

OFFER SUBMISSION INSTRUCTIONS

To ensure a smooth process, please submit your Offer to Purchase with a completed INFO PACK, located in MLS and ShowingTime with the following documents.

- ☐ Initialed & Signed LE Rider
- ☐ Signed Inclusion/Exclusion
- ☐ Properly Completed Lead Paint Form
- ☐ Pre-approval letter or Proof Of Funds
- ☐ Signed Deposit Link Escrow Form
- ☐ Completed Contract Information Below

*Copy of earnest check is not needed with offer. Our company uses DepositLink to collect all deposit money. If your offer is accepted, we will send you a link to initiate this transfer.

Please email all offers to:

KimIzzi@LeadingEdgeAgents.com *and cc:* **LisaFig@LeadingEdgeAgents.com**

(Lisa, our Team Operations Manager, will get back to you confirming your offer has been received.)

Please set proper expectations for reply: We will acknowledge receipt of your offer and inform you if any documents need to be modified. All offers will be shared with the seller(s) for review and we will be in touch with a response as soon as possible, but please note that you may not receive an update until the following day. The Executed offer will not be released until buyer initiates DepositLink and the payment is "pending" and a correctly completed Lead Paint Acknowledgement and Info Pack documentation.

Agent Name: _____ | Mobile: _____

Agent Email: _____ | Company: _____

Buyer Name(s): _____

Purchase Price: _____ | Inspection Date: _____

P&S Date: _____ | Closing Date: _____

Financing Amount: \$ _____ / _____ % | Financing Date: _____

Loan Officer Name & Phone: _____

Additional Terms: _____

Leading Edge Rider

Property Address: 14 Glendale Avenue, Melrose, MA 02176

It is understood by both parties that, once executed, this addendum shall be incorporated into the Purchase and Sale Agreement.

ATTENTION ATTORNEYS:
THIS EXECUTED DOCUMENT IS AN ADDENDUM TO P&S AND INCORPORATED THEREIN.

1. REPRESENTATION

BUYER Advisory: Direct Interaction with Listing Agent

Listing agents are fiduciaries for the SELLER. Working with the listing agent does not favor your offer and it may not save you money. Offers are assessed on merit alone, ensuring SELLERS choose the best combination of terms and price, regardless of the submitting agent.

Representation: The listing agent's fiduciary duty is to the SELLER. Without a BUYER's agent, you forfeit the opportunity to have dedicated representation working in your best interest.

2. PROFESSIONAL FEES

Leading Edge does not co-broke. Should the seller opt to offer a buyer agent concession, Leading Edge, the conveyancing attorney, or the title company will distribute those funds to the buyer agent's firm at closing on behalf of the seller.

3. CONTINGENCIES AND CONDITIONS

A) Mutually Acceptable Purchase and Sale Agreement

This contract is expressly conditioned upon the execution of a mutually acceptable Purchase and Sale Agreement, approved by both parties' attorneys, unless waived, which when executed, will become the contract between the parties. Buyer and Seller agree to adhere to the terms of the contract and make a good faith effort to achieve a purchase and sale. During this period, the SELLER will not accept another Offer.

The contract cannot be formally accepted by the Seller without receipt of the following:

- Buyer deposit received via DepositLink
- Fully executed Lead Paint Disclosure (if built before 1978)
- Fully executed SELLER's Description of Property (if provided by SELLER)
- Satisfactory pre-approval letter or verification of funds if buyer waives financing

B) Asset Sale Contingency

| Indicate if | Initial if YES | Initial if NO* |
|--|--------------------------|--------------------------|
| This offer is contingent upon the sale of BUYER's assets (real property or other assets) | <input type="checkbox"/> | <input type="checkbox"/> |

*If **"NO"**, the BUYER acknowledges and agrees that BUYER's obligation to purchase the premises is not, in any way, contingent upon the sale or refinance of any of BUYER's assets. In the event that BUYER receives a mortgage commitment conditioned upon the sale or refinance of any of BUYER's assets, or is denied financing because of BUYER's inability or failure to sell or refinance any assets, it is agreed that such conditional commitment or denial of financing, shall not, in any way, be deemed just cause for termination of this Contract and/or any subsequent Purchase and Sale Agreement and shall not entitle BUYER to a return of BUYER's deposit(s)

C) Home Inspection Waiver

If you choose to waive a home inspection, or are doing a partial inspection, "for informational purposes only", you acknowledge that you have been advised of its importance, assume all risks related to any defects or deficiencies in the property, and hereby accept the Premises in its present condition in all respects. You assume any and all risks and responsibilities. This shall serve as an acknowledgement and release of Leading Edge and its agents from any claims and/or liability related to the condition which could have been revealed by an inspection.

D) Due Diligence

The BUYER is urged to conduct their own due diligence and independent investigations including, but not limited to, those available through their attorney and through municipal officials, (such as: tax assessor, zoning and building department, conservation commission, health department). The purpose of these investigations is to verify any such information, including, but not limited to: age of the home and its components, home's square footage, borders of the house lot, condition and age of mechanical and electrical systems, annual taxes, overall condition of the home, idiosyncrasies of the property and the neighborhood, and structural integrity, including past and present issues with any component including, but not limited to, the roof and basement, and title history of the property.

Broker's Disclaimer: BUYER understands that information provided by Leading Edge is based on information supplied by others and Leading Edge and its agents do not have actual knowledge or independent verification of the information provided.

4. SIGNATURES

| PRINT NAME | | SIGNATURE | DATE |
|------------|--|-----------|------|
| SELLER | | | |
| SELLER | | | |
| PRINT NAME | | SIGNATURE | DATE |
| BUYER | | | |
| BUYER | | | |

5. NOTICE OF DUAL OR DESIGNATED AGENCY – to be completed when Leading Edge represents BUYER and SELLER at time of offer.

| Agency Type | Description | Check one |
|-------------------|--|--------------------------|
| Designated | Leading Edge previously gave notice of the potential for a designated agency relationship with both BUYER and SELLER in connection with your real estate transaction. It was disclosed that a designated agent is a licensee who has been appointed by the Broker, to represent a BUYER or SELLER, and with consent of that client, another licensee associated with the same broker is authorized to represent the other party in the same transaction. That disclosure was contained in the Exclusive Listing Agreement (for SELLER) or in the Exclusive BUYER Representation Agreement (for BUYER). Broker now gives notice that designated agency has occurred and that licensees affiliated with Broker represent both BUYER and SELLER in connection with the above named property. | <input type="checkbox"/> |
| Dual | Leading Edge previously gave notice of the potential for a dual agency relationship to occur in connection with your real estate transaction. That disclosure was contained either in the Exclusive Listing Agreement (for SELLER) or in the Exclusive BUYER Representation Agreement (for BUYER). You previously gave your consent to that relationship. Broker now gives notice that dual agency has occurred and that Broker and affiliated licensee represent both BUYER and SELLER in connection with the above named property. A dual agent is authorized to assist the BUYER and SELLER in a transaction, but shall be neutral with regard to any conflicting interests of the BUYER and SELLER. Consequently, a dual agent will not have the ability to satisfy fully the duties of loyalty, full disclosure, reasonable care and obedience to lawful instructions, but shall still owe the duty of confidentiality of material information and the duty to account for funds. | <input type="checkbox"/> |

| | PRINT NAME | SIGNATURE | DATE |
|--------------------|------------|-----------|------|
| BUYER | | | |
| BUYER | | | |
| BUYER AGENT | | | |

| | PRINT NAME | SIGNATURE | DATE |
|----------------------|------------|-----------|------|
| SELLER | | | |
| SELLER | | | |
| LISTING AGENT | | | |

