



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 15 Grist Mill Ln, Pembroke, MA 02359

Seller(s)/Owner(s) Arvind Govindarajan Trustee, Carla M Vale Trustee

How long owned 4yr, 8mo How long occupied 4yr, 8mo Approximate Year Built _____

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 checked="" type="checkbox"/>		
2.	Easement, Common Driveway, or Right of Way			<input checked="" type="checkbox"/>		
3.	Zoning Classification(s) of property:			<input checked="" type="checkbox"/>		
4.	Has the City/Town issued notice of outstanding violation?			<input checked="" type="checkbox"/>		
5.	Have you been advised that current use is nonconforming in any way?		<input checked="" type="checkbox"/>			
6.	Do you know of any variances or special permits?		<input checked="" type="checkbox"/>			
7.	During Seller's ownership, has work been done for which a permit was required? If yes, explain.	<input checked="" type="checkbox"/>				Solar panel, Heat pump
7a.	Were permits obtained?	<input checked="" type="checkbox"/>				
7b.	Was the work approved by an inspector?	<input checked="" type="checkbox"/>				
7c.	Was a licensed contractor hired? (If yes, provide name of contractor)	<input checked="" type="checkbox"/>				Sunpower, ARS (through Home Depot)
7d.	Is there an outstanding notice of any building code violation?			<input checked="" type="checkbox"/>		
8.	Have you been informed that any part of the property is in a designated flood zone or wetland?		<input checked="" type="checkbox"/>			
9.	Are there any known water drainage problems? Explain.			<input checked="" 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 checked="" type="checkbox"/>				
10b.	If yes, type of tank				<input checked="" type="checkbox"/>	Propane
10c.	If yes, is it still in use?	<input checked="" type="checkbox"/>				
10d.	If not still in use, was it removed?				<input checked="" type="checkbox"/>	
10e.	Storage Tank: <input checked="" type="checkbox"/> Leased <input type="checkbox"/> Owned (See Hazardous Materials Disclosure Page 8)	<input checked="" type="checkbox"/>				Supreme Energy

SELLER'S INITIALS AB CMV BUYER'S INITIALS _____



II. SYSTEM AND UTILITIES INFORMATION (Continued)						
		Yes	No	Unknown	N/A	Description/Explanation
11.	HEATING SYSTEM					
11a.	Type:					
	Heat pump, oil backup					
11b.	Age:					Not sure on oil
	Heat pump: 3 years					
11c.	Are there any known problems with the heating system? Explain.	<input checked="" type="checkbox"/>				
11d.	Identify any unheated room or area:			<input checked="" type="checkbox"/>		
11e.	Provide approximate date of last service:			<input checked="" type="checkbox"/>		2025 (oil checkup), 2026
11f.	Provide reason for service:				<input checked="" type="checkbox"/>	Annual checkup; thermostat had to be fixed for heat pump in bedroom
	Checkup, thermostat fix					

III. WATER, SEWER & OTHER UTILITIES						
		Yes	No	Unknown	N/A	Description/Explanation
12.	DOMESTIC HOT WATER					
12a.	Type:			<input checked="" type="checkbox"/>		Oil-based boiler
12b.	Age:			<input checked="" type="checkbox"/>		
12c.	Are there any known problems with the hot water? Explain.		<input checked="" type="checkbox"/>			
13.	SEWAGE SYSTEM					
13a.	<input type="checkbox"/> Municipal <input checked="" type="checkbox"/> Private Sewer	<input checked="" type="checkbox"/>				
13b.	If Private Sewer, describe type of system:			<input checked="" type="checkbox"/>		
13c.	Provide Name of Service Company			<input checked="" type="checkbox"/>		
13d.	Date it was last pumped:			<input checked="" type="checkbox"/>		____ / ____ / ____ Month Day Year
13e.	Frequency of Pumps:			<input checked="" type="checkbox"/>		
13f.	During your ownership has sewage backed up into house or onto yard? Explain.			<input checked="" type="checkbox"/>		
13g.	Is system shared with other homes?		<input checked="" type="checkbox"/>			
13h.	Was a Title 5 Inspection performed?	<input checked="" type="checkbox"/>				
13i.	Date of Inspection:	<input checked="" type="checkbox"/>				<u>4</u> / <u>6</u> / <u>2026</u> Month Day Year
13j.	Is a copy of Inspection attached?	<input checked="" type="checkbox"/>				
14.	PLUMBING SYSTEM					
14a.	Type:			<input checked="" type="checkbox"/>		At least PVC, copper
14b.	Problems? Explain.			<input checked="" type="checkbox"/>		
14c.	Bathroom ventilation problems? Explain.			<input checked="" type="checkbox"/>		

