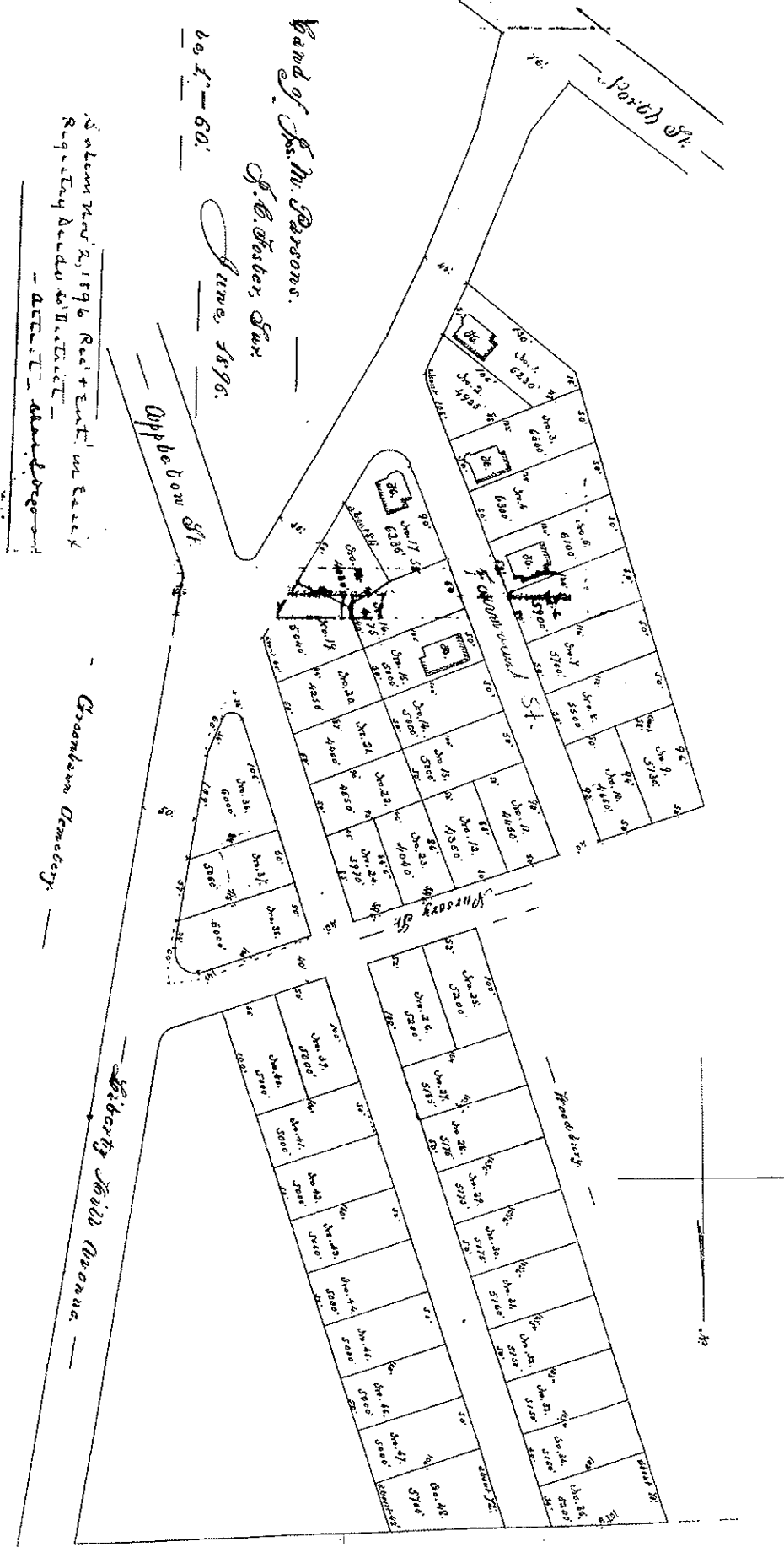
Kevin T. Daly
KEVIN T. DALY Notary Public ~~RECORDING~~

My commission expires January 4 1996

(*Individual — Joint Tenants — Tenants in Common.)

CHAPTER 183 SEC. 6 AS AMENDED BY CHAPTER 497 OF 1969

Every deed presented for record shall contain or have endorsed upon it the full name, residence and post office address of the grantee and a recital of the amount of the full consideration thereof in dollars or the nature of the other consideration therefor, if not delivered for a specific monetary sum. The full consideration shall mean the total price for the conveyance without deduction for any liens or encumbrances assumed by the grantee or remaining thereon. All such endorsements and recitals shall be recorded as part of the deed. Failure to comply with this section shall not affect the validity of any deed. No register of deeds shall accept a deed for recording unless it is in compliance with the requirements of this section.



Hand of J. B. Foster.

J. B. Foster

June 1896.

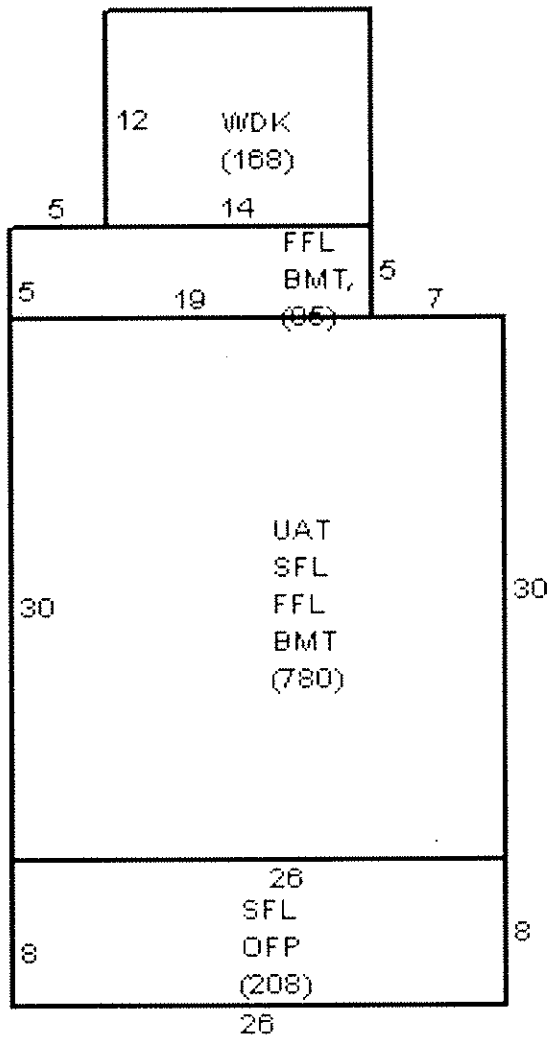
to 1' - 60'

Notary Public, 1896 Rec'd + Cert. in Exec. Registry Books of District.

Attest: *[Signature]*

Grandbury Cemetery.

Liberty Hill Avenue.



ENVIRONMENTAL RESEARCH AND MEASUREMENT PRODUCTS FOR RADON AND LEAD

August 20, 1999

SITE ADDRESS:

DON GRAUMANN
10 FAIRMOUNT STREET
SALEM, MA 01970

Thank you for choosing NITON for your radon testing. Your radon test results are listed by vial number in the space below. These results are released only in this letter and, by telephone, to a person(s) with the correct vial numbers. Some state laws require reporting (in New England, by zip code only).

VIAL NUMBER	TEST LOCATION	TEST BEGIN	TEST END	RADON CONCENTRATION
907344	B BASEMENT	08/16/99	08/18/99	0.4 pCi/L

The E.P.A. action level for radon in air is: 4.0 pCi/L

The measured radon concentrations were lower than the Environmental Protection Agency guideline of 4 picoCuries of radon per liter of air (4 pCi/l).

If test instructions were followed carefully, you can be confident that these results are accurate measures of the radon levels at the time the tests were done. Radon levels may fluctuate and conditions that allow the entry of radon into your home may change over time.

We have enclosed further information about radon and the risks of exposure.