Inclusion/Exclusion Sheet for: 14 Glendale Avenue, Melrose, MA 02176

ADDRESS

| ITEM | Incl. | Excl. | Clarification if Necessary | N/A |
|----------------------------------|-------------------------------------|-------------------------------------|---|-------------------------------------|
| REFRIGERATOR(S) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| MICROWAVE | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| PORTABLE DISHWASHER | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| COMPACTOR | <input type="checkbox"/> | <input type="checkbox"/> | | <input checked="" type="checkbox"/> |
| PORTABLE AIR CONDITIONER(S) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| WASHER | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| DRYER | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| DINING ROOM LIGHT | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| OTHER LIGHT FIXTURES | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| DRAPES CURTAINS WNDW TREATMENTS | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| HARDWARE FOR WINDOW TREATMENTS | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| FIREPLACE SCREEN & EQUIPMENT | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| SWINGSET PLAY STRUCTURE | <input type="checkbox"/> | <input type="checkbox"/> | | <input checked="" type="checkbox"/> |
| SHED | <input type="checkbox"/> | <input type="checkbox"/> | | <input checked="" type="checkbox"/> |
| PLANTS WINDOW BOXES | <input type="checkbox"/> | <input type="checkbox"/> | | <input checked="" type="checkbox"/> |
| MOUNTED STEREO SPEAKERS | <input type="checkbox"/> | <input type="checkbox"/> | | <input checked="" type="checkbox"/> |
| CENTRAL VAC ATTACHMENTS | <input type="checkbox"/> | <input type="checkbox"/> | | <input checked="" type="checkbox"/> |
| POOL EQUIPMENT | <input type="checkbox"/> | <input type="checkbox"/> | | <input checked="" type="checkbox"/> |
| TELEVISION(S) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Basement + Kitchen | <input type="checkbox"/> |
| TELEVISION MOUNTS | <input type="checkbox"/> | <input type="checkbox"/> | Kitchen | <input type="checkbox"/> |
| BASEMENT WORKBENCH | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| BASEMENT SHELVING | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| WALL MOUNTED FLOATING SHELVES | <input type="checkbox"/> | <input type="checkbox"/> | | <input checked="" type="checkbox"/> |
| BATHROOM MIRROR | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| BATHROOM HANGING CABINET | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| BATHROOM FREESTANDING CABINET | <input type="checkbox"/> | <input type="checkbox"/> | | <input checked="" type="checkbox"/> |
| KITCHEN FREESTANDING ISLAND | <input type="checkbox"/> | <input type="checkbox"/> | | <input checked="" type="checkbox"/> |
| EXCESS MATCHING PAINT | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| EXCESS MATCHING ROOF TILES | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| EXCESS MATCHING FLOOR TILES | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| ORIGINAL DOORS THAT ARE NOT HUNG | <input type="checkbox"/> | <input type="checkbox"/> | | <input checked="" type="checkbox"/> |
| OTHER | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Mirror over Mantle, Mudroom coat rack, Ceramic Planters | <input type="checkbox"/> |
| OTHER | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Basement freezer, Dehumidifier | <input type="checkbox"/> |

SELLER [Signature] DATE 5/30/25

SELLER [Signature] DATE 4/30/25

BUYER _____ DATE _____

BUYER _____ DATE _____

Note: Real Estate law stipulates that any items that are attached to the house must remain with the property, unless excluded.



THIS FORM IS TO BE COMPLETED BY THE SELLER. THE SELLER(S) AUTHORIZES THE BROKER OR SALESPERSON(S) TO PROVIDE THE FOLLOWING INFORMATION TO PROSPECTIVE BUYER(S). THIS INFORMATION IS BASED UPON THE SELLER'S KNOWLEDGE, BUT IS NOT INTENDED AS A GUARANTEE OF THE CONDITION OF THE PROPERTY OR THE CONTINUED SATISFACTORY OPERATION OF ANY SYSTEM. THE BUYER(S) SHOULD INDEPENDENTLY VERIFY ALL INFORMATION BEFORE PURCHASE.

Property Address 14 Glendale Avenue, Melrose, MA 02176

Seller(s)/Owner(s) John P. Boulanger, trustee of the Boulanger Living Trust and Lynn A. Boulanger, trustee of the Boulanger Living Trust

How long owned 21 years How long occupied 21 years Approximate Year Built 1938

| I. TITLE/ZONING/BUILDING INFORMATION | | | | | | |
|--------------------------------------|---|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--|
| | | Yes | No | Unknown | N/A | Description/Explanation |
| 1. | Title Problems or Limitations (for example, deed restriction, lot line dispute, order of conditions): | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. | Easement, Common Driveway, or Right of Way | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. | Zoning Classification(s) of property: | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 4. | Has the City/Town issued notice of outstanding violation? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5. | Have you been advised that current use is nonconforming in any way? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6. | Do you know of any variances or special permits? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7. | During Seller's ownership, has work been done for which a permit was required? If yes, explain. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Kitchen remodel/Siding |
| 7a. | Were permits obtained? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7b. | Was the work approved by an inspector? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7c. | Was a licensed contractor hired? (If yes, provide name of contractor) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Davies Home Improvement/EB Window Siding |
| 7d. | Is there an outstanding notice of any building code violation? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8. | Have you been informed that any part of the property is in a designated flood zone or wetland? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 9. | Are there any known water drainage problems? Explain. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