SELLER'S INITIALS AB CMV 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 checked="" type="checkbox"/>				
15b.	Location				<input checked="" type="checkbox"/>	
15c.	Date Last tested:			<input checked="" type="checkbox"/>		_____/_____/_____ Month Day Year
15d.	Report Attached?		<input checked="" type="checkbox"/>			
15e.	Water Quality problems? Explain.			<input checked="" type="checkbox"/>		
15f.	Flow rate:			<input checked="" type="checkbox"/>		(gal. /min.)
15g.	Age of Pump:			<input checked="" type="checkbox"/>		
15h.	Is there a filtration system? If yes, indicate age and type of filtration system.		<input checked="" type="checkbox"/>			Age: _____ Type: _____

IV. ELECTRICAL SYSTEMS & UTILITIES						
		Yes	No	Unknown	N/A	Description/Explanation
16.	ELECTRICAL SYSTEM					
16a.	Problems? Explain.			<input checked="" type="checkbox"/>		
17.	APPLIANCES					
17a.	List appliances that are included: Refrigerator, range, dishwasher Hot tub (by pool)				<input checked="" type="checkbox"/>	
17b.	Problems? Explain.			<input checked="" type="checkbox"/>		
18.	SECURITY SYSTEM					
18a.	Type:			<input checked="" type="checkbox"/>		House has cameras; we have not used them
18b.	Age:			<input checked="" type="checkbox"/>		
18c.	Provide Name of Service Company			<input checked="" type="checkbox"/>		
18d.	Problems? Explain.			<input checked="" type="checkbox"/>		
19.	AIR CONDITIONING					
19a.	<input checked="" type="checkbox"/> Central <input type="checkbox"/> Window <input type="checkbox"/> Other. Explain.	<input checked="" type="checkbox"/>				Heat pump
19b.	Problems? Explain.	<input checked="" type="checkbox"/>				
20.	SOLAR PANELS					
20a.	<input type="checkbox"/> Leased <input checked="" type="checkbox"/> Owned	<input checked="" type="checkbox"/>				
20b.	If leased, explain terms of agreement.				<input checked="" type="checkbox"/>	

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

SELLER'S INITIALS AB CMV 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 checked="" type="checkbox"/>		
22b.	Explain amount, frequency, and location of the problems selected in 22a.			<input checked="" type="checkbox"/>		
23.	SUMP PUMP					
23a.	If yes to 23, provide age and location.			<input checked="" type="checkbox"/>		Basement
23b.	Problems? Explain.			<input checked="" type="checkbox"/>		
24.	ROOF					
24a.	Age:			<input checked="" type="checkbox"/>		
24b.	Problems? Explain.			<input checked="" type="checkbox"/>		
24c.	Location of leaks/repairs:			<input checked="" type="checkbox"/>		
25.	CHIMNEY/FIREPLACE					
25a.	Date last cleaned:			<input checked="" type="checkbox"/>		____/____/____ Month Day Year
25b.	Problems? Explain.			<input checked="" 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 checked="" type="checkbox"/>			There are two gas fireplaces
25d.	If yes to 25c, in compliance with installation regulations/code/bylaws?			<input checked="" type="checkbox"/>		
25e.	If no to 25d, Explain.				<input checked="" type="checkbox"/>	
25f.	Is there any history of smoke/fire damage to structure? Explain.			<input checked="" type="checkbox"/>		
26.	FLOORS					
26a.	Type of floors under carpet/linoleum:			<input checked="" type="checkbox"/>		
26b.	Are there any known problems with floors (buckling, sagging, etc.)? Explain.			<input checked="" type="checkbox"/>		
27.	WALLS					
27a.	Interior Walls: Problems? Explain.			<input checked="" type="checkbox"/>		
27b.	Exterior Walls: Problems? Explain.			<input checked="" type="checkbox"/>		
28.	WINDOW/SLIDING DOORS/DOORS					
28a.	Problems? Explain.			<input checked="" type="checkbox"/>		
29.	INSULATION					
29a.	Does house have insulation?			<input checked="" type="checkbox"/>		

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V. BUILDING/STRUCTURAL INFORMATION (Continued)						
		Yes	No	Unknown	N/A	Description/Explanation
29b.	If yes, type:			<input checked="" type="checkbox"/>		
29c.	Date Installed:			<input checked="" type="checkbox"/>		_____/_____/_____ Month Day Year
29d.	Location:			<input checked="" type="checkbox"/>		

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 checked="" type="checkbox"/>		
30b.	Has a fiber count been performed?			<input checked="" type="checkbox"/>		
30c.	If yes to 30b., is copy attached? (See Asbestos Disclosure Page 8)			<input checked="" type="checkbox"/>		
31.	LEAD PAINT					
31a.	Is lead paint present?			<input checked="" type="checkbox"/>		
31b.	If yes to 31a., locations present: (Attach copy of Inspection Reports)			<input checked="" type="checkbox"/>		
31c.	If yes to 31a., describe abatement plan/ interim controls, if any:			<input checked="" type="checkbox"/>		
31d.	Has paint been encapsulated?			<input checked="" type="checkbox"/>		
31e.	If yes to 31d. provide date of encapsulation and by whom.			<input checked="" type="checkbox"/>		_____/_____/_____ Month Day Year
31f.	Is Lead Paint Disclosure Form available? If yes attach copy. If no, Explain.			<input checked="" type="checkbox"/>		
32.	RADON					
32a.	Has test for Radon been performed? If yes, attach copy. (See Radon Disclosure Page 7)			<input checked="" type="checkbox"/>		
33.	MOLD					
33a.	Have you been advised of elevated levels of mold at the Property? Explain.		<input checked="" type="checkbox"/>			
34.	INSECTS					
34a.	History of Termites/Wood Destroying Insect or Rodent Problems?			<input checked="" type="checkbox"/>		
34b.	If yes to 34a., explain treatment and dates: (See Chlordane Disclosure Page 8)			<input checked="" type="checkbox"/>		_____/_____/_____ Month Day Year
35.	ENERGY AUDIT					
35a.	Has an Energy Audit been performed? If yes, attach a copy.	<input checked="" type="checkbox"/>				

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

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VII. OUTDOOR AMENITIES & STRUCTURES (Continued)						
		Yes	No	Unknown	N/A	Description/Explanation
37.	GARAGE/SHED/OR OTHER STRUCTURE					
37a.	Problems? Explain.			<input checked="" type="checkbox"/>		

VIII. CONDOMINIUM INFORMATION						
		Yes	No	Unknown	N/A	Description/Explanation
38.	PARKING					
38a.	Number of Spaces				<input checked="" type="checkbox"/>	_____ 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 checked="" 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 checked="" type="checkbox"/>	
39b.	Heat				<input checked="" type="checkbox"/>	
39c.	Electricity				<input checked="" type="checkbox"/>	
39d.	Hot Water				<input checked="" type="checkbox"/>	
39e.	Trash Removal				<input checked="" type="checkbox"/>	
39f.	Landscaping				<input checked="" type="checkbox"/>	
39g.	Snow Removal				<input checked="" type="checkbox"/>	
40.	RESERVE FUND					
40a.	Has advance payment been made to a condo reserve fund?				<input checked="" type="checkbox"/>	
40b.	If yes to 40a, how much?				<input checked="" type="checkbox"/>	
41.	CONDO ASSOCIATION FUND					
41a.	Is owners' association currently involved in any litigation? Explain.				<input checked="" 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 checked="" type="checkbox"/>	

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

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IX. RENTAL PROPERTY INFORMATION						
		Yes	No	Unknown	N/A	Description/Explanation
43.	RENT				<input checked="" type="checkbox"/>	Rent \$ _____ /month
43a.	Expiration date of each lease:				<input checked="" type="checkbox"/>	_____/_____/_____ Month Day Year
43b.	Any tenants without leases?				<input checked="" type="checkbox"/>	
43c.	Is owner holding last month's rent?				<input checked="" type="checkbox"/>	
43d.	Is owner holding security deposit?				<input checked="" type="checkbox"/>	
43e.	If yes to 43c. and/or 43de., has interest been paid?				<input checked="" type="checkbox"/>	
43f.	If security deposit held, attach a copy of Statement(s) of Conditions.				<input checked="" type="checkbox"/>	
43g.	Is there any outstanding notice of sanitary code violation? Explain.				<input checked="" 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 checked="" 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 AB CMV 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 04/27/2026 04/27/2026 Seller Arvind Govindarajan Seller Carla M Vale

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 AB CMV BUYER'S INITIALS