Our testing laboratory techniques have consistently passed U.S. Environmental Protection Agency Proficiency Tests. No commercially available radon tests are more precise. If test instructions were followed, you can be confident that these results are accurate measures of the radon levels at the time the tests were done. Radon levels may fluctuate over time. NOTE: NITON IS NOT RESPONSIBLE FOR INACCURACIES CAUSED BY IMPROPER USE OF THE DETECTORS, INCORRECT OR INCOMPLETE TEST INFORMATION, OR DAMAGE TO THE DETECTORS IN TRANSIT.
USEPA RMP #1319000 Dev #08088 NY DOH ELAP #11500 PA DER #795 ME DHS #TB01600C RI DOH #RAS-010
CA DHS #104 OH DOH #L00014-0 IN SDH #00132

This is to certify that the analyses done for the report on the front of this page are accurate. The tests were analyzed by *NITON* Laboratory's computerized Liquid Scintillation Counting System, according to U.S. Environmental Protection Agency "Indoor Radon and Radon Decay Product Measurement Protocols," Sect. 2.5, "Protocol for Using Charcoal Liquid Scintillation Devices to Measure Indoor Radon Concentrations," July 1992.

If *NITON's* (EPA) test instructions were followed (closed-house conditions, the vials not moved, covered, or tampered with), the results shown are accurate measures of the radon levels at the time the tests were done. If proper measurement conditions were not maintained, the results are invalid. Please note that radon levels can vary greatly over time.

We can only attest that the results are for the vial serial numbers shown. *NITON* is not responsible for inaccuracies caused by improper use of the detectors, incorrect or incomplete test information, or damage to the detectors in transit.

NITON makes no warranty of any kind, express or implied, concerning the use or analysis of its radon detectors, and specifically disclaims any implied warranty of merchantability and fitness for a particular purpose. *NITON* will not be responsible for any damage, including consequential damage, to persons or property resulting from the use of the radon detectors or test results.

NITON's testing laboratory and measurement techniques are EPA-listed. Our detectors have consistently passed the U.S. Environmental Protection Agency Proficiency Tests, including current tests. No commercially available radon tests are more precise.

Licensed Lead Inspector

Insured

PANTHER ENVIRONMENTAL, INC.
969 Washington Street
Braintree, MA 02184

Bob Hartin
1-800-332-LEAD

(617) 849-7313
1-800-332-5323

Inspector/Agency

PANTHER ENVIRONMENTAL, INC

Pg _____ of _____

969 WASHINGTON STREET
BRAINTREE, MA 02184
1-617-849-7313
1-800-332-5323

METHOD USED

Na₂S

Expiration date 11-95

X-RAY

FLUORESCENCE

Model XK-3 Serial # 731

Registration # 3045

LEAD INSPECTION/SURFACE ASSESSMENT FORM

Address 10 FAIRMOUNT ST APT # _____ CITY SALEM

LAST NAME OF (CHILD) _____ FIRST NAME _____ Birth Date MM DD YY Sex _____

Parent/Guardian's Last Name _____ Parent/Guardian's First Name _____

<input type="checkbox"/> 1. DWELL	<input type="checkbox"/> OWNER	<input type="checkbox"/> OWNS < 5 UNITS
<input type="checkbox"/> 2. DAY CARE	<input type="checkbox"/> OCC Y OR N	<input type="checkbox"/> Y OR N
<input type="checkbox"/> 3. OTHER		
<input type="checkbox"/> 1. SINGLE	<input type="checkbox"/> NO. OF ROOMS INCLUDE BATHROOMS BUT NOT HALLS	
<input type="checkbox"/> 2. 2-4 APTS		
<input type="checkbox"/> 3. 5 OR MORE		

OWNER'S NAME: DON GRAUMANN

OWNER'S ADDRESS: SAME

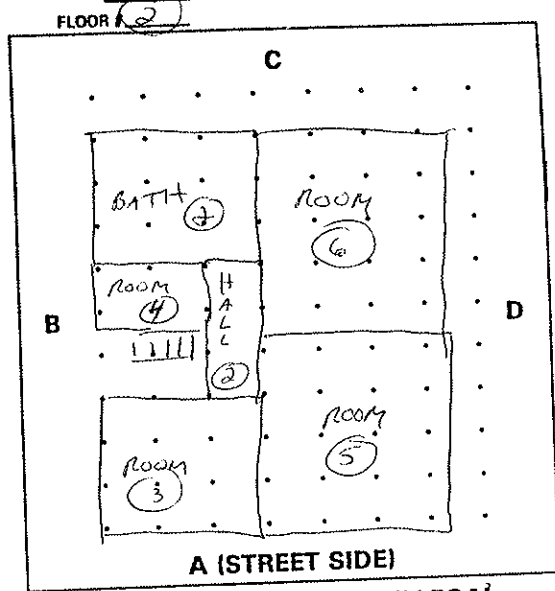
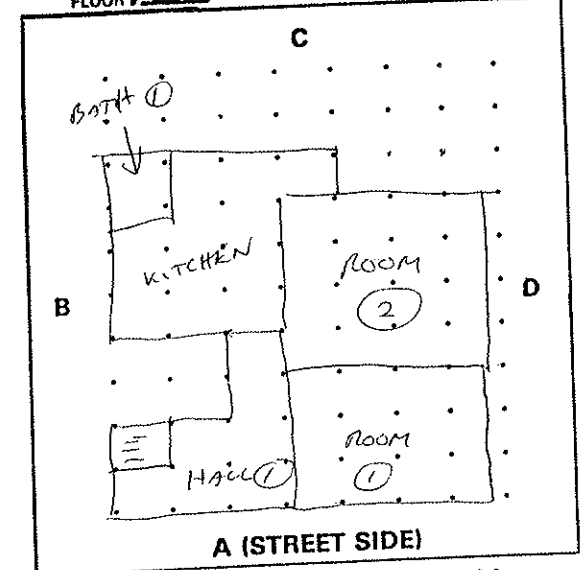
Book No. _____ Page # _____ Date recorded _____

REMARKS: ca. 1.2 1.5 6.8 1.5 1.5 1.2 1.5 1.5
1.2 1.5
LAUNDRY IN ROOM (4)

<input type="checkbox"/> 1. W/TM	<input type="checkbox"/> 4. REPAIR	<input type="checkbox"/> 7. OTHER
<input type="checkbox"/> 2. PAR. REQ.	<input type="checkbox"/> 5. VACANCY	
<input type="checkbox"/> 3. HIGH INC.	<input type="checkbox"/> 6. INSTITUTION	

FLOOR # (1)

INSP. DATE 09/30/95 VIOLATION Y OR N



Pb MORE THAN 1.2 mg/cm² with x-ray fluorescence or positive with Na₂S is ILLEGAL.

Walter H. G.
INSPECTOR

RENSP. DATE	<input type="checkbox"/> 1. IN COMPLIANCE <input type="checkbox"/> 2. WORK IN PROGRESS <input type="checkbox"/> 3. NO WORK	RENSP. DATE	<input type="checkbox"/> 1. IN COMPLIANCE <input type="checkbox"/> 2. WORK IN PROGRESS <input type="checkbox"/> 3. NO WORK	RENSP. DATE	<input type="checkbox"/> 1. IN COMPLIANCE <input type="checkbox"/> 2. WORK IN PROGRESS <input type="checkbox"/> 3. NO WORK
RENSP. DATE	<input type="checkbox"/> 1. IN COMPLIANCE <input type="checkbox"/> 2. WORK IN PROGRESS <input type="checkbox"/> 3. NO WORK	RENSP. DATE	<input type="checkbox"/> 1. IN COMPLIANCE <input type="checkbox"/> 2. WORK IN PROGRESS <input type="checkbox"/> 3. NO WORK	RENSP. DATE	<input type="checkbox"/> 1. IN COMPLIANCE <input type="checkbox"/> 2. WORK IN PROGRESS <input type="checkbox"/> 3. NO WORK

COMPLIANCE DATE _____
INSPECTOR _____

Has the Property Owner read *Deciding Whether to Encapsulate?* Y or N
Does the Property Owner want an assessment for encapsulation? Y or N

Has a Level II Deleader done the encapsulation work? Y or N

Name _____ License # _____

Inspector/Agency

PANTHER ENVIRONMENTAL, INC

969 WASHINGTON STREET
 BRAintree, MA 02184
 1-617-849-7313
 1-800-332-5323

LEAD INSPECTION/SURFACE ASSESSMENT FORM

Pg ___ of ___

Registration # 3045

Address of Inspection:

Number Street Apt. Number City Zip Code

ROOM: (1)

Side	Location/ Surface	Lead	Surface/ Subsurface Condition	Substrate Condition	Initial Tape Test	X-cut Tape Test	Comments	Sult. for Encap.	Comp. Date	Comp. Method
ABCD	Upper Walls	0.8								
ABCD	Lower Walls	—								
	Chair Rail	—								
	Baseboard	10.0								
Bx2	Door	1.9								
	Door Casing	10.0								
	Door Jamb	10.0								
C	Door	—								
	Door Casing	10.0								
	Door Jamb	10.0								
A	Window Apron	POS								
+	Window Sill	POS								
DL+R1	Header/Stop	POS								
	Win. Casing	POS								
	Sash/Mullions	POS								
	Ext. P.B/Sill	P								
	Ext. Side Sash	P								
D	Window Apron	POS	MIDDLE							
	Window Sill	POS								
	Header/Stop	POS								
	Win. Casing	POS								
	Sash/Mullions	N								
	Ext. P.B/Sill	N								
	Ext. Side Sash	N								
	Closet Walls									
	Closet Door Int.									
	Closet Casing									
	Closet Jamb									
	Closet Basebrds									
	Closet Shelves									
	Coiling	I								
	Floor	N								
D	SKAT	10.0								
C	MANTEL	10.0								

Pb more than 1.2 mg/cm² with x-ray fluorescence or positive with Na₂S is ILLEGAL.

REMARKS:

INSPECTOR Signature



Date

9-30-95

Inspector/Agency

PANTHER ENVIRONMENTAL, INC

969 WASHINGTON STREET
BRAINTREE, MA 02184
1-617-849-7313
1-800-332-5323

LEAD INSPECTION/SURFACE ASSESSMENT FORM

Pg ___ of ___

Registration # 3045

Address of inspection:

Number Street Apt. Number City Zip Code

ROOM: (2)

Side	Location/ Surface	Lead	Surface/ Subsurface Condition	Substrate Condition	Initial Tape Test	X-cut Tape Test	Comments	Sulf. for Encap.	Comp. Date	Comp. Method
ABCD	Upper Walls	0.3								
ABCD	Lower Walls									
	Chair Rail									
	Baseboard	0.0								
A+B	Door									
	Door Casing	N								
	Door Jamb	RS								
C	Door									
	Door Casing	N								
	Door Jamb	N								
C	Window Apron	N								
	Window Sill	N								
	Header/Stop	N								
	Win. Casing	N								
	Sash/Mullions	N								
	Ext. P.B/Sill	N N								
	Ext. Side Sash	N N								
D	Window Apron	N								
	Window Sill	N								
	Header/Stop	N								
	Win. Casing	N								
	Sash/Mullions	N								
	Ext. P.B/Sill	N								
	Ext. Side Sash	N								
	Closet Walls									
	Clst Door Int.									
	Closet Casing									
	Closet Jamb									
	Clst Basebrds									
	Closet Shelves									
	Ceiling	I								
	Floor	N								

Pb more than 1.2 mg/cm² with x-ray fluorescence or positive with Na₂S is ILLEGAL.

REMARKS:

INSPECTOR Signature

Date

9-30-95

Inspector/Agency

PANTHER ENVIRONMENTAL, INC

969 WASHINGTON STREET

BRAINTREE, MA 02184

1-617-849-7313

1-800-332-5323

LEAD INSPECTION/SURFACE ASSESSMENT FORM

Pg ___ of ___

Registration # 3045

Address of Inspection:

Number Street Apt. Number City Zip Code

ROOM: (3)

Side	Location/ Surface	Lead	Surface/ Subsurface Condition	Substrate Condition	Initial Tape Test	X-cut Tape Test	Comments	Suit. for Encap.	Comp. Date	Comp. Method
ABCD	Upper Walls	0.3								
ABCD	Lower Walls	1								
	Chair Rail	1								
	Baseboard	0.2								
B	Door	N								
	Door Casing	N								
	Door Jamb	N								
C	Door	0.3								
	Door Casing	0.2								
	Door Jamb	10.0								
Ax2	Window Apron	N								
	Window Sill	N								
	Header/Stop	N								
	Win. Casing	N								
	Sash/Mullions	N								
	Ext. P.B/Sill	N								
	Ext. Side Sash	N								
	Window Apron									
	Window Sill									
	Header/Stop									
	Win. Casing									
	Sash/Mullions									
	Ext. P.B/Sill									
	Ext. Side Sash									
B	Closet Walls	0.6								
	Closet Door Int.	N								
	Closet Casing	N								
	Closet Jamb	N								
	Closet Basebrds	Pos								
	Closet Shelves	1								
	Ceiling	I								
	Floor	COV								

Pb more than 1.2 mg/cm² with x-ray fluorescence or positive with Na₂S is ILLEGAL.

REMARKS:

INSPECTOR Signature

Date

9-30-95

Inspector/Agency

PANTHER ENVIRONMENTAL, INC

969 WASHINGTON STREET
 BRAINTREE, MA 02184
 1-617-849-7313
 1-800-332-5323

LEAD INSPECTION/SURFACE ASSESSMENT FORM

Pg ___ of ___

Registration # 3045

Address of inspection:

Number Street Apt. Number City Zip Code

ROOM: (4)

Slide	Location/ Surface	Lead	Surface/ Subsurface Condition	Substrate Condition	Initial Tape Test	X-cut Tape Test	Comments	Suit for Encap.	Comp. Date	Comp. Method
ABCD	Upper Walls	0.0								
ABCD	Lower Walls									
	Chair Rail									
	Baseboard	N								
D	Door	0.6								
	Door Casing	0.0								
	Door Jamb	10.0								
	Door									
	Door Casing									
	Door Jamb									
B	Window Apron	N								
	Window Sill	N								
	Header/Stop	N								
	Win. Casing	N								
	Sash/Mullions	N								
	Ext. P.B/Sill	N								
	Ext. Side Sash	N								
	Window Apron									
	Window Sill									
	Header/Stop									
	Win. Casing									
	Sash/Mullions									
	Ext. P.B/Sill									
	Ext. Side Sash									
	Closet Walls									
	Closet Door Int.									
	Closet Casing									
	Closet Jamb									
	Closet Basebrds									
	Closet Shelves									
	Ceiling	I								
	Floor	COV								

Pb more than 1.2 mg/cm² with x-ray fluorescence or positive with Na₂S is ILLEGAL.

REMARKS:

INSPECTOR Signature



Date

9-30-95

Inspector/Agency

PANTHER ENVIRONMENTAL, INC

969 WASHINGTON STREET
BRAintree, MA 02184
1-617-849-7313
1-800-332-5323

LEAD INSPECTION/SURFACE ASSESSMENT FORM

Pg ___ of ___

Registration # 3045

Address of inspection:

Number Street Apt. Number City Zip Code

ROOM: (5)

Side	Location/ Surface	Lead	Surface/ Subsurface Condition	Substrate Condition	Initial Tape Test	X-cut Tape Test	Comments	Suit. for Encap.	Comp. Date	Comp. Method
ABCD	Upper Walls	0.3								
ABCD	Lower Walls	—								
	Chair Rail	—								
	Baseboard	0.0								
B	Door	0.2								
	Door Casing	0.3								
	Door Jamb	10.0								
C+D	Door	N								
	Door Casing	N								
	Door Jamb	N								
Ax2	Window Apron	N								
	Window Sill	N								
	Header/Stop	N								
	Win. Casing	N								
	Sash/Mullions	N								
	Ext. P.B/Sill	N								
	Ext. Side Sash	N								
D	Window Apron	N								
	Window Sill	N								
	Header/Stop	N								
	Win. Casing	N								
	Sash/Mullions	N								
	Ext. P.B/Sill	N								
	Ext. Side Sash	N								
C+D	Closet Walls	1.4								
	Clst Door Int.	N								
	Closet Casing	N								
	Closet Jamb	N								
	Clst Basebrds	N								
	Closet Shelves	N								
	Ceiling	I								
	Floor	N								

Pb more than 1.2 mg/cm² with x-ray fluorescence or positive with Na₂S is ILLEGAL.