| II. SYSTEM AND UTILITIES INFORMATION | | | | | | |
|--------------------------------------|--|--------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------|
| | | Yes | No | Unknown | N/A | Description/Explanation |
| 10. | STORAGE TANK | | | | | |
| 10a. | Is or Has there ever been an underground storage tank? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 10b. | If yes, type of tank | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 10c. | If yes, is it still in use? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 10d. | If not still in use, was it removed? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 10e. | Storage Tank: <input type="checkbox"/> Leased <input type="checkbox"/> Owned (See Hazardous Materials Disclosure Page 8) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |

SELLER'S INITIALS

SB

LB

BUYER'S INITIALS



| II. SYSTEM AND UTILITIES INFORMATION (Continued) | | | | | | |
|--|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|
| | | Yes | No | Unknown | N/A | Description/Explanation |
| 11. | HEATING SYSTEM | | | | | |
| 11a. | Type: <i>Oil/Steam forced hot water Electric</i> | | | | | |
| 11b. | Age: <i>Furnance 3/19/15</i> | | | | | |
| 11c. | Are there any known problems with the heating system? Explain. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 11d. | Identify any unheated room or area: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>unfurnished part of basement</i> |
| 11e. | Provide approximate date of last service: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>9/27/24</i> |
| 11f. | Provide reason for service: | | | <input type="checkbox"/> | <input type="checkbox"/> | <i>annual cleaning</i> |

| III. WATER, SEWER & OTHER UTILITIES | | | | | | |
|-------------------------------------|--|--------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------|
| | | Yes | No | Unknown | N/A | Description/Explanation |
| 12. | DOMESTIC HOT WATER | | | | | |
| 12a. | Type: <i>gas</i> | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 12b. | Age: <i>5/8/20</i> | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 12c. | Are there any known problems with the hot water? Explain. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 13. | SEWAGE SYSTEM | | | | | |
| 13a. | <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Private Sewer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 13b. | If Private Sewer, describe type of system: | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 13c. | Provide Name of Service Company | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 13d. | Date it was last pumped: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Month Day Year |
| 13e. | Frequency of Pumps: | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 13f. | During your ownership has sewage backed up into house or onto yard? Explain. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 13g. | Is system shared with other homes? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 13h. | Was a Title 5 Inspection performed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 13i. | Date of Inspection: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Month Day Year |
| 13j. | Is a copy of Inspection attached? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 14. | PLUMBING SYSTEM | | | | | |
| 14a. | Type: | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 14b. | Problems? Explain. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 14c. | Bathroom ventilation problems? Explain. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

SELLER'S INITIALS

SB *LB*

BUYER'S INITIALS





| III. WATER, SEWER & OTHER UTILITIES (Continued) | | | | | |
|--|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|----------------------------------|
| | Yes | No | Unknown | N/A | Description/Explanation |
| 15. WATER SOURCE | | | | | |
| 15a. <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 15b. Location | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 15c. Date Last tested: | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Month _____ Day _____ Year _____ |
| 15d. Report Attached? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 15e. Water Quality problems? Explain. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 15f. Flow rate: | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | (gal. /min.) |
| 15g. Age of Pump: | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 15h. Is there a filtration system? If yes, indicate age and type of filtration system. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Age: _____ Type: _____ |

