

**PROPERTY ADDRESS: 243 Main Street, West Newbury, MA 01985**

ITEM	INCLUDED	EXCLUDED	NEGOTIABLE	NONE	NOTES
A/C Central				X	
A/C Individual				X	
Air Filter				X	
Area Rugs				X	
Attic Vent Fan				X	
Basketball Hoop				X	
Ceiling Fan				X	
Central Vacuum	X				
Chandelier	X				
Cupola/Weathervane				X	
Curtains & Drapes	X				
Dishwasher	X				
Dog Fence - Underground	X				
Dog Fence - Control Unit	X				
Electric Garage Door				X	
Fence	X				
Fire Alarm	X				
Fireplace Screens		X			
Freezer - Standalone				X	
Garbage Disposal	X				
Ice Maker	X				
Lighting Fixtures	X				
Mailbox	X				
Mantel	X				
Microwave	X				
Mirrors	X				
Outside Lights	X				
Refrigerator	X				
Sauna				X	
Security System	X				
Shelves / Brackets	X				
Stereo Equipment		X			
Storage Shed	X				
Stove	X				Propane Gas
Stove Hood	X				
Sump Pump	X				
Swimming Pool				X	
Swing Set	X				
Trash Compactor	X				
TV Antenna				X	
Vent Fan	X				
Wall to Wall Carpet				X	
Washer/Dryer		X			
Water Filter				X	
Water Softener				X	
Whirlpool / Jacuzzi	X				
Window Blinds	X				
Window Screens	X				
Window Shades	X				
Wood Stove				X	

**All negotiable items, unless referenced, shall be excluded from the Sale.**

Buyer Initial(s): \_\_\_\_\_

Seller Initial(s): \_\_\_\_\_

## *The Historic c. 1846 Newell Farm Manor*

The Newell Farm Manor is significant as a fine Greek Revival/Federal Style Home. In 1978, the Newell Farm was listed in the National Register of Historic Places.

The Historic Newell Farm Manor is situated on a gentle rise, set back about 200 feet from the street, amid landscaped grounds and mature shade trees. The old carriage drive circling the front of the residence still can be seen. It was built partly of materials from buildings demolished in 1845 to make room for an addition to the Massachusetts State House. Colonel Moses Newell transported loads of butchered meat from his farm to Charlestown Navy Yard. Returning by way of Beacon Hill, building materials were brought back, including windowsills, folding shutters, soapstone mantels and fine woodwork.

The main portion is a five-bay, brick 2 ½ story home with a center entrance. The ridge roof has gable ends, four interior end chimneys and a Greek Revival entablature, above which is a four course frieze and a two course cornice. A narrower, two-story extension extends to the rear, two bays deep with a doorway in the westernmost bay.

The interior contains over fourteen plus rooms, including four on the third floor, plus main halls running east west and side halls north south on both floors. The windows in the main section have interior shutters with six or eight panels and with hinges made by J. Clark & Son, a long-standing English firm. There are ten fireplaces, which vary in style and materials, from marble, to wood and soapstone, or brick.

The kitchen is a magnificent state of the arts gourmet English kitchen. Recent renovations consist of enlarging the kitchen to include the old carriage room and the addition of a new entranceway, which consist of ornate moldings, a copper roof and landscaping. New features include a fireplace with ornate English tiles, French doors, imported French floor tiles/antique wood flooring, exposed brick, brick arch, period lighting, tin and copper ceiling panels with exposed wooden beams, radiant heat and custom arch windows. The cabinets are “Smallbone” reproductions that were custom made by David Leblanc in West Newbury. The English cabinets consist of a plate and wine rack, China cabinet, book case, pantry cabinet, vegetable baskets and island cabinetry with a slate sink. The counter tops consist of Russian granite. The sink is made of slate. Appliances include an English AGA stove, stainless Sub Zero refrigerator, Bosch dishwasher, Viking wine refrigerator and stainless steel trash compactor and microwave.

Ideal for the Professional / In Home Office Space or an Au Pair Suite. Access to Routes 95 & 495, the Commuter Rail, Boston and 3 Major Airports.

**EXCLUSIVE BROKER: MARK R. DICKINSON**

RE/MAX On the River  
50 Water Street  
Newburyport, MA 01950  
Telephone: (978)499-8808

**SINGLE FAMILY  
SELLER'S STATEMENT ON PROPERTY CONDITION**

**Property Address: 243 Main Street, West Newbury, MA 01985**

**NOTICE TO BUYERS AND SELLERS – PLEASE READ**

- 1. The information contained in this statement has been completed by the Seller to the best of his/her/their/its personal knowledge, information and belief. The Seller understands that a copy of this statement will be furnished to any prospective Buyer of the property. The Broker/Realtor has not prepared or provided any of the information contained herein.**
- 2. All information in this statement is subject to verification by the Buyer. The Broker/Realtor is not responsible for the accuracy of any of such information.**
- 3. Neither Seller nor Broker/Realtor has made any representations, warranty or guarantee as to the condition of the property or the information contained herein.**
- 4. Buyer has been advised to obtain independent counsel and/or professional advisors to verify the condition of the property and investigate all matters related to the property, including, without limitation, the information contained in the statement.**
- 5. Neither Seller nor Broker/Realtor is an expert on any of the matters described in this statement nor have they made any independent investigation of said matters.**
- 6. IF APPLICABLE (estates and bank OREO): Seller has never occupied the property and has acquired the property either through foreclosure, by deed in lieu of foreclosure, or as a result of the death of the former Owner(s) of the property. Seller has had the property inspected. A copy of said inspection report is available for review by Buyer but only with the understanding and agreement that: neither Seller nor Broker/Realtor is responsible for the accuracy of the information contained in said report; that neither Seller nor Broker/Realtor is making any representation or warranty about the information contained in said report; and that Buyer will not rely on the information contained in said report in deciding whether to purchase the premises.**

Buyers Initials:

Sellers Initials:

Property Owner's Name: William & Daphne Papp

Age of Structure: 1846 Years Owned: 13

Years occupied by the Owner: 13

Number of current residents: 6 If vacant, date of last occupancy: \_\_\_/\_\_\_/\_\_\_

Year-Round? YES Seasonal Living? \_\_\_\_\_

Number of bedrooms: 6

Type of Deed \_\_\_\_\_ Copy attached?  Yes  No

If Registered Land, location of original Certificate of Title: \_\_\_\_\_

Did Seller obtain a title insurance policy when he/she/they purchased the premises?

Yes  No

**IF SO, PLEASE ATTACH A COPY OF THE PLAN.**

# of Parcels: \_\_\_\_\_ Lot Size: \_\_\_\_\_ sq.ft. Plot Plan attached?  Yes  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/they?

Yes  No

**HAVE YOU EVER OR ARE YOU CURRENTLY EXPERIENCING ANY PROBLEMS WITH THE FOLLOWING?**

**IF YES, DESCRIBE. (For additional space use the Additional Comments Sections)**

1. **BASEMENT:** Any  water  seepage  cracks  dampness  leaks  damage  etc.? If yes, explain \_\_\_\_\_

2. **SUMP PUMP:**  Yes  No  Permanent?  Portable?  Currently operational?  Yes  No Source of Power? \_\_\_\_\_ Where located? \_\_\_\_\_

3. **ROOFING:** Age of Shingles: 10  Leaks  seepage  dampness  or other water problems?

Explain: \_\_\_\_\_

Was part of roofing replaced?  Yes  No  Unknown  N.A.

Which part? \_\_\_\_\_ When? \_\_\_\_\_

Was *entire* roofing replaced?  Yes  No  Unknown  N.A.

When? 1997 - Architectural Shingles

4. **FIREPLACE:** How many? 10 Working? YES

Location: Kitchen, Dining Room, Living Room, Ballroom, Library & Bedrooms

Non-working? \_\_\_\_\_ Location: \_\_\_\_\_

Date last cleaned: \_\_\_/\_\_\_/2004 Date last inspected: \_\_\_/\_\_\_/\_\_\_

5. **CHIMNEY:** How many? 5 Working? YES

Location: Main House (4) - Wing (1)

Non-working? \_\_\_\_\_ Location: \_\_\_\_\_

Date last cleaned: \_\_\_/\_\_\_/\_\_\_ Date last inspected: \_\_\_/\_\_\_/\_\_\_

6. **WOOD/COAL BURNING STOVE:** How many? \_\_\_\_\_ 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  No  Unknown  N.A.