REMARKS:

INSPECTOR Signature

Date

9-30-95

Inspector/Agency

PANTHER ENVIRONMENTAL, INC

969 WASHINGTON STREET
 BRAINTREE, MA 02184
 1-617-849-7313
 1-800-332-5323

LEAD INSPECTION/SURFACE ASSESSMENT FORM

Pg ___ of ___

Registration # 3045

Address of Inspection:

Number Street Apt. Number City Zip Code

ROOM: 6

Side	Location/ Surface	Lead	Surface/ Subsurface Condition	Substrate Condition	Initial Tape Test	X-cut Tape Test	Comments	Suit. for Encap.	Comp. Date	Comp. Method
ABCD	Upper Walls	3.8								
ABCD	Lower Walls	—								
	Chair Rail	—								
	Baseboard	0.6								
A	Door	0.3								
	Door Casing	0.8								
	Door Jamb	1.0								
B	Door	1.4								
	Door Casing	0.7								
	Door Jamb	10.0								
C	Window Apron	3.0								
	Window Sill	4.1								
	Header/Stop	PS								
	Win. Casing	1.1								
	Sash/Mullions	N								
	Ext. P.B/Sill	N								
	Ext. Side Sash	N								
D	Window Apron	P								
	Window Sill	P								
	Header/Stop	P								
	Win. Casing	P								
	Sash/Mullions	P								
	Ext. P.B/Sill	P								
	Ext. Side Sash	P								
A	Closet Walls	3.1								
	Closet Door Int.	0.4								
	Closet Casing	N								
	Closet Jamb	N								
	Closet Basebrds	PS								
	Closet Shelves	—								
	Ceiling	I								
	Floor	0.3								

Pb more than 1.2 mg/cm² with x-ray fluorescence or positive with Na₂S is ILLEGAL.

REMARKS:

INSPECTOR Signature

Date

Inspector/Agency

PANTHER ENVIRONMENTAL, INC

969 WASHINGTON STREET
 BRAINTREE, MA 02184
 1-617-849-7313
 1-800-332-5323

LEAD INSPECTION/SURFACE ASSESSMENT FORM

Pg ___ of ___

Registration # 3045

Address of Inspection:

Number	Street	Apt. Number	City	Zip Code						
KITCHEN:										
Side	Location/Surface	Lead	Surface/Subsurface Condition	Substrate Condition	Initial Tape Test	X-cut Tape Test	Comments	Suit for Encap.	Comp. Date	Comp. Method
	Upper Walls	0.0								
	Lower Walls									
	Chair Rail									
	Baseboard	N								
A	Door	N								
	Door Casing	N								
	Door Jamb	10.0								
ALL	Door OTHER	N	ALL	OTHER						
	Door Casing	N								
	Door Jamb	N								
B+D	Window Apron	N								
	Window Sill	N								
	Header/Stop	N								
	Win. Casing	N								
	Sash/Mullions	N								
	Ext. P.B/Sill	N								
	Ext. Side Sash	N								
	Closet Walls									
	Closet Door Int.									
	Closet Casing									
	Closet Jamb									
	Closet Basebrds.									
	Closet Shelves									
	Up. Cabinets	N								
	Up. Cab. Wall	N								
	Up. Cab. Shlvs.	N								
	Lower Cabinets	N								
	Low Cab. Walls	N								
	Low Cab Shlvs.	N								
	Shelves	N								
	Drawers	N								
	Ceiling	I								
	Floor	COV								

Pb more than 1.2 mg/cm² with x-ray fluorescence or positive with Na₂S is ILLEGAL.

REMARKS:

INSPECTOR Signature _____

Date 9-20-88

KEY:

SCR means "scraping to bare wood" DIP means "dipped"
 REV means "reversed" CAP means "capped (i.e. baseboard)"
 MI means "made intact" ENC means "encapsulated"

REP means "replacement"
 PRE means "prepared for encapsulation"
 COV means "covered"

REM means "removed"
 DIP means "dipped"

SCALES (Scores of 0 or 1 Pass. Score of 2 Fail):

Surface/Subsurface	0 = no paint/all paint Intact	1 = < 10% paint not Intact	2 = > 10% paint not Intact
Substrate	0 = Intact	1 = < 10% needs repair	2 = > 10% needs repair
Initial Tape Test	0 = no paint removed	1 = < 1/16" paint removed	2 = > 1/16" paint removed
X-cut Tape Test	0 = no paint removed	1 = < 1/16" paint removed	2 = > 1/16" paint removed

Inspector/Agency

PANTHER ENVIRONMENTAL, INC

969 WASHINGTON STREET
BRAintree, MA 02184
1-617-849-7313
1-800-332-5323

LEAD INSPECTION/SURFACE ASSESSMENT FORM

Pg ___ of ___

Registration #

Address of Inspection:

Number Street Apt. Number City Zip Code

BATHROOM ①

Side	Location/ Surface	Lead	Surface/ Subsurface Condition	Substrate Condition	Initial Tape Test	X-cut Tape Test	Comments	Sult. for Encap.	Comp. Date	Comp. Method
	Upper Walls	0.0								
	Lower Walls	///								
	Chair Rail	///								
	Baseboard	N								
D	Door	N								
	Door Casing	N								
	Door Jamb	N								
	Window Apron									
	Window Sill									
	Header/Stop									
	Win. Casing									
	Sash/Mullions									
	Ext. P./Sill									
	Ext. Side Sash									
	Up. Cabinets	N								
	Upper Cabinet Shelves	N								
	Low Cabinets									
	Low Cab Walls									
	Low Cab Shlvs.									
	Shelves									
	Closet Walls									
	Closet Door Int.									
	Closet Casing									
	Closet Jamb									
	Closet Basebrds.									
	Closet Shelves									
	Floor	TILK								
	Ceiling	I								

Pb more than 1.2 mg/cm² with x-ray fluorescence or positive with Na₂S is ILLEGAL.

REMARKS:

INSPECTOR Signature

Date

9-30-95

KEY:

SCR means "scraping to bare wood" DIP means "dipped" REP means "replacement" REM means "removed"
 REV means "reversed" CAP means "capped (i.e. baseboard)" PRE means "prepared for encapsulation" DIP means "dipped"
 MI means "made Intact" ENC means "encapsulated" COV means "covered"

SCALES (Scores of 0 or 1 Pass. Score of 2 Fail):

Surface/Subsurface	0 = no paint/all paint Intact	1 = < 10% paint not intact	2 = > 10% paint not intact
Substrate	0 = Intact	1 = < 10% needs repair	2 = > 10% needs repair
Initial Tape Test	0 = no paint removed	1 = < 1/16" paint removed	2 = > 1/16" paint removed
X-cut Tape Test	0 = no paint removed	1 = < 1/16" paint removed	2 = > 1/16" paint removed

Inspector/Agency

PANTHER ENVIRONMENTAL, INC

969 WASHINGTON STREET
BRAintree, MA 02184
1-617-849-7313
1-800-332-5323

LEAD INSPECTION/SURFACE ASSESSMENT FORM

Pg ___ of ___

Registration # 3045

Address of Inspection:

Number 2 Street Apt. Number City Zip Code

Side	Location/ Surface	Lead	Surface/ Subsurface Condition	Substrate Condition	Initial Tape Test	X-cut Tape Test	Comments	Sult. for Encap.	Comp. Date	Comp. Method
	Upper Walls	0.1								
	Lower Walls	—								
	Chair Rail	—								
	Baseboard	0.0								
A	Door	1.5								
	Door Casing	0.0								
	Door Jamb	10.0								
B+C	Window Apron	N								
	Window Sill	N								
	Header/Stop	N								
	Win. Casing	N								
	Sash/Mullions	N								
	Ext. P.B/Sill	N								
	Ext. Side Sash	N								
	Up. Cabinets									
	Upper Cabinet Shelves									
	Low Cabinets	N								
	Low Cab Walls	N								
	Low Cab Shlva.	N								
	Shelves									
	Closet Walls									
	Clst Door Int.									
	Closet Casing									
	Closet Jamb									
	Clst. Basebrds.									
	Closet Shelves									
	Floor	COV								
	Ceiling	I								

Pb more than 1.2 mg/cm² with x-ray fluorescence or positive with Na₂S is ILLEGAL.