| IV. ELECTRICAL SYSTEMS & UTILITIES | | | | | |
|---|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---|
| | Yes | No | Unknown | N/A | Description/Explanation |
| 16. ELECTRICAL SYSTEM | | | | | 200 Amp |
| 16a. Problems? Explain. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 17. APPLIANCES | | | | | |
| 17a. List appliances that are included: | | | <input type="checkbox"/> | <input type="checkbox"/> | Refrigerator microwave stove washer dryer dishwasher freezer window A/Cs |
| 17b. Problems? Explain. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | dryer auto dry sensor does not work |
| 18. SECURITY SYSTEM | | | | | |
| 18a. Type: | | | <input type="checkbox"/> | <input type="checkbox"/> | Alarm |
| 18b. Age: | | | <input type="checkbox"/> | <input type="checkbox"/> | 2012 |
| 18c. Provide Name of Service Company | | | <input type="checkbox"/> | <input type="checkbox"/> | ADT |
| 18d. Problems? Explain. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 19. AIR CONDITIONING | | | | | |
| 19a. <input type="checkbox"/> Central <input checked="" type="checkbox"/> Window <input type="checkbox"/> Other. Explain. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 19b. Problems? Explain. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 20. SOLAR PANELS | | | | | |
| 20a. <input type="checkbox"/> Leased <input type="checkbox"/> Owned | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 20b. If leased, explain terms of agreement. | | | <input type="checkbox"/> | <input type="checkbox"/> | |

| V. BUILDING/STRUCTURAL INFORMATION | | | | | |
|------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------|
| | Yes | No | Unknown | N/A | Description/Explanation |
| 21. FOUNDATION/SLAB | | | | | |
| 21a. Problems? Explain. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

SELLER'S INITIALS

JB

2/19

BUYER'S INITIALS



| V. BUILDING/STRUCTURAL INFORMATION (Continued) | | | | | |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---|
| | Yes | No | Unknown | N/A | Description/Explanation |
| 22. BASEMENT | | | | | |
| 22a. Problems (select any that apply): <input type="checkbox"/> Water <input type="checkbox"/> Seepage <input type="checkbox"/> Dampness <input type="checkbox"/> Other. Explain. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | we prefer to run dehumidifier in the summer |
| 22b. Explain amount, frequency, and location of the problems selected in 22a. | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 23. SUMP PUMP | | | | | |
| 23a. If yes to 23, provide age and location. | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 23b. Problems? Explain. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 24. ROOF | | | | | |
| 24a. Age: Main roof: 3/31/19 Garage roof: 9/27/11 | | | <input type="checkbox"/> | <input type="checkbox"/> | + new skylights |
| 24b. Problems? Explain. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | family room/mudroom/front entrance: 9/7/16 |
| 24c. Location of leaks/repairs: | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 25. CHIMNEY/FIREPLACE | | | | | |
| 25a. Date last cleaned: | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Month Day Year |
| 25b. Problems? Explain. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 25c. Presence of: <input type="checkbox"/> Wood Stove <input type="checkbox"/> Coal Stove <input type="checkbox"/> Pellet Stove <input type="checkbox"/> Gas Stove | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 25d. If yes to 25c, in compliance with installation regulations/code/bylaws? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 25e. If no to 25d, Explain. | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 25f. Is there any history of smoke/fire damage to structure? Explain. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 26. FLOORS | | | | | |
| 26a. Type of floors under carpet/linoleum: | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 26b. Are there any known problems with floors (buckling, sagging, etc.)? Explain. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 27. WALLS | | | | | |
| 27a. Interior Walls: Problems? Explain. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 27b. Exterior Walls: Problems? Explain. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 28. WINDOW/SLIDING DOORS/DOORS | | | | | |
| 28a. Problems? Explain. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 29. INSULATION | | | | | |
| 29a. Does house have insulation? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Foam board under siding |
| SELLER'S INITIALS <u>SB</u> <u>LB</u> BUYER'S INITIALS _____ | | | | | |



| V. BUILDING/STRUCTURAL INFORMATION (Continued) | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|---|
| | Yes | No | Unknown | N/A | Description/Explanation |
| 29b. If yes, type: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Foam board under siding |
| 29c. Date Installed: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ever of the full under mud room Month Day Year |
| 29d. Location: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 24 19 |

