



**MLS # 73498683 - New
Single Family - Detached**

**44 Wilshire Circle
Dracut, MA 01826
Middlesex County**

List Price: **\$734,900**

Style: **Colonial**
Color: **Blue**
Grade School:
Middle School:
High School:
Approx. Acres: **0.92 (40,000 SqFt)**
Handicap Access/Features:
Directions: **Wheeler to Wilshire**

Total Rooms: **8**
Bedrooms: **4**
Bathrooms: **2f 1h**
Main Bath: **Yes**
Fireplaces: **1**
Approx. Street Frontage:
Accessory Dwelling Unit: **No**

Welcome to 44 Wilshire Circle! Nestled on a quiet circle in East Dracut and set on nearly an acre, this Colonial offers 4 bedrooms, 2.5 baths, and 2,200 sq. ft. of living space. The foyer leads to an open eat-in kitchen with an oversized island and ample cabinetry, perfect for entertaining. The spacious great room features a cathedral ceiling, wood-burning fireplace, and slider to the backyard. A sunlit dining room is ideal for gatherings, while the den offers a cozy place to relax. A half bath completes the main level. Upstairs are four bedrooms, including a primary en suite with a walk-in closet and tiled shower, plus a full hallway bath. Additional features include a Navien boiler/tankless hot water, three ductless AC units, and first-floor laundry. The partially finished lower level offers flexible space, storage, and garage access. Enjoy a semi-level lot with garden boxes and fruit-bearing apple and pear trees. Don't miss this one!

Property Information

Approx. Living Area Total: **2,228 SqFt** Living Area Includes Below-Grade SqFt: **No** Living Area Source: **Public Record**
Approx. Above Grade: **2,228 SqFt** Approx. Below Grade:
Living Area Disclosures: **Does not include the LL finished room that is not heated**

Heat Zones: **3 Central Heat, Hot Water Baseboard, Gas** Cool Zones: **3 Ductless Mini-Split System**
Parking Spaces: **6 Off-Street** Garage Spaces: **2 Under**
Disclosures: **Subject to seller closing on a property April 30, 2026 that is already Under Agreement**

Room Levels, Dimensions and Features

Room	Level	Size	Features
Living Room:	1	14X13	Flooring - Hardwood
Dining Room:	1	12X12	Flooring - Wall to Wall Carpet
Family Room:	1	14X13	Wood / Coal / Pellet Stove, Ceiling - Cathedral, Flooring - Wall to Wall Carpet, Balcony / Deck, Exterior Access, Slider
Kitchen:	1	26X12	Flooring - Stone/Ceramic Tile, Kitchen Island, Exterior Access, Gas Stove, Lighting - Overhead
Main Bedroom:	2	18X12	Bathroom - 3/4, Ceiling Fan(s), Closet - Walk-in, Flooring - Wall to Wall Carpet
Bedroom 2:	2	15X11	Ceiling Fan(s), Flooring - Wall to Wall Carpet
Bedroom 3:	2	12X12	Flooring - Wall to Wall Carpet
Bedroom 4:	2	14X7	Flooring - Wall to Wall Carpet
Bath 1:	1	7X5	Bathroom - Half, Flooring - Stone/Ceramic Tile
Bath 2:	2	8X8	Bathroom - Full, Flooring - Stone/Ceramic Tile
Bath 3:	2	3X8	Bathroom - 3/4, Flooring - Stone/Ceramic Tile
Laundry:	1	-	-
Play Room:	B	17X16	Flooring - Wall to Wall Carpet

Features

Appliances: **Range, Dishwasher, Microwave, Refrigerator, Vacuum System**
Area Amenities: **Public Transportation, Shopping, Tennis Court, Golf Course, Bike Path, Conservation Area, Highway Access, House of Worship**
Basement: **Yes Full, Partially Finished, Walk Out, Interior Access, Garage Access**
Beach: **No**
Construction: **Frame**
Electric: **200 Amps**

Other Property Info

Disclosure Declaration: **Yes**
Exclusions: **Washer and dryer.**
Home Own Assn:
Lead Paint: **None**
UFFI: Warranty Features:
Year Built: **1987** Source: **Public Record**