REMARKS:

INSPECTOR Signature _____

Date 9-30-98

KEY:

SCR means "scraping to bare wood"
REV means "reversed"
MI means "made intact"

DIP means "dipped"
CAP means "capped (i.e. baseboard)"
ENC means "encapsulated"

REP means "replacement"
PRE means "prepared for encapsulation"
COV means "covered"

REM means "removed"
DIP means "dipped"

SCALES (Scores of 0 or 1 Pass, Score of 2 Fail):

Surface/Subsurface
Substrate
Initial Tape Test
X-cut Tape Test

0 = no paint/all paint intact
0 = Intact
0 = no paint removed
0 = no paint removed

1 = < 10% paint not intact
1 = < 10% needs repair
1 = < 1/16" paint removed
1 = < 1/16" paint removed

2 = > 10% paint not intact
2 = > 10% needs repair
2 = > 1/16" paint removed
2 = > 1/16" paint removed

Inspector/Agency

PANTHER ENVIRONMENTAL, INC

969 WASHINGTON STREET
BRAintree, MA 02184
1-617-849-7313
1-800-332-5323

LEAD INSPECTION/SURFACE ASSESSMENT FORM

Pg ___ of ___

Registration # 3045

Address of inspection:

Number Street Apt. Number City Zip Code

HALL ①

Side	Location/ Surface	Lead	Surface/ Subsurface Condition	Substrate Condition	Initial Tape Test	X-cut Tape Test	Comments	Suit. for Encap.	Comp. Date	Comp. Method
	Upper Walls	10.0								
	Lower Walls	—								
	Chair Rail	—								
	Baseboard	10.0								
ALL	Door	POS								
	Door Casing	POS								
	Door Jamb	POS								
	Door									
	Door Casing									
	Door Jamb									
	Door									
	Door Casing									
	Door Jamb									
	Window Apron									
	Window Sill									
	Header/Stop									
	Win. Casing									
	Sash/Mullions									
	Ext. P.B/Sill									
	Ext. Side Sash									
B	Closet Door Int	10.0								
	Closet Walls	10.0								
	Closet Jamb	10.0								
	Closet Basebrds.	10.0								
	Closet Shelves	—								
	Closet Casing	10.0								
	Floor	N								
	Ceiling	I								

Pb more than 1.2 mg/cm² with x-ray fluorescence or positive with Na₂S is ILLEGAL.

REMARKS:

INSPECTOR Signature

Date

9-30-88

KEY:

SCR means "scraping to bare wood" DIP means "dipped" REP means "replacement" REM means "removed"
 REV means "reversed" CAP means "capped (i.e. baseboard)" PRE means "prepared for encapsulation" DIP means "dipped"
 MI means "made intact" ENC means "encapsulated" COV means "covered"

SCALES (Scores of 0 or 1 Pass, Score of 2 Fail):

Surface/Subsurface	0 = no paint/all paint intact	1 = < 10% paint not intact	2 = > 10% paint not intact
Substrate	0 = intact	1 = < 10% needs repair	2 = > 10% needs repair
Initial Tape Test	0 = no paint removed	1 = < 1/16" paint removed	2 = > 1/16" paint removed
X-cut Tape Test	0 = no paint removed	1 = < 1/16" paint removed	2 = > 1/16" paint removed

Inspector/Agency

PANTHER ENVIRONMENTAL, INC

969 WASHINGTON STREET
BRAINTREE, MA 02184
1-617-849-7313
1-800-332-5323

LEAD INSPECTION/SURFACE ASSESSMENT FORM

Pg ___ of ___

Registration # 3045

Address of inspection:

Number Street Apt. Number City Zip Code
HALL (2)

Side	Location/ Surface	Lead	Surface/ Subsurface Condition	Substrate Condition	Initial Tape Test	X-cut Tape Test	Comments	Sult. for Encap.	Comp. Date	Comp. Method
	Upper Walls	10.0								
	Lower Walls	—								
	Chair Rail	—								
	Baseboard	10.0								
ALL	Door	10.0								
	Door Casing	10.0								
	Door Jamb									
	Door									
	Door Casing									
	Door Jamb									
	Door									
	Door Casing									
	Door Jamb									
	Window Apron									
	Window Sill									
	Header/Stop									
	Win. Casing									
	Sash/Mullions									
	Ext. P.B/Sill									
	Ext. Side Sash									
	Closet Door Int									
	Closet Walls									
	Closet Jamb									
	Clst. Basebrds.									
	Closet Shelves									
	Clst Casing									
	Floor	N								
	Ceiling	I								

Pb more than 1.2 mg/cm² with x-ray fluorescence or positive with Na₂S is ILLEGAL.

REMARKS:

INSPECTOR Signature

Date

9-30-95

KEY:

SCR means "scraping to bare wood" DIP means "dipped"
REV means "reversed" CAP means "capped (i.e. baseboard)"
MI means "made intact" ENC means "encapsulated"

REP means "replacement"
PRE means "prepared for encapsulation"
COV means "covered"

REM means "removed"
DIP means "dipped"

SCALES (Scores of 0 or 1 Pass. Score of 2 Fail):

Surface/Subsurface	0 = no paint/all paint intact	1 = < 10% paint not intact	2 = > 10% paint not intact
Substrate	0 = intact	1 = < 10% needs repair	2 = > 10% needs repair
Initial Tape Test	0 = no paint removed	1 = < 1/16" paint removed	2 = > 1/16" paint removed
X-cut Tape Test	0 = no paint removed	1 = < 1/16" paint removed	2 = > 1/16" paint removed

Inspector/Agency

PANTHER ENVIRONMENTAL, INC

969 WASHINGTON STREET
 BRAINTREE, MA 02184
 1-617-849-7313
 1-800-332-5323

LEAD INSPECTION/SURFACE ASSESSMENT FORM

Pg ____ of ____

Registration # 3075

Address of Inspection: ?

Number Street Apt. Number City Zip Code
 STAIRCASE 1ST TO 2ND FLOOR

Side	Location/ Surface	Lead	Surface/ Subsurface Condition	Substrate Condition	Initial Tape Test	X-cut Tape Test	Comments	Sult. for Encap.	Comp. Date	Comp. Method
	Upper Walls	10.0								
	Lower Walls	///								
	Wall Casing	///								
	Chair Rail	///								
	Treads	N								
	Risers	10.0								
	Railing Cap	N								
	Handrails	N								
	Balusters	10.0								
	Newel Posts	10.0								
	Stringer	10.0								
	Baseboards	10.0								
Bx2	Window Apron	10.0								
	Window Sill	10.0								
	Header/Stop	P								
	Win. Casing	P								
	Sash/Mullions	P								
	Ext. P.B/Sill	FIXED								
	Ext. Side Sash	FIXED								
	Door									
	Door Casing									
	Door Jamb									
	Door									
	Door Casing									
	Door Jamb									
	Ceiling	I								

Pb more than 1.2 mg/cm² with x-ray fluorescence or positive with Na₂S is ILLEGAL.

REMARKS:

INSPECTOR Signature _____

Date 9-30-95

KEY:

SCR means "scraping to bare wood" DIP means "dipped" REP means "replacement" REM means "removed"
 REV means "reversed" CAP means "capped (i.e. baseboard)" PRE means "prepared for encapsulation" DIP means "dipped"
 MI means "made intact" ENC means "encapsulated" COV means "covered"

SCALES (Scores of 0 or 1 Pass, Score of 2 Fail):

Surface/Subsurface	0 = no paint/all paint intact	1 = < 10% paint not intact	2 = > 10% paint not intact
Substrate	0 = intact	1 = < 10% needs repair	2 = > 10% needs repair
Initial Tape Test	0 = no paint removed	1 = < 1/16" paint removed	2 = > 1/16" paint removed
X-cut Tape Test	0 = no paint removed	1 = < 1/16" paint removed	2 = > 1/16" paint removed

Inspector/Agency

PANTHER ENVIRONMENTAL, INC
 969 WASHINGTON STREET
 BRAINTREE, MA 02184
 1-617-849-7313
 1-800-332-5323

LEAD INSPECTION/SURFACE ASSESSMENT FORM

Pg ___ of ___

Registration # 3045

Address of inspection:

Number Street Apt. Number City Zip Code

PORCH A SIDE

Side	Location/ Surface	Lead	Surface/ Subsurface Condition	Substrate Condition	Initial Tape Test	X-cut Tape Test	Comments	Suit. for Encap.	Comp. Date	Comp. Method
	Siding	10.0								
<u>C</u>	Door	10.0								
	Door Casing	10.0								
	Door Jamb	10.0								
	Threshold	10.0								
	Door									
	Door Casing									
	Door Jamb									
	Threshold									
<u>C</u>	Window Sill	10.0								
<u>X3</u>	Window Casing	10.0								
	Sash/Mullions	<u>N</u>	<u>LEFT + RIGHT</u>				<u>POS</u>			
	Window Sill									
	Window Casing									
	Sash/Mullions									
	Window Sill									
	Window Casing									
	Sash/Mullions									
	Window Sill									
	Window Casing									
	Sash/Mullions									
	Railing Caps	<u>POS</u>								
	Lower Walls	<u>—</u>								
	Baulsters	<u>POS</u>								
	Lower Railings	<u>POS</u>								
	Support Columns (#)	<u>3</u>	<u>POS</u>							
	Ceiling	<u>LOOSE</u>								
	Joists									
	Upper Trim									
	Floor	<u>1.8</u>	<u>GREY</u>							
	Treads	<u>N</u>								
	Risers	<u>N</u>								
	Handrails									
	Lattice									
	Lower Trim	<u>POS</u>								

Pb more than 1.2 mg/cm² with x-ray fluorescence or positive with Na₂S is ILLEGAL.