| VI. ENVIRONMENTAL ISSUES | | | | | |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|------------------------------------|
| | Yes | No | Unknown | N/A | Description/Explanation |
| 30. ASBESTOS | | | | | |
| 30a. Is asbestos present in exterior shingles, pipe covering or boiler insulation? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 30b. Has a fiber count been performed? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 30c. If yes to 30b., is copy attached? (See Asbestos Disclosure Page 8) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 31. LEAD PAINT | | | | | |
| 31a. Is lead paint present? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 31b. If yes to 31a., locations present: (Attach copy of Inspection Reports) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 31c. If yes to 31a., describe abatement plan/ interim controls, if any: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 31d. Has paint been encapsulated? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 31e. If yes to 31d. provide date of encapsulation and by whom. | | | <input type="checkbox"/> | <input type="checkbox"/> | Month Day Year |
| 31f. Is Lead Paint Disclosure Form available? If yes attach copy. If no, Explain. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 32. RADON | | | | | |
| 32a. Has test for Radon been performed? If yes, attach copy. (See Radon Disclosure Page 7) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | See attached |
| 33. MOLD | | | | | |
| 33a. Have you been advised of elevated levels of mold at the Property? Explain. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 34. INSECTS | | | | | |
| 34a. History of Termites/Wood Destroying Insect or Rodent Problems? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 34b. If yes to 34a., explain treatment and dates: (See Chlordane Disclosure Page 8) | | | <input type="checkbox"/> | <input type="checkbox"/> | Month Day Year |
| 35. ENERGY AUDIT | | | | | |
| 35a. Has an Energy Audit been performed? If yes, attach a copy. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Audit was done, do not have report |

| VII. OUTDOOR AMENITIES & STRUCTURES | | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------|
| | Yes | No | Unknown | N/A | Description/Explanation |
| 36. SWIMMING POOL/JACUZZI | | | | | |
| 36a. Problems? Explain. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 36b. Name of Service Company: | | | <input type="checkbox"/> | <input type="checkbox"/> | |

SELLER'S INITIALS JB KL BUYER'S INITIALS



VII. OUTDOOR AMENITIES & STRUCTURES (Continued)

| | | Yes | No | Unknown | N/A | Description/Explanation |
|------|--------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------|
| 37. | GARAGE/SHED/OR OTHER STRUCTURE | | | | | |
| 37a. | Problems? Explain. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

VIII. CONDOMINIUM INFORMATION

| | | Yes | No | Unknown | N/A | Description/Explanation |
|------|---|--------------------------|--------------------------|-------------------------------------|--------------------------|--|
| 38. | PARKING | | | | | |
| 38a. | Number of Spaces | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4 Spaces |
| 38b. | Of those spaces, identify the number that are: <input type="checkbox"/> Deeded <input type="checkbox"/> Exclusive Easements <input type="checkbox"/> Assigned <input type="checkbox"/> Unassigned or <input type="checkbox"/> In Common area | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Number of Spaces: _____ Deeded _____ Exclusive Easements _____ Assigned _____ Unassigned _____ In Common area _____ |
| 39. | CONDO FEES | | | | | |
| 39a. | Current monthly fees for Unit are: Are any of the following (39b.-39g.) included in the monthly fees: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 39b. | Heat | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 39c. | Electricity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 39d. | Hot Water | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 39e. | Trash Removal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 39f. | Landscaping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 39g. | Snow Removal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 40. | RESERVE FUND | | | | | |
| 40a. | Has advance payment been made to a condo reserve fund? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 40b. | If yes to 40a, how much? | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 41. | CONDO ASSOCIATION FUND | | | | | |
| 41a. | Is owners' association currently involved in any litigation? Explain. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 41b. | Have you been advised of any matter which is likely to result in a special assessment or substantially increase condominium fees? Explain. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

IX. RENTAL PROPERTY INFORMATION

| | | Yes | No | Unknown | N/A | Description/Explanation |
|------|---|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------|
| 42. | UNITS | | | | | |
| 42a. | Number of Units: | | | <input type="checkbox"/> | <input type="checkbox"/> | _____ Units |
| 42b. | Has a unit been added/subdivided since original construction? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 42c. | If yes to 42b., was a permit for new/added unit obtained? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