Exterior: **Clapboard**
Exterior Features: **Deck - Wood, Deck - Composite, Garden Area**
Flooring: **Tile, Vinyl, Wall to Wall Carpet, Hardwood**
Foundation Size:
Foundation Description: **Poured Concrete**
Hot Water: **Natural Gas, Tankless**
Insulation: **Unknown**
Interior Features: **Central Vacuum**
Lot Description: **Paved Drive, Easements**
Roof Material: **Asphalt/Fiberglass Shingles**
Sewer Utilities: **City/Town Sewer**
Utility Connections: **for Gas Range**
Water Utilities: **City/Town Water**
Waterfront: **No**
Water View: **No**

Year Built Description: **Actual**
Year Round:
Short Sale w/Lndr. App. Req: **No**
Lender Owned: **No**

Tax Information

Pin #:
Assessed: **\$641,100**
Tax: **\$6,488** Tax Year: **2025**
Book: **16759** Page: **194**
Cert:
Zoning Code: **R1**
Map: Block: Lot:

Office/Agent Information

Listing Office: **Foundation Brokerage Group**  (800) 983-1945
Listing Agent: **The Nancy Dowling Team (978) 314-4003**
Team Member(s): **Nancy A. Dowling**  (978) 314-4003
Sale Office:
Sale Agent:
Listing Agreement Type: **Exclusive Right to Sell**
Entry Only: **No**
Showing: Sub-Agency:
Showing: Buyer's Broker: **Lock Box,**  **Schedule with ShowingTime or Call 888-627-2775**
Showing: Facilitator: **Lock Box,**  **Schedule with ShowingTime or Call 888-627-2775**
Special Showing Instructions:

Firm Remarks

Please send offers in one PDF to NancyDowlingRE@gmail.com, NOT through Dot loop. One of the decks needs replacing.

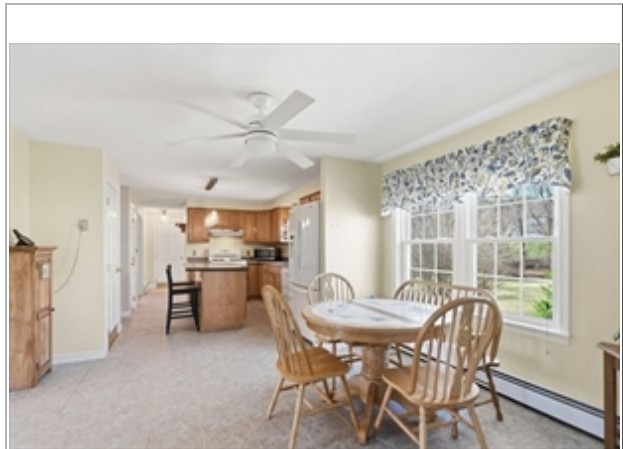
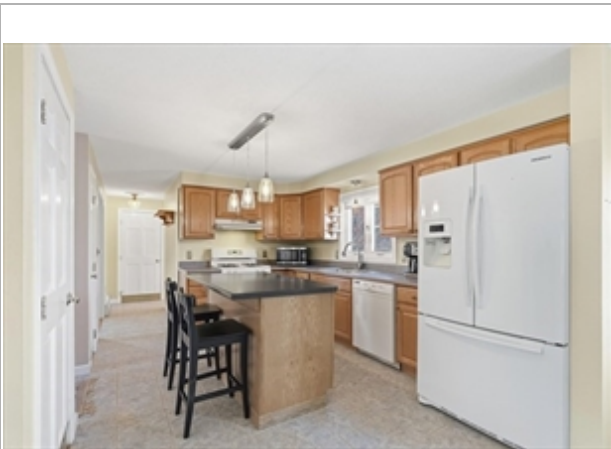
Market Information

Listing Date: **4/8/2026**
Days on Market: Property has been on the market for a total of **1** day(s)
Expiration Date: **10/8/2026**
Original Price: **\$734,900**
Off Market Date:
Sale Date:
Listing Market Time: MLS# has been on for **1** day(s)
Office Market Time: Office has listed this property for **1** day(s)
Cash Paid for Upgrades:
Seller Concessions at Closing:

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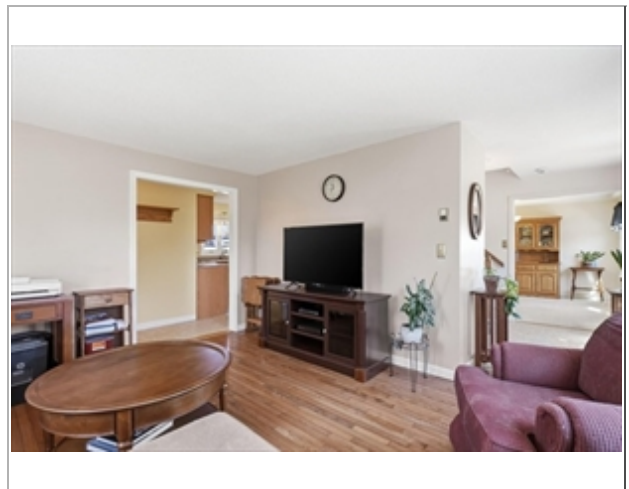
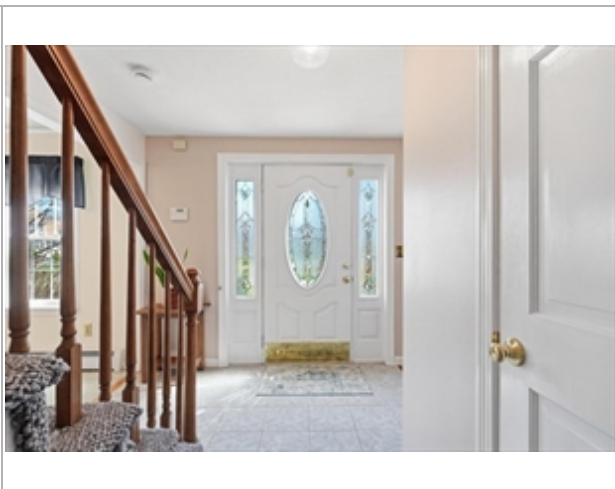
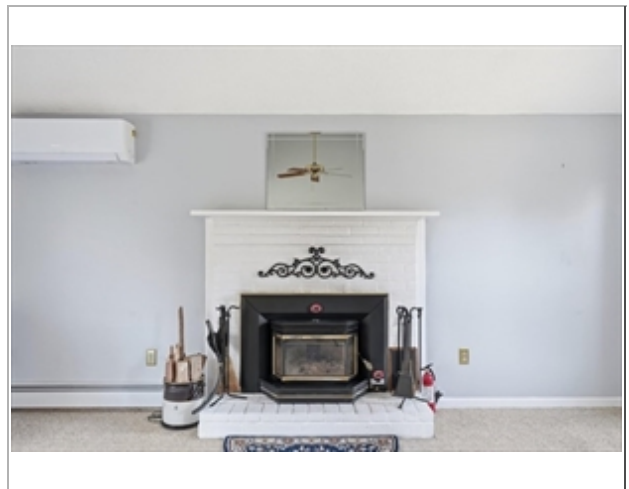
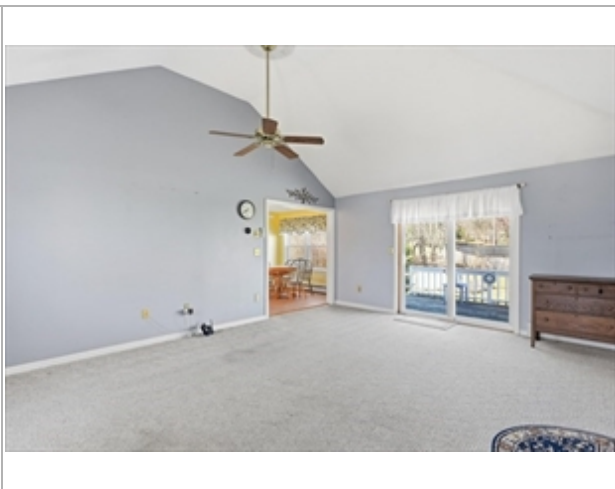
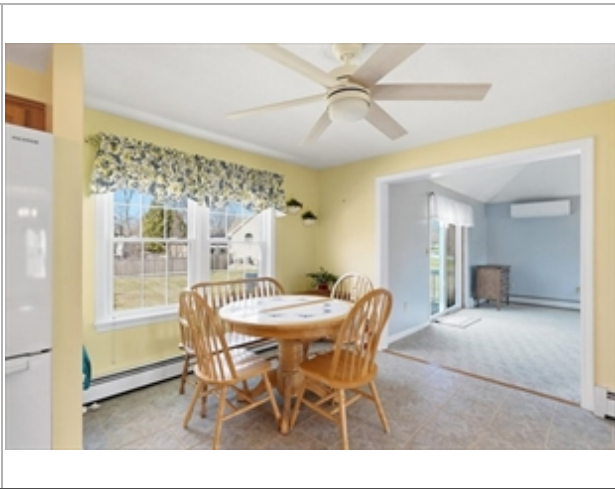
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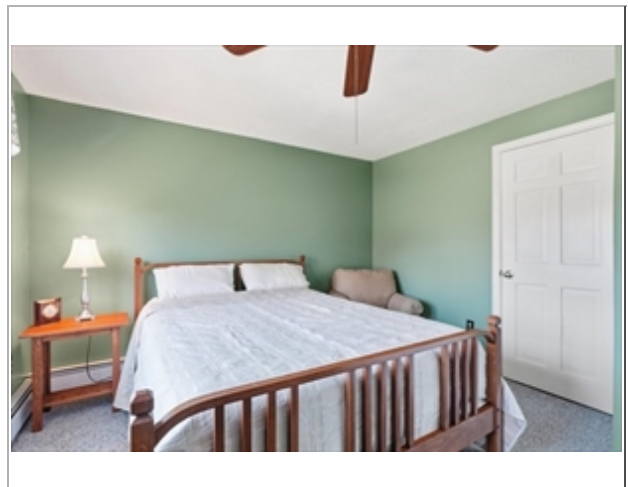
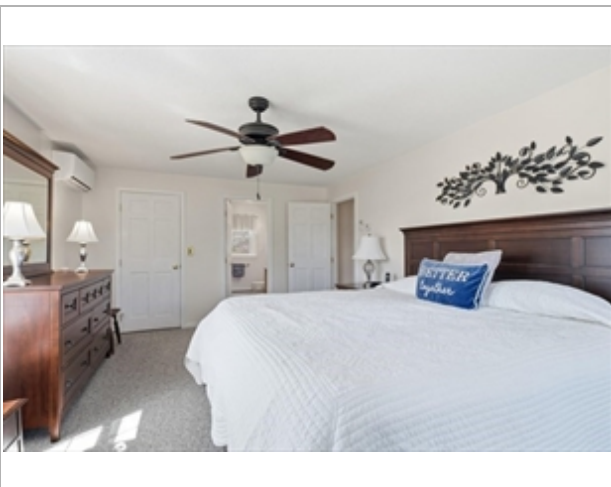
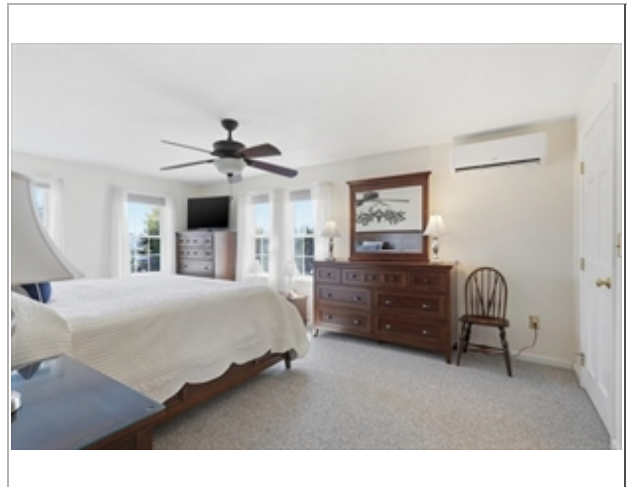
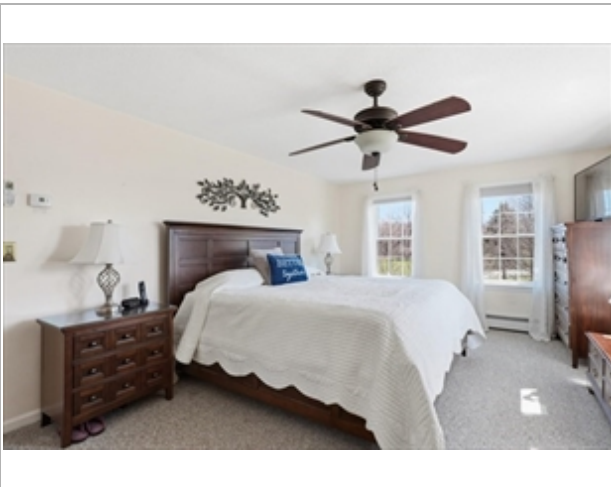
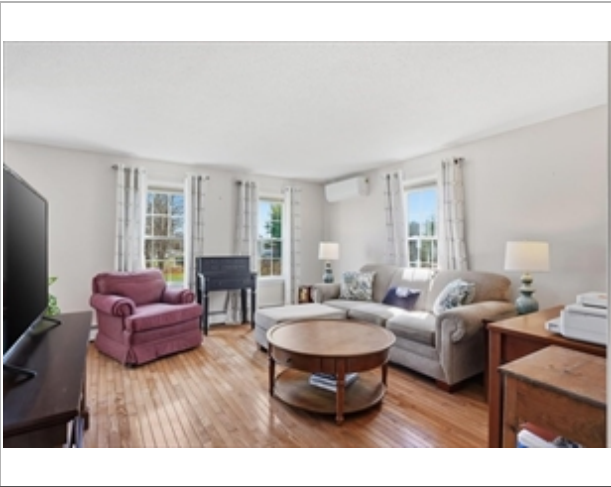
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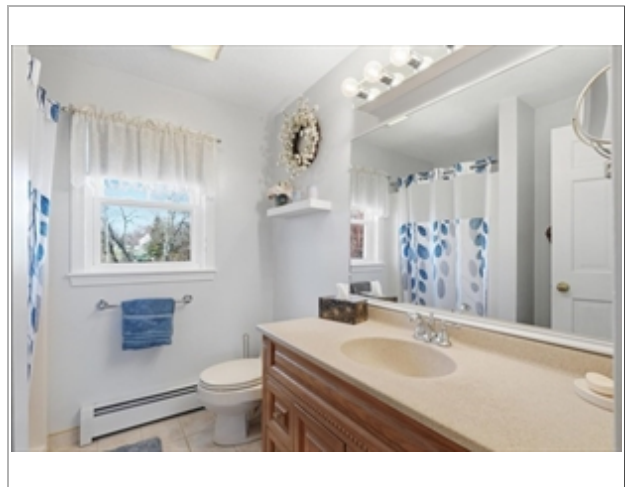
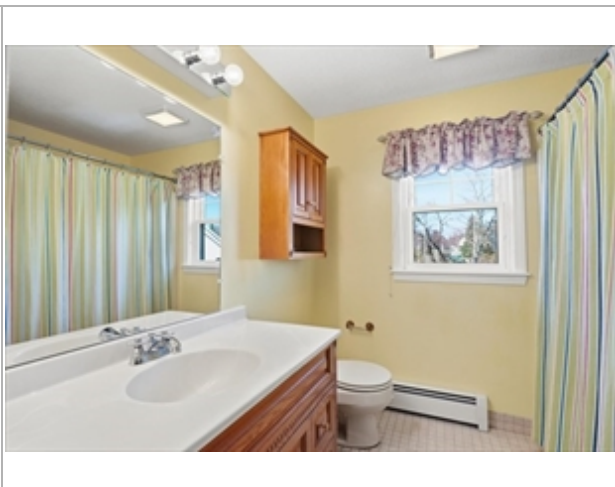
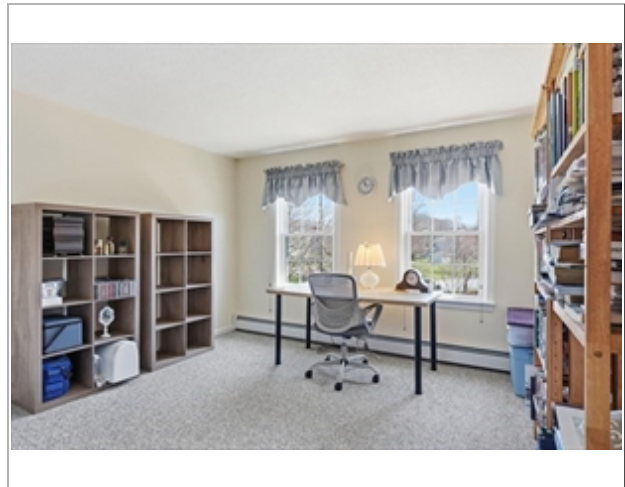
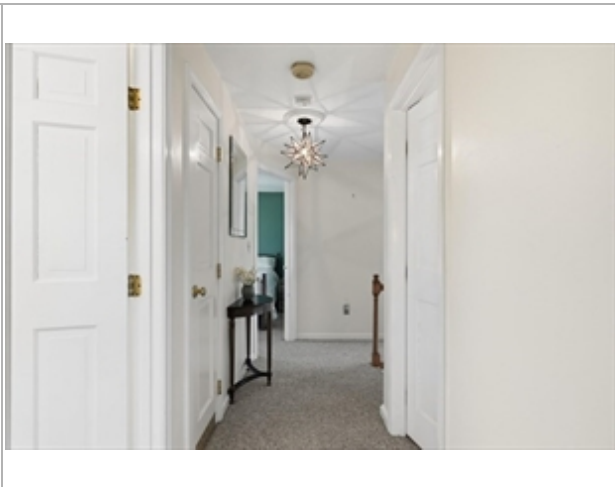
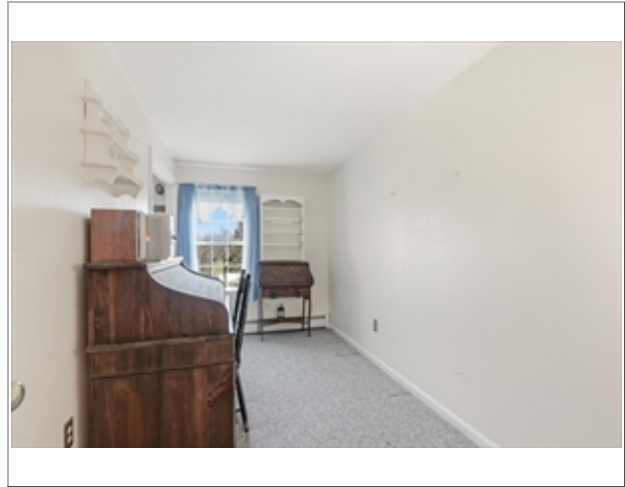
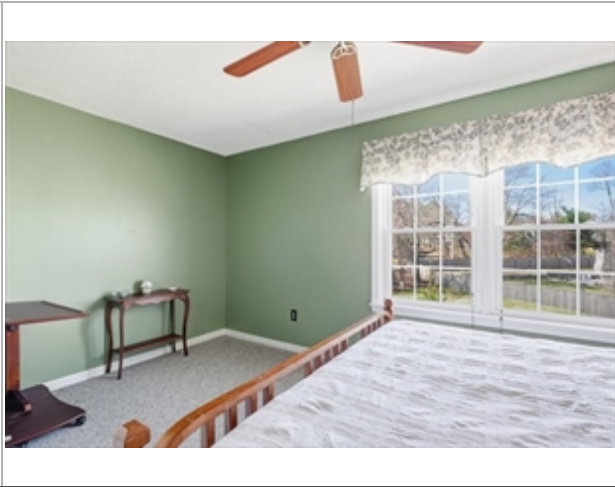
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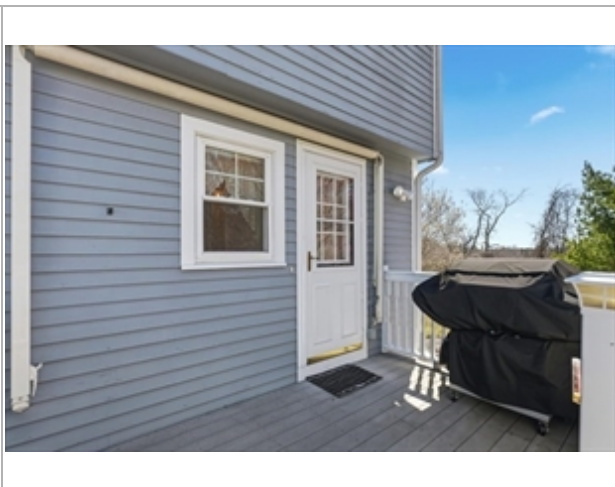
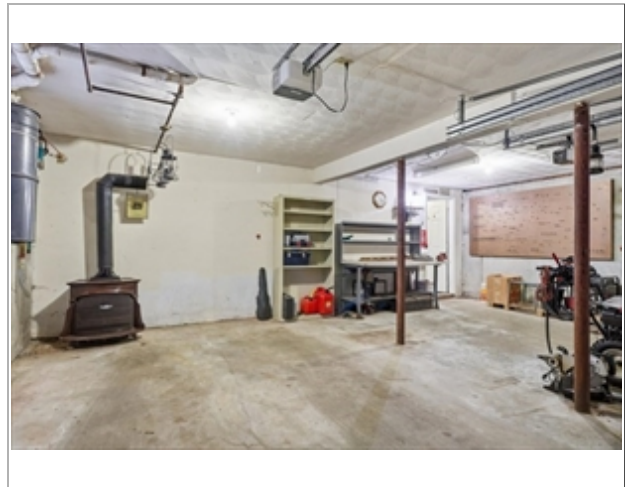
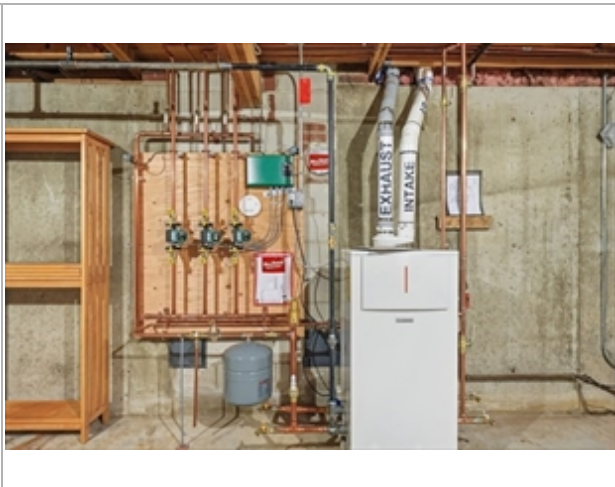
