

**PROPERTY ADDRESS: 64 Harrison Avenue, Wakefield, MA 01880**

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				
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	

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

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

# Special Features

64 Harrison Avenue  
Wakefield, MA 01880

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- Eat-In Kitchen: Stainless Steel Appliances / Built-In Microwave / Tile Floor / Granite Countertops / Maple Cabinets / Recessed Lights / Access to Patio
- Dining Room with Hardwood Floor
- Living Room with Hardwood Floor / Foyer with Wooden Staircase and Tile Floor
- Lower Level Family Room with Gas Fireplace / Recessed Lights / Half Bath with Granite Countertop and Tile Floor / Laundry Area / Access to Oversized 2 Car Garage
- First Floor Guest Bedroom Connecting to Common Full Bathroom with Granite Countertop and Tile Floor
- First Floor Bedroom / Office / with Private Entrance
- Second Floor Common Full Bathroom with Granite Countertop and Tile Floor
- Master Bedroom Suite with Gas Fireplace / Double Closets / Master Bathroom with Granite Countertop / Tile Floor
- Central Air Conditioning / 2 Zone Forced Hot Air Gas Heat / Wired for Surround Sound Speakers / Central Vacuum System / Andersen Windows / Cable Hook Up
- Wooded Level Lot / Private Setting / Well Landscaped / Stonewalls / Garden Storage Shed / Underground Irrigation System / Quiet Neighborhood
- Underground Utilities / Underground Containment Pet Safe Fence (negotiable)
- Easy Access to Routes 128, 95, 93, 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: 64 Harrison Avenue, Wakefield, MA 01880**

**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: Andrew & Paige Fantasia

Age of Structure: \_\_\_\_\_ Years Owned: \_\_\_\_\_

Years occupied by the Owner: \_\_\_\_\_

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

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

Number of bedrooms: 5

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: \_\_\_\_\_  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? \_\_\_\_\_

4. **FIREPLACE:** How many? 2 Working? Yes

Location: Master Bedroom, Family Room

Non-working? 0 Location: \_\_\_\_\_

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

5. **CHIMNEY:** How many? 1 Working? Y

Location: Attached

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

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  No  Unknown  N.A.

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

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

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

Sellers Initials: [Signature]

- (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: \_\_\_\_\_  
 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 None  
 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:



