

PROPERTY ADDRESS: 33 Cherry Hill 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			Dining Room
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				Wired
Shelves / Brackets				X	
Stereo Equipment				X	
Storage Shed	X				
Stove	X				
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				Upstairs
Washer/Dryer	X				
Water Filter				X	
Water Softener				X	
Whirlpool / Jacuzzi	X				
Window Blinds	X				
Window Screens	X				
Window Shades	X				
Wood Stove	X				

Buyer Initial(s): _____

Seller Initial(s): _____

Special Features

33 Cherry Hill Street
West Amesbury, MA 01985

- Kitchen: Open Floor Plan to Family Room / Jenn-Air Cook Top with Grill / White Oak Hardwood Floor / Center Island / Granite Countertops / Maple Cabinets (3 years old) / Recessed Lights / Tiled Back Splash / Stainless Steel Appliances / Walk-In Pantry and Laundry Room with Built in Iron Board
- Dining Room: White Oak Hardwood Floor / Access to Screen Porch / Recessed Lights
- Family Room: White Oak Hardwood Floor / Cathedral Ceiling / Stone Fireplace / Ceiling Fan / Large Beams in Ceiling and Above Fireplace
- Living Room: White Oak Hardwood Floor / Recessed Lights / Wood Burning Stove
- First Floor Bedroom with White Oak Hardwood Flooring
- Bedroom with Skylight, Cathedral Ceiling and Captain Loft / Bedroom with Skylight, Cathedral Ceiling and Walk-In Closet
- Media Room with Cathedral Ceiling and Window Seat
- Master Bedroom with Skylight, Cathedral Ceiling, Ceiling Fan, Double Mirror Closets
- First Floor Full Bathroom with Tile Floor and Granite Counter / Second Floor Full Bathroom with Built-In, Tile Floor and Whirlpool Tub
- Screen Porch with Cathedral Ceiling and Ceiling Fan
- Wood Turned Staircase / Walk-In Hallway Closet with Etched Glass Door
- Central Vacuum System / Wired ADT Security System / Cable Hook-Ups
- Oversized Detached Garage (2 years old) with Unfinished Room (29.5' x 19') above for Office / Game Room / Exercise Room
- Level Lot / Mature Landscaping / Large Private Yard / Picturesque Setting / abuts Cherry Hill Reservoir Land with Trails Used by Myopia Hunt in Fall
- Easy Access to Routes 95, 495, 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: 33 Cherry Hill 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: *MD*

Property Owner's Name: June + Wayne Kelley

Age of Structure: 27 Years Owned: 16

Years occupied by the Owner: 16

Number of current residents: 3 If vacant, date of last occupancy: / /

Year-Round? year YES Seasonal Living? / /

Number of bedrooms: 3-4

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: 1 Lot Size: 2.8 ACRES 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 use dehumidified a sump pump

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

3. **ROOFING:** Age of Shingles: 11 yrs Leaks seepage dampness
 or other water problems?
Explain: LAST RAIN leak around chimney -> Needs to be replaced ASAP!

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

Was entire roofing replaced? Yes No Unknown N.A.
When? 11 yrs ago

4. **FIREPLACE:** How many? 1 Working? yes
Location: family room

Non-working? _____ Location: _____
Date last cleaned: 06 / / Date last inspected: '06 / /

5. **CHIMNEY:** How many? 1 Working? yes
Location: has 2 flues, 1 with wood stove is lined with stainless steel
Non-working? _____ Location: other is unused

Date last cleaned: '06 / / Date last inspected: '06 / /

6. **WOOD/COAL BURNING STOVE:** How many? 1 Working? yes
Location: living room

Date last cleaned: 06 / / Date last inspected: / / When installed? 2/01

Permit received? Yes No Unknown N.A. came with house

7. **IF YES, ATTACH COPY ANY FIRE OR SMOKE DAMAGE?** Yes No Unknown N.A.
If yes, describe: _____

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

Buyers Initials:

Sellers Initials: JK WK

(for example, floors, ceilings, walls, windows) Yes No Unknown N.A.

If yes, describe: _____
9. ANY DAMPNESS 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: FIBERGLASS

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? **NO**

If yes, identify _____

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: **NONE**

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? **was under 4 - but do not have copy** Yes No Unknown N.A.

If yes, date: 2/20 Copy of report available? Yes No Unknown N.A.

15. ASBESTOS AND HAZARDOUS WASTE: **NO**

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: JK WK

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 200 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.

If yes, explain: Garage wired

17. **HEATING SYSTEM:** Type of fuel: Oil If oil, size of tank: _____ gals.
Estimated annual fuel / oil consumption / Gallons: _____ / year
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: new approx 14 yrs old

Age of heating system: _____

Heating Company's name: _____

Heating Contractor's name: Churchill Oil

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? wood stove

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 converted from electric to oil

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.

What kind? _____

18. **AIR CONDITIONING SYSTEM:** Type: NONE 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: _____

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: JK WK

Final Title 5 approved

Type: Private 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: _____

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: New Pump '99

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 14 yrs
 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) _____
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 \$ 7521.00 Assessed Value \$ 698.00
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: JW