REMARKS:

INSPECTOR Signature

[Signature]

Date

9-30-97

Inspector/Agency

PANTHER ENVIRONMENTAL, INC

969 WASHINGTON STREET
 BRAINTREE, MA 02184
 1-617-849-7313
 1-800-332-5323

LEAD INSPECTION/SURFACE ASSESSMENT FORM

Pg ____ of ____

Registration # 3075

Address of Inspection:

Number Street Apt. Number City Zip Code

Part: EXTERIOR

Side	Location/ Surface	Lead	Surface/ Subsurface Condition	Substrate Condition	Initial Tape Test	X-cut Tape Test	Comments	Suit. for Encap.	Comp. Date	Comp. Method
	Siding									
<u>CX3</u>	Door	<u>N</u>								
	Door Casing	<u>N</u>								
	Door Jamb	<u>N</u>								
	Threshold	<u>N</u>								
	Door									
	Door Casing									
	Door Jamb									
	Threshold									
<u>DX3</u>	Window Sill	<u>POS</u>								
	Window Casing	<u>POS</u>								
	Sash/Mullions	<u>ABOVE 5'</u>								
	Window Sill									
	Window Casing									
	Sash/Mullions									
	Window Sill									
	Window Casing									
	Sash/Mullions									
	Window Sill									
	Window Casing									
	Sash/Mullions									
	Railing Caps									
	Lower Walls									
	Baulsters									
	Lower Railings									
	Support Columns (#)									
	Ceiling									
	Joists									
	Upper Trim	<u>I</u>								
	Floor									
	Treads									
	Risers									
	Handrails									
	Lattice									
	Lower Trim									
	<u>ALL BASEMENT WINDOWS</u>				<u>POS</u>					

Pb more than 1.2 mg/cm² with x-ray fluorescence or positive with Na₂S is ILLEGAL.

REMARKS: REAR GARAGE ALL PARTS POS

INSPECTOR Signature _____

Date 09-30-9

PROPERTY TRANSFER NOTIFICATION CERTIFICATION

This form is to be signed by the prospective purchaser before signing a purchase and sale agreement or a memorandum of agreement, or by the lessee-prospective purchaser before signing a lease with an option to purchase for residential property built before 1978, for compliance with federal and Massachusetts lead-based paint disclosure requirements.

Required Federal Lead Warning Statement:

Every purchaser of any interest in residential property on which a residential dwelling was built prior to 1978 is notified that such property may present exposure to lead from lead-based paint that may place young children at risk of developing lead poisoning. Lead poisoning in young children may produce permanent neurological damage, including learning disabilities, reduced intelligence quotient, behavioral problems and impaired memory. Lead poisoning also poses a particular risk to pregnant women. The seller of any interest in residential real property is required to provide the buyer with any information on lead-based paint hazards from risk assessments or inspections in the seller's possession and notify the buyer of any known lead-based paint hazards. A risk assessment or inspection for possible lead-based paint hazards is recommended prior to purchase.

Seller's Disclosure

(a) Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):

(i) Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).
Documented during 1995 home inspection.

(ii) Seller has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the seller (check (i) or (ii) below):

(i) Seller has provided the purchaser with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (circle documents below).

Lead Inspection Report; Risk Assessment Report; Letter of Interim Control; Letter of Compliance

(ii) Seller has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Purchaser's or Lessee Purchaser's Acknowledgment (initial)

(c) Purchaser or lessee purchaser has received copies of all documents circled above.

(d) Purchaser or lessee purchaser has received no documents.

(e) Purchaser or lessee purchaser has received the Property Transfer Lead Paint Notification.

(f) Purchaser or lessee purchaser has (check (i) or (ii) below):

(i) received a 10-day opportunity (or mutually agreed upon period) to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards; or

(ii) waived the opportunity to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards.

Agent's Acknowledgment (initial)

(g) PHC Agent has informed the seller of the seller's obligations under federal and state law for lead-based paint disclosure and notification, and is aware of his/her responsibility to ensure compliance.

(h) Agent has verbally informed purchaser or lessee-purchaser of the possible presence of dangerous levels of lead in paint, plaster, putty or other structural materials and his or her obligation to bring a property into compliance with the Massachusetts Lead Law — either through full deleading or interim control — if it was built before 1978 and a child under six years old resides or will reside in the property.

Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

SP. Man
 Seller

02/10/2010
 Date

X Laurie Graumann 2/10/2010
 Seller Date

[Signature]
 Purchaser
 Agent

2/10/10
 Date

[Signature]
 Purchaser Date
 Agent Date

Address of Property / Unit 10 Fairmount St Soitem



Single Family Seller's Statement

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: 10 Fairmount Street, Salem

Seller's Name: Donald & Laurie Graumann
Owner's Name: Donald & Laurie Graumann

If owned by realty trust, identify all trustees and beneficiaries:

Age of structure: 1897? Years Owned: 15 yrs Years Occupied by Seller: 15 yrs
Year-Round? X Yes No Seasonal Living? Yes X No
Type of Deed: Quitclaim Copy attached? Yes X No
If Registered Land, location of original Certificate of Title: Registry of Deeds, Salem, MA
Did Seller obtain title insurance policy when he/she/they purchased premises? X Yes No

If so, PLEASE ATTACH A COPY OF POLICY.

of Parcels: 1 Lot Size: 5,000 sq.ft. Plot Plan attached? Yes X No
If the deed refers to a recorded plan, do you have a copy? Yes No N/A

If so, PLEASE ATTACH A COPY OF THE PLAN.

Has Seller/Owner conveyed any portion of the property originally deeded to him/her/them? Yes X No

HAVE YOU EVER OR ARE YOU CURRENTLY EXPERIENCING ANY PROBLEMS WITH THE FOLLOWING? IF YES, DESCRIBE. (For additional space, use the Additional Comments Section)

1. BASEMENT: Any water: seepage cracks X dampness leaks damage etc.
If yes, explain See Note 1.

2. SUMP PUMP: Yes X No Permanent? Portable? Currently Operational? Yes No
Source of Power? Where located?

3. ROOFING: Age of: 17 Leaks Seepage X dampness or other water problems?
Explain: See Note 3.
Was part of roofing replaced? Yes X No Unknown N/A
If yes, which part:
Was entire roofing replaced? X Yes No Unknown N/A
When? 1993.

4. FIREPLACE: How many? 1 Working? Yes Location: Living Room

Property Address: 10 Fairmount Street, Salem

Buyer's Initials
Buyer's Initials

Seller's Initials DG
Seller's Initials lng

Single Family Seller's Statement

Non-working? _____ Location: _____
Date last cleaned: ?? / ?? / ?? Date last inspected: ___ / ___ / ___

5. CHIMNEY: How many? 1 Working? Yes Location: Living Room
Non-working: See Note 5 Location: Center of house
Date last cleaned: ?? / ?? / ?? Date last inspected: ___ / ___ / ___

6. WOOD/COAL BURNING STOVE: How many? 0 Working? _____
Location: _____ Date last cleaned: ___ / ___ / ___
Date last inspected: ___ / ___ / ___ When installed: ___ / ___ / ___
Permit received? ___ Yes ___ No ___ Unknown ___ N/A (if yes, ATTACH COPY)

7. ANY FIRE OR SMOKE DAMAGE? ___ Yes X No ___ Unknown ___ N/A
If yes, describe: _____

8. ANY EXTERIOR OR INTERIOR STRUCTURAL PROBLEMS? (for example, floors, ceilings, walls, or windows)
___ Yes X No ___ Unknown ___ N/A
If yes, describe: See Note 8.

9. ANY DAMPNES ANYWHERE? ___ Yes ___ No X Unknown ___ N/A
If yes, describe: See Note 1.

10. ANY VENTILATION PROBLEMS? ___ Yes X No ___ Unknown ___ N/A
If yes, describe: _____

11. INSULATION? X Yes ___ No ___ Unknown ___ N/A
If yes, describe: See Note 11.
Walls Type: See Note 11. Ceilings Type: See Note 11.
When installed: ___ / ___ / ?? By whom: UNKNOWN Removed? ___ Yes ___ No
By whom: _____ When? ___ / ___ / ___
Has air test for UFFI been done? ___ Yes X No ___ Unknown ___ N/A
Is there a copy of the report available? ___ Yes ___ No ___ Unknown ___ N/A

12. TERMITE OR OTHER INSECT INFESTATION? ___ Yes X No ___ Unknown ___ N/A
If yes, identify: _____
Type of treatment: _____
By whom? inspection by tiger in 1995. When? ___ / ___ / ___
Treatment contract in effect? ___ Yes ___ No ___ Unknown ___ N/A
When does treatment contract expire? ___ / ___ / ___
Is treatment contract transferable? ___ Yes ___ No ___ Unknown ___ N/A

13. LEAD PAINT?
Was house built prior to 1978? X Yes ___ No ___ Unknown ___ N/A
Have you ever had a lead paint inspection conducted X Yes ___ No ___ Unknown ___ N/A
If yes, by whom? Panther Environmental When? 09 / 30 / 05
Copy of report available? X Yes ___ No ___ Unknown ___ N/A

Property Address: 10 Fairmount Street, Salem
Buyer's Initials [Signature] Seller's Initials DG
Buyer's Initials _____ Seller's Initials lhq

Single Family Seller's Statement

Are you aware of the existence of any lead paint anywhere inside or outside? Yes No Unknown N/A If yes, location: See Panther report.

14. RADON?

Has the property been tested for radon? Yes No Unknown N/A
If yes, date: 08 / 16 / 1999 Copy of report available? Yes No Unknown N/A

15. ASBESTOS AND HAZARDOUS WASTE?

Is asbestos and/or asbestos containing insulation or materials present in exterior shingles, floor tiles, ceiling tiles, walls, cement, plaster products or otherwise present on the pipes or property?

Yes No Unknown N/A

If yes, describe:

Are you aware of any hazardous waste on this property? Yes No Unknown N/A

Are you aware of any hazardous waste site within one mile or near this property?

Yes No Unknown N/A

If yes to either question, explain

If you indicate a history of repairs, improvements, or problems with any of the following by checking yes, then please give dates of problems, or repairs and explain.

16. ELECTRICAL SERVICE: Service: Voltage 220 Circuit Breakers Fuses
Type of wiring: Copper Aluminum Knob and Tube Unknown
Any electrical permits or approvals by City/Town conducted during ownership Yes No
 Unknown N/A Improvements or Repairs? Yes No Unknown N/A
If yes, explain:

17. HEATING SYSTEM: Type of fuel: Gas If oil, size of tank: _____ gallons
Estimated annual fee of fuel consumption costs: \$3,000 /year
Includes domestic hot water fuel usage? Yes No Oven/stove usage? Yes No
 Underground In Basement Other Improvements and Repairs? Yes
 No Unknown If yes, explain:
Heating Company's Name: National Grid Heating Contractor's Name:
Any service in effect now? Yes No Unknown N/A
Is copy available? Yes No Unknown N/A
Any unheated finished rooms? Yes No Unknown N/A
Location: Attic is plumbed.
Any supplemental heating? Yes No Unknown N/A
If yes, what kind?
Any change in type of fuel used during your ownership? Yes No Unknown N/A
Has heating system been converted from oil to: Gas Wood/Coal Electric Other
If yes, has oil tank been removed or capped? Yes No Unknown N/A
Is there an underground oil storage tank present on the property? Yes No
 Unknown N/A If yes, give location:
Has it been tested for leaks and/or ground contamination? Yes No Unknown N/A
If yes, by whom: _____ When? ____ / ____ / ____

Property Address: 10 Fairmount Street, Salem

Buyer's Initials _____

Buyer's Initials _____

Seller's Initials DG

Seller's Initials lhq

Single Family Seller's Statement

If not in use, has the Fire Department been notified? ___ Yes ___ No ___ Unknown ___ N/A
To Seller's knowledge, has any underground tank ever existed on the property? X Yes ___ No
___ Unknown ___ N/A What kind? Gasoline. Discovered and removed before closing.

Oil
18. AIR CONDITIONING SYSTEM: Type: ___ Central X Window (3) Other Improvements
and Repairs and Problems? ___ Yes X No ___ Unknown ___ N/A If yes,
explain: _____

19. PLUMBING SYSTEM: ___ Plumbing leaks ___ Freezing ___ Seepage ___ Back-up ___ Other
Improvements and Repairs? ___ Yes X No ___ Unknown ___ N/A
If yes, explain: _____
Any plumbing permits or approvals obtained from City/Town during ownership? ___ Yes X No
___ Unknown ___ N/A Bathroom Ventilation Problems? ___ Yes ___ No ___ Unknown
___ N/A If yes, explain: _____

20. SEWAGE SYSTEM: ___ Private X Public ___ Both ___ Unknown
If private, type of system: ___ Septic ___ Cesspool Size of tank: _____
Location of system: _____ When installed: ___/___/___
When last pumped: ___/___/___ Improvements, Repairs or Problems? ___
Yes ___ No ___ Unknown ___ N/A If yes, explain: _____
Any current or outstanding water or sewage betterments existing in process or planned?
___ Yes ___ No ___ Unknown ___ N/A If yes, give dollar amount and specify:
\$ _____

21. WATER SYSTEM: Improvements and Repairs? ___ Yes X No ___ Unknown ___ N/A
If yes, explain: _____

22. DRINKING WATER SOURCE:
___ Private X Public If private: ___ Dug Well ___ Artesian ___ Drilled Well
Location: _____ Tested: quality _____ quantity _____
Date last tested: ___/___/___
Is inspection certificate available? ___ Yes ___ No ___ Unknown ___ N/A (If yes, attach copy)
Has a back flow device been installed (MA.CMR 222)? ___ Yes ___ No ___ Unknown ___ N/A
Improvements, Repairs or Problems currently experienced, known or believed by Seller to exist?
___ Yes ___ No ___ Unknown ___ N/A
If yes, explain: _____

23. DOMESTIC HOT WATER
Type: X Gas ___ Electric ___ Oil Capacity of tank: 45 gal Age, if known: 2008
X Free Standing ___ Off furnace ___ Tankless
Last tested: When? ___/___/___ Results: _____
If rented, what are the monthly costs: \$ _____
Improvements and/or Repairs? ___ Yes X No ___ Unknown ___ N/A
If yes, explain: _____

24. APPLIANCES:
Which appliances stay with the house? Stove, Dishwasher, Fridge, 3 X Window A/C
Any problems? ___ Yes X No ___ Unknown ___ N/A

Property Address: 10 Fairmount Street, Salem

Buyer's Initials _____ Seller's Initials DG
Buyer's Initials _____ Seller's Initials lhq

Single Family Seller's Statement

Which appliances do not stay with the house? Washer, Dryer, Basement Fridge

25. TAXES: \$ 4.532 for fiscal year ending 2010 Tax rate \$ 14.01 Assessed value \$ 323,500
Any re-evaluation of taxes in process or expected? ___ Yes ___ No X Unknown ___ N/A
If yes, when? ___/___/___ Any abatements granted? ___ Yes ___ No ___ Unknown ___ N/A
If so, when? ___/___/___ How much? \$ _____

26. EASEMENTS: Any recorded or unrecorded easements, restrictions, covenants, encroachments, agreements, or rights of way on or affecting the property? ___ Yes ___ No X Unknown ___ N/A
If yes, explain: _____

27. BETTERMENTS:

Are street, sidewalk, water or sewerage betterments in process or planned? ___ Yes ___ No X Unknown ___ N/A
Any street, sidewalk, water, or sewerage betterment charges outstanding? ___ Yes ___ No ___ Unknown ___ N/A
Amount \$ _____ (Seller must pay off prior to closing)

28. MORTGAGES/LIENS:

List all mortgages, (including Home Equity Loans), mechanic's liens (repair or construction work), estate tax liens and other encumbrances affecting the property and the outstanding amount of each.
Primary Mortgage (Salem 3, 00,000)

29. BANKRUPTCY:

Are you involved in any current litigation/bankruptcy which may involve your property, your right to full and complete enjoyment, use or the right to convey free and clear of any liens or claims of others? ___ Yes X No ___ Unknown ___ N/A
If yes, explain: _____

30. AGREEMENTS: List all oral or written agreements or contracts affecting the property that would bind Buyer or the property: _____

31. ROADS AND SIDEWALKS ABUTTING PROPERTY: X Public ___ Private

Explain: _____
Town/City approved roads? Sidewalks? X Yes ___ No ___ Unknown ___ N/A

Explain: _____
Town/City plowed roads? X Yes ___ No ___ Unknown ___ N/A

Explain: _____

32. TRASH PICK-UP: ___ Private X Public Fee: \$ Real Estate Taxes

33. FENCES: Are fences surrounding the property owned by you? X Yes ___ No ___ Unknown ___ N/A
If no, explain: _____

Are fences within property boundaries? X Yes ___ No ___ Unknown ___ N/A
If no, explain: _____

Property Address: 10 Fairmount Street, Salem

Buyer's Initials _____
Buyer's Initials _____

Seller's Initials DG
Seller's Initials lhq

Single Family Seller's Statement

34. DRIVEWAY:

Is the driveway serving the property solely owned by you? Yes ___ No ___ Unknown ___ N/A
If the driveway is shared with others, is there a written agreement concerning use of and sharing of maintenance expenses? ___ Yes ___ No ___ Unknown ___ N/A (If yes, attach copy)
Is driveway completely within property boundaries? Yes ___ No ___ Unknown ___ N/A
If no, explain: _____

35. GARAGE: (Carriage house)

Do garage doors work properly? Yes ___ No ___ Are there electric garage door openers? ___ Yes No ___ If so, do they work properly? ___ Yes ___ No

36. BOUNDARY, POSSESSION, OR OTHER DISPUTES:

Are there any pending or threatened legal proceedings against or involving the property of your right to ownership, use or possession of any part of the property? ___ Yes No ___ Unknown ___ N/A
If yes, explain: _____
Has anyone suggested or asserted, or does anyone have the right to assert, any claim against ownership, use, possession or enjoyment of any part of the property? ___ Yes No ___ Unknown ___ N/A
If yes, explain: _____
Are all structures, shrubs, driveways within the boundaries of the property as described in the deed? Yes ___ No ___ Unknown ___ N/A If no, explain: _____

37. ZONING:

Is the current use a permitted use under the current zoning regulations? Yes ___ No ___ Unknown ___ N/A Classification: R2 If no, explain: _____
Is the current use non-conforming in any way? ___ Yes ___ No Unknown ___ N/A
Does the structure meet the current setback and sideline requirements? Yes ___ No ___ Unknown ___ N/A If no, did it conform with setback requirements when built? Yes ___ No ___ Unknown ___ N/A
Have you applied for, been granted or denied any permit or variance on this property? ___ Yes No ___ Unknown ___ N/A Explain: _____
Have you ever received any notices of zoning violations? ___ Yes No ___ Unknown ___ N/A Explain: _____

38. BUILDING PERMITS:

Has there been an improvement or repair to the property during the current ownership exceeding \$1,000 in cost? Yes ___ No ___ Unknown ___ N/A If so, list: See Note 38.
Were permits obtained? Yes ___ No ___ Unknown ___ N/A
Are you aware of any building code or sanitary code violations? ___ Yes No ___ Unknown ___ N/A
If yes, explain: _____

39. SOIL REPORTS:

Are percolation, hazardous waste, etc. reports available for inspection by the Buyer? ___ Yes ___ No Unknown ___ N/A
IF SO, ATTACH APPLICABLE COPIES and list type of report and date here: _____

Property Address: 10 Fairmount Street, Salem

Buyer's Initials _____ Seller's Initials DG
Buyer's Initials _____ Seller's Initials Ing

Single Family Seller's Statement

40. FLOOD PLAIN: Is the property or any part of the property within a Flood Plain?
 Yes No Unknown N/A Are you required to carry Flood Plain Insurance? Yes No
 Unknown N/A

41. STANDING WATER:
Is there any standing water on the property? Yes No Unknown N/A

42. WETLANDS:
Is the property or any part of the property within Wetlands? Yes No Unknown N/A
If yes, explain: _____

Is the property subject to a Conservation Commission Order of Conditions?
 Yes No Unknown N/A (If so, attach copy)

43. POOLS & EQUIPMENT: Type of swimming pool: _____
Have you ever experienced any problems? Yes No Unknown N/A
If yes, explain: _____
Maintenance History: _____
Was a permit obtained for the pool? Yes No Unknown N/A

44. SMOKE DETECTOR: Yes No Portable Hard-Wired

NOTE: Seller is required to provide a certificate prior to closing.
NOTE: Seller is required to provide a certificate prior to closing.

45. RENTAL INFORMATION:
a. Is property subject to rent control, regulation or review? Yes No Unknown N/A
b. If no, reason: Exempt Decontrolled Other
Explain: _____
c. If yes, list maximum rents: _____
d. Are there written leases in effect? Yes No Unknown N/A
e. If rented, lease periods/tenancy at will _____
rents \$ _____/month _____

ATTACH ANY LEASES, RENTAL AGREEMENTS, TENANT CORRESPONDENCE, STATEMENTS OF CONDITION, ETC.

f. If rented, owner is holding:
i. last month's rent: Amount \$ _____
ii. security deposit in escrow: Amount \$ _____
g. If rented, has interest been paid on last month's deposit? Date: ___/___/___ Amount: _____

46. OTHER MATERIAL INFORMATION:
Is Seller aware of any other information concerning any part of the property which might affect the decision of a Buyer to buy or affect the value of the property or its use by a Buyer?
 Yes No Unknown N/A

Property Address: 10 Fairmount Street, Salem

Buyer's Initials _____ Seller's Initials DG
Buyer's Initials _____ Seller's Initials lhq

Single Family Seller's Statement

Explain: _____
Are you aware of any town plans that would affect the property?
Yes No _____ Unknown _____ N/A

ADDITIONAL COMMENTS SECTION (If additional space is needed attach sheet)

Seller(s) hereby acknowledge that the information set forth above is true and accurate to the best of my (our) knowledge. I (we) further agree to defend and indemnify the broker(s) and any subagents for disclosure of any of the information contained herein. Seller(s) further acknowledge receipt of copy of Single Family Seller's Statement of Property Condition.

Date 02/10/10 Seller D. M. E. Seller Laurie H. Graumann

Buyer/Prospective Buyer(s) acknowledge receipt of Single Family Seller's Statement of Property Condition before purchase. Buyer(s) acknowledges that Broker has not verified the information herein and Buyer(s) has been advised to verify information independently.

Date _____ Buyer _____ Buyer _____

Property Address: 10 Fairmount Street, Salem

Buyer's Initials _____
Buyer's Initials _____

Seller's Initials lhg
Seller's Initials DB

Seller's Statement Notes - 10 Fairmount Street, Salem, MA - Graumann

1 - A little water in one corner of basement. Once since 1995/11...the "Mothers Day" storm.

3 - Asphalt Shingles. Infrequent ice damming in-between front peaks. Some moisture in front bedroom, front upper left corner. Corrected when new gutters installed. Roof was 2 years old per previous Seller's Statement.

5 - Chimney is due to be swept. There is the remains of a bird's nest near the top. Will sweep or reimburse for sweeping before any turnover. Chimney used in winter 2009.

8 - Wood cover between the master bedroom and the 2nd bedroom was in place when the house was purchased in 1995.

11 - Batt insulation in attic, kitchen, and baths. Blown in elsewhere. Per seller's statement from 1995.

14 - Radon mitigated to below action levels in 1999.

38 - Improvements exceeding \$1,000:

- Exterior shingles
- Exterior staining
- New Gutters
- Carriage House Roof
- Carriage House Recondition and Paint
- Radon Mitigation (Sub-slab Depressurization)
- Refinished Lead Glass Windows

Inclusion/Exclusion Sheet for: 10 Fairmount St., Salem

ITEM	INCLUDED	EXCLUDED	N/A
REFRIGERATOR	✓		
RANGE (STOVE)	✓		
MICROWAVE			
DISHWASHER	✓		
COMPACTOR			
AIR CONDITIONER (PORTABLE/WNDW)	✓ (3)		
WASHER			
DRYER			
DINING RM LIGHT	✓		
OTHER LIGHT FIXTURES			
DRAPES WNDW TREATMENTS	✓		
FIREPLACE SCREEN & EQUIPMENT	✓		
SWINGSET			
SHED			
PLAY STRUCTURE			
PLANTS/WINDOW BOXES			
STEREO SPEAKERS			
CENTRAL VACUUM ATTACHMENTS			
POOL EQUIPMENT			
OTHER			

SELLER Laurie Graumann DATE 2/11/10
 SELLER _____ DATE _____
 BUYER _____ DATE _____
 BUYER _____ DATE _____

Note: Real Estate law stipulates that anything that is attached to the house must remain with the property unless excluded. E.g. Curtains on tension rods are not permanently attached.