If yes, describe: \_\_\_\_\_

8. **ANY EXTERIOR OR INTERIOR STRUCTURAL PROBLEMS?**

Buyers Initials: \_\_\_\_\_

Sellers Initials: W P P D P P

(for example, floors, ceilings, walls, windows)  Yes  No  Unknown  N.A.  
 If yes, describe: \_\_\_\_\_

9. ANY DAMPNES ANYWHERE?  Yes  No  Unknown  N.A.  
 If yes, describe: \_\_\_\_\_

10. ANY VENTILATION PROBLEMS?  Yes  No  Unknown  N.A.  
 If yes, describe: \_\_\_\_\_

11. INSULATION?  Yes  No  Unknown  N.A.  
 If yes, describe: Basement  
 Walls type: \_\_\_\_\_ Ceiling type: \_\_\_\_\_  
 When installed: \_\_\_/\_\_\_/\_\_\_ By whom? \_\_\_\_\_ When? \_\_\_/\_\_\_/\_\_\_  
 Room Location: \_\_\_\_\_  
 Is there now, or has there ever been Urea Formaldehyde Foam-in-place Insulation (UFFI)  
 Installed?  Yes  No If yes, when? \_\_\_/\_\_\_/\_\_\_ By whom? \_\_\_\_\_  
 Removed?  Yes  No By whom? \_\_\_\_\_ When? \_\_\_/\_\_\_/\_\_\_ Has air test  
 for UFFI been done?  Yes  No  Unknown  N.A.  
 Is there a report available?  Yes  No  Unknown  N.A.

12. TERMITE OR OTHER INSECT INFESTATION?  
 If yes, identify N/A  
 Type of treatment: \_\_\_\_\_  
 By whom: \_\_\_\_\_ 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 the house built prior to 1978?  Yes  No  Unknown  N.A.  
 Have you ever had a lead paint inspection conducted?  
 Yes  No  Unknown  N.A.  
 If yes, by whom? \_\_\_\_\_ When? \_\_\_/\_\_\_/\_\_\_  
 Copy of report available?  Yes  No  Unknown  N.A.  
 Are you aware of the existence of any lead paint anywhere inside or outside?  
 Yes  No  Unknown  N.A.  
 If yes, location: \_\_\_\_\_

14. RADON:  
 Has the property been tested for radon?  Yes  No  Unknown  N.A.  
 If yes, date: \_\_\_/\_\_\_/\_\_\_ 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: \_\_\_\_\_

Buyers Initials:

Sellers Initials:

DFP  
WSP

If you indicated a history of any 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: Amps 20  Circuit breakers  Fuses  
Type of wiring:  Copper  Aluminum  Knob and Tube  
Any electrical permits or approvals by City/Town conducted during ownership?  
 Yes  No  Unknown  N.A.  
Improvements and Repairs?  
 Yes  No  Unknown  N.A.

17. **HEATING SYSTEM:** Type of fuel: oil If oil, size of tank: 330 gals.  
Estimated annual fuel / oil consumption / Gallons: 2,000 / year **Includes hot water**  
Estimated annual fuel / gas consumption / Dollars: \_\_\_\_\_ / year  
Includes domestic hot water fuel usage?  Yes  No  
Oven/stove usage?  Yes  No  
 Underground  In Basement  Other  
Improvements and repairs?  Yes  No  Unknown  N.A.  
If yes, explain: \_\_\_\_\_

Age of heating system: 13 years  
Heating Company's name: Townsend Oil  
Heating Contractor's name: \_\_\_\_\_  
Any service contract 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: \_\_\_\_\_  
Any supplemental heating?  Yes  No  Unknown  N.A.  
If yes, what kind? \_\_\_\_\_  
Any change in type of fuel used during 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? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
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?  
 Yes  No  Unknown  N.A.