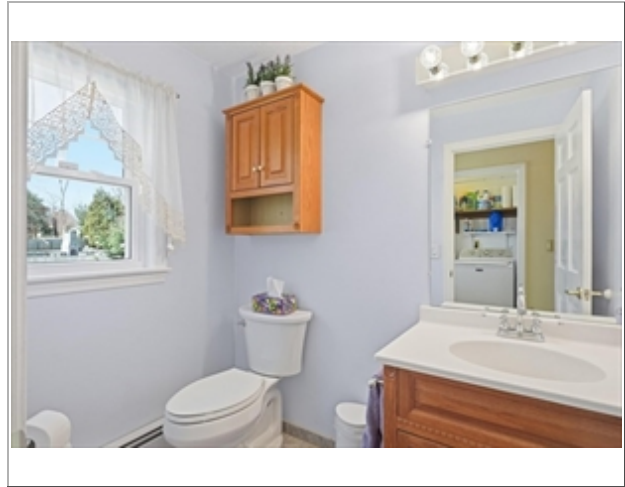
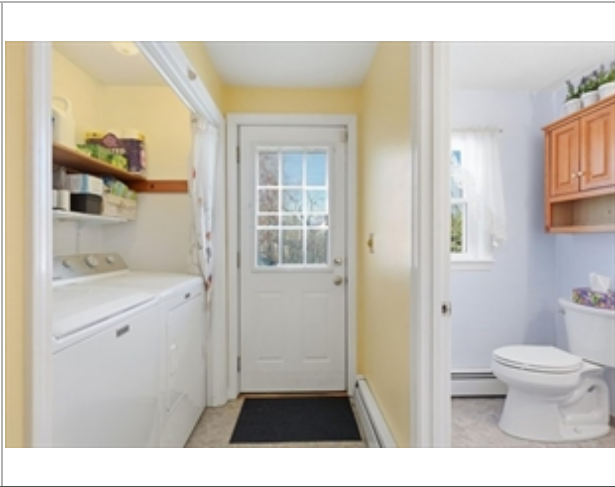
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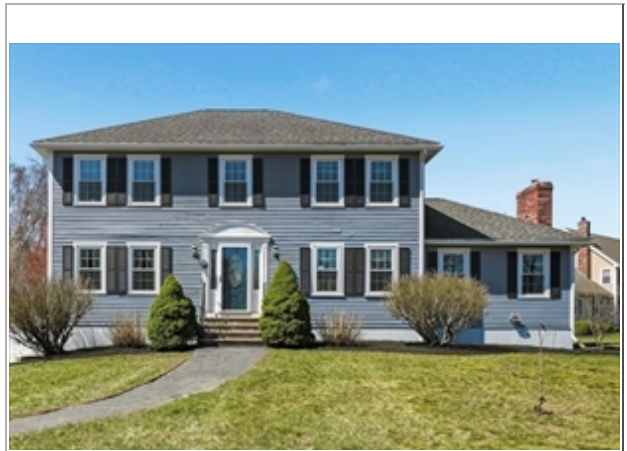
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