SELLER'S INITIALS

JB LA

BUYER'S INITIALS





| IX. RENTAL PROPERTY INFORMATION | | | | | | |
|---------------------------------|--|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------------|
| | | Yes | No | Unknown | N/A | Description/Explanation |
| 43. | RENT | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Rent \$ _____ /month |
| 43a. | Expiration date of each lease: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Month _____ Day _____ Year _____ |
| 43b. | Any tenants without leases? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 43c. | Is owner holding last month's rent? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 43d. | Is owner holding security deposit? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 43e. | If yes to 43c. and/or 43de., has interest been paid? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 43f. | If security deposit held, attach a copy of Statement(s) of Conditions. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 43g. | Is there any outstanding notice of sanitary code violation? Explain. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

| X. MISCELLANEOUS INFORMATION | | | | | | |
|------------------------------|--|--------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------|
| | | Yes | No | Unknown | N/A | Description/Explanation |
| 44. | Do you know of any other problem which may affect the value or use of the property which may not be obvious to a prospective buyer? Explain. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

| XI. DESCRIPTION/EXPLANATION | |
|-----------------------------|--|
| | |

XII. EXPLANATORY MATERIAL

The following clauses are provided for descriptive purposes only. For detailed information, consult the Massachusetts Department of Public Health, the Massachusetts Department of Environmental Protection, or other appropriate agency, or your attorney.

A. Flood Hazard Insurance Disclosure Clause (Question #8)

The lender may require Flood Hazard Insurance as a condition of the mortgage loan if the lender determines that the property is in a flood hazard zone.

E. Radon Disclosure Clause (Question #32)

Radon is an odorless, colorless, tasteless gas produced naturally in the ground by the normal decay of uranium and radium. Radon can lead to the development of radioactive particles which can be inhaled. Studies indicate the result of extended exposure to high levels of radon may increase the risk of developing lung cancer.

SELLER'S INITIALS

SB

LN

BUYER'S INITIALS

B. Hazardous Materials Disclosure Clause (Question #10)

In certain circumstances Massachusetts law can hold an owner of real estate liable to pay for the cost of removing hazardous or toxic materials from real estate and for damages resulting from the release of such materials, according to the Massachusetts Oil and Hazardous Material Release and Response Act, General Laws, Chapter 21E. The buyer acknowledges that he may have the property professionally inspected for the presence of, or the substantial likelihood of release of oil or hazardous material and such proof of inspection may be required as a prerequisite for financing the property.

C. Asbestos Disclosure Clause (Question #30)

The United States Consumer Product Safety Commission has maintained that asbestos materials are hazardous if they release separate fibers which can be inhaled. Asbestos is a common insulation material on heating pipes, boilers, and furnaces. It may also be present in certain types of floor and ceiling materials, shingles, plaster products, cements and other building materials. The buyer may have the property professionally inspected for the presence of asbestos and if repair or removal of asbestos is desired, proper safety guidelines must be observed.

D. Lead Paint Disclosure (Question #31)

Whenever a child under six years of age resides in any residential premises in which any paint, plaster or other accessible material contains dangerous levels of lead, the owner is required by law to remove all said paint, plaster or cover with appropriate materials so as to make it inaccessible to a child under six years of age. Consumption of lead is poisonous and may cause serious personal injury. Whenever such residential premises containing dangerous levels of lead undergoes a change of ownership, and as a result a child under six years of age will become a resident, the new owner is required by law to remove said paint, plaster cover or encapsulate it with appropriate materials so as to make it inaccessible to such child. Buyer should receive information pamphlet from Department of Public Health.

F. Chlordane Disclosure Clause (Question #34b.)

Pesticide products containing chlordane were banned in Massachusetts on June 11, 1985, following a determination by the Department of Food and Agriculture that the use of chlordane may cause unreasonable adverse effects on the environment including risk of cancer. Although existing data do not conclusively prove that significant health effects have occurred as a direct result of chlordane use, the long-term potential health risks are such that it is prudent public health policy, according to the Department, to eliminate the further introduction of chlordane into the environment.

G. Mold Information (Question #33)

Molds are naturally occurring organisms that exist both indoors and outdoors. More than 1000 different kinds of mold have been found in homes in the United States. Molds are fungi that reproduce by making spores. Spores are small and lightweight and able to travel through the air. Molds need moisture and food to grow and their growth is stimulated by warm, damp and humid conditions. Molds can use materials such as wood, paper, drywall and carpet as food sources. Reducing dampness indoors is often key to reducing the growth of mold. Depending on the level of mold, allergies, respiratory problems and other health consequences can be triggered in sensitive individuals. However, exposure to mold does not always result in health problems. As of July 2002, U.S. governmental agencies reported that a determination had not been made what quantity of mold was acceptable in an indoor environment. For more information on mold, contact an engineer or other qualified mold inspector. Information may also be found at the web site for the U.S. Environmental Protection Agency, www.epa.gov.