18. **AIR CONDITIONING SYSTEM:** Type:  Central  Window  Other  
Improvements and Repairs or Problems?  Yes  No  Unknown  N.A.  
If yes, explain: \_\_\_\_\_

19. **PLUMBING SYSTEM:**  Plumbing leaks  Freezing  Seepage  Back-up  
Improvements and Repairs?  Yes  No  Unknown  N.A.  
If yes, explain: New Plumbing Fixtures & System  
Any plumbing permits or approvals obtained from City/Town during ownership?  
 Yes  No  Unknown  N.A.  
Bathroom ventilation problems?  Yes  No  Unknown  N.A.  
If yes, explain: \_\_\_\_\_

20. **SEWAGE SYSTEM:** If there is a private sewer system on the premises, the buyer should consult a qualified professional regarding its condition and compliance with applicable laws.

Buyers Initials:

Sellers Initials:

DFP  
WPA

Type:  Private  Public  Both  Unknown  
 If private, type of system:  Septic  Cesspool Size of tank \_\_\_\_\_  
 Location of system Backyard  
 When installed \_\_\_/\_\_\_/\_\_\_ When last pumped? 4/01/06  
 Improvements, repairs or problems?  Yes  No  Unknown  N.A.  
 If yes, explain: \_\_\_\_\_

If septic system or cesspool, was the system pumped 4 times or more in the last year?  
 Yes  No  Unknown  
 Garbage grinder?  Yes  No  
 Is the laundry connected to the septic system or cesspool?  
 Yes  No  Unknown  N.A.  
 Is the septic system or cesspool shared with any other property owner?  
 Yes  No  Unknown  N.A.  
 Has the septic system or cesspool been upgraded during your ownership?  Yes  No  
 If yes, was a Certificate of Compliance obtained from the Board of Health?  Yes  No  
 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  No  Unknown  N.A.  
 If yes, explain: \_\_\_\_\_

22. **DRINKING WATER SOURCE:**  
 Private  Public If private:  Dug well  Shallow  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. CMR222)?  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:  Gas  Electric  Oil Capacity of tank \_\_\_\_\_ Age, if known \_\_\_\_\_  
 Free standing  Off furnace  Tankless  
 Owned  Rented  
 If rented, what are the monthly costs \$ \_\_\_\_\_  
 Improvements and/or Repairs  Yes  No  Unknown  N.A.  
 If yes, explain: \_\_\_\_\_

24. **APPLIANCES:**  
 Which appliances stay with the house? (Refer to Inclusion / Exclusion Sheet) Kitchen Appliances  
 Any Problems?  Yes  No  Unknown  N.A.  
 Which appliances do not stay with the house? (Refer to Inclusion / Exclusion Sheet) \_\_\_\_\_

25. **TAXES:** \$ \_\_\_\_\_ for fiscal year ending \_\_\_\_ . Tax rate \$ \_\_\_\_\_ Assessed Value \$ \_\_\_\_\_  
 Any re-evaluation of taxes in process or expected?  Yes  No  Unknown  N.A.  
 If yes, when \_\_\_/\_\_\_/\_\_\_ Any abatements granted?  Yes  No  Unknown  N.A.  
 If so when? \_\_\_/\_\_\_/\_\_\_ How much? \$ \_\_\_\_\_

Buyers Initials:

Sellers Initials: DFP  
WJ

26. **EASEMENTS:** Any recorded or unrecorded easements, restrictions, covenants, encroachments, agreements, or rights of way on or affecting the property?  
 Yes  No  Unknown  N.A.

If yes, please explain \_\_\_\_\_

27. **BETTERMENTS.**  
Are street, sidewalk, water or sewerage betterments in process or planned?  
 Yes  No  Unknown  N.A.

Any street, sidewalk, water, or sewage betterment charges outstanding?  
 Yes  No  Unknown  N.A.

Amount \$ \_\_\_\_\_ (Seller must payoff prior to closing)

28. **BANKRUPTCY:**  
Are you involved in any current litigation/bankruptcy which may involve your right to full and complete enjoyment, use or the right to convey, free and clear of liens or claims of others?  
 Yes  No  Unknown  N.A.

If yes, please explain \_\_\_\_\_

29. **AGREEMENTS:** List all oral or written agreements or contracts affecting the property that would bind Buyer or the property.  
\_\_\_\_\_  
\_\_\_\_\_

30. **ROADS AND SIDEWALKS ABUTTING PROPERTY:**  Public  Private  Paper  
Explain: \_\_\_\_\_

Town/City approved roads? Sidewalks?  Yes  No  Unknown  N.A.

Explain: \_\_\_\_\_

Town/City plowed roads?  Yes  No  Unknown  N.A.

Explain: \_\_\_\_\_

31. **TRASH PICK-UP:**  Private  Public Fee \$ \_\_\_\_\_

32. **FENCES:**  
Are fences surrounding the property owned by you?  Yes  No  Unknown  N.A.

If no, explain: \_\_\_\_\_

Are fences within property boundaries?  Yes  No  Unknown  N.A.

If no, explain: \_\_\_\_\_

34. **BOUNDARY, POSSESSION, OR OTHER DISPUTES**  
Are there any pending or threatened legal proceedings against or involving the property or your right to ownership, use or possession of any part of the property?  
 Yes  No  Unknown  N.A.

Explain: \_\_\_\_\_

Has anyone suggested or asserted or have the right to assert, any claim against the ownership, use or possession of any part of the property?  Yes  No  Unknown  N.A.

Buyers Initials:

Sellers Initials:

Explain: \_\_\_\_\_

Are all structures, shrubs, driveways within the boundaries of the property as described in the deed?  Yes  No  Unknown  N.A.

Explain: \_\_\_\_\_

**35. ZONING:**

Is the current use a permitted use under the current zoning regulations?  Yes  No  Unknown  N.A.

Classification? \_\_\_\_\_ 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 the setback requirements with 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: \_\_\_\_\_

**36. 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: Roof, shutters, painting, kitchen, electrical, plumbing

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: \_\_\_\_\_

**37. SOIL REPORTS:**

Are percolation, hazardous waste, etc. reports available for inspection by the Buyer?  Yes  No  Unknown  N.A.

**IF SO, ATTACH APPLICATION COPIES** and list type of report and date here:

\_\_\_\_\_

**38. FLOOD PLAIN:**

Is the property or any part of the property within a Flood Plain?  Yes  No  Unknown  N.A.

Buyers Initials:

Sellers Initials: DFP  
WAB

Are you required to carry Flood Plain Insurance?  Yes  No  Unknown  N.A.

**39. STANDING WATER:**

Is there any standing water on the property?  Yes  No  Unknown  N.A.

**40. WETLANDS:**

Is the property or any part of the property within Wetlands?  Yes  No  Unknown  N.A.

Explain: \_\_\_\_\_

Is the property subject to a Conservation Commission Order of Conditions?

Yes  No  Unknown  N.A.

**IF SO, ATTACH COPY:**

**41. POOLS & EQUIPMENT:** Type of swimming pool \_\_\_\_\_

Have you ever experienced any problems?  Yes  No  Unknown  N.A.

If yes, explain: \_\_\_\_\_

Maintenance history: \_\_\_\_\_

Was permit obtained for the pool?  Yes  No  Unknown  N.A.

**42. SMOKE DETECTOR:**  Yes  No  Portable  Hard-wired

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

**43. RENTAL INFORMATION:**

a. Is the property subject to rent control, regulation or review?

Yes  No  Unknown  N.A.

b. If no, reason:  Exempt  Decontrolled  Other

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, ECT.**

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 rent/security deposit?

Date \_\_\_/\_\_\_/\_\_\_ Amount \_\_\_\_\_

**44. 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.

Explain: \_\_\_\_\_

Buyers Initials:

Sellers Initials:

*DPF*  
*WJ*

Are you aware of any town plans that would affect the property?

Yes  No  Unknown  N.A.

Explain: \_\_\_\_\_

**45. ADDITIONAL COMMENTS SECTION (If additional space is needed, attach sheet)**

Buyers Initials:

Sellers Initials:

DFP  
WHP