H. Fair Housing Notice

It is unlawful to discriminate on the basis of race, color, religious creed, national origin, age, gender, sex, ancestry, marital status, veteran status, sexual orientation, disability, presence of a child, receipt of public assistance or other protected classification in the sale or rental of covered housing.

XIII. Acknowledgment

Seller(s) hereby acknowledges that the information set forth above is true and accurate to the best of his or her knowledge. Seller(s) agrees to defend and indemnify the broker(s) and any subagents for disclosure of any information contained herein. Seller(s) acknowledges receipt of a copy of the Seller's Statement of Property Condition.

Date 5/30/25 Seller [Signature] Seller Lynne H. Boulanger, Trustee of the Boulanger Living Trust dotloop verified 05/27/25 4:02 PM EDT WEC3-AEU2-HUGR-QSPN

Buyer(s)/Prospective Buyer(s) acknowledges receipt of Seller's Statement of Property Condition prior to purchase. Buyer(s) acknowledges that Broker has not verified the information herein and Buyer(s) has been advised to verify information independently. Buyer(s) is not relying upon any representation, verbal or written, from any real estate broker or licensee concerning legal use. Any reference to the category (single family, multi-family, residential, commercial) or the use of this property in any advertisement or listing sheet, including the number of units, number of rooms or other classification is not a representation concerning legal use or compliance with zoning by-laws, building code, sanitary code or other public or private restrictions by the broker. The BUYER understands that if this information is important to BUYER, it is the duty of the BUYER to seek advice from an attorney or written confirmation from the municipality.

| Date | Buyer | Buyer |
|------|-------|-------|
| | | |

SELLER'S INITIALS

JB



BUYER'S INITIALS

11

What is DepositLink?

DepositLink is a safe, secure, and easy way for real estate companies and escrow holders to collect deposits and commissions electronically through the ACH network, when selling and leasing property.

More info at www.depositlink.com

DepositLink Facts

- Transfer up to \$250K next day ACH, \$250,001 to \$500K standard three day ACH.
- DepositLink is a mobile responsive website that can be used on any device. (Not an app.)
- DepositLink carries \$1M "per occurrence" Cyber Security insurance.
- DepositLink connects to more than 12,000 U.S. banks.
- DepositLink can be used for domestic transfers only.
- Identity verification requires last 4 digits of valid social security #.

Security is Our #1 Priority

- We NEVER save or store any banking info.
- Your clients' contact info is NEVER shared.
- Bank-level 256-bit key data encryption.
- Two-factor authentication login.
- 2-step identity & account verification.
- Securely hosted by Microsoft Azure.
- More info at www.depositlink.com/security.

Key Talking Points


- Our partners (DWOLLA and PLAID) do account verification and ACH processing for Venmo, American Express, Fannie Mae, and BBVA Bank.
- According to the FBI, routing and account numbers are stolen off paper checks every 25 seconds in the US.
- Quickly bind an offer with an electronic deposit transfer.
- Safer and less expensive than wire transfers.

Important Notes

- Unique work flows allow for money to be transferred or requested for any reason within a real estate transaction (deposit, escrow, rentals, commission, etc.)
- Robust back end accounting system allows for real time tracking and reporting for all parties.
- Increase service levels and efficiencies at all levels and project yourself as tech savvy company.
- \$15.00 Transaction Fee

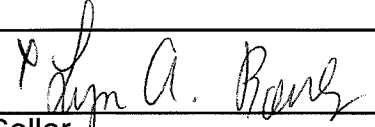
DepositLink Support: support@depositlink.com or 1-833-DEP-LINK

Per Seller's request, the buyer agrees to initiate all escrow monies via DepositLink to the escrow agent, Leading Edge Real Estate. Once Leading Edge confirms that escrow funds are "pending," the seller will execute the Offer to Purchase as agreed between the parties. Further, Seller requires Purchase and Sales deposit be made through DepositLink.



Seller

3/10/25
Date



Seller

3/10/25
Date

Buyer

Date

Buyer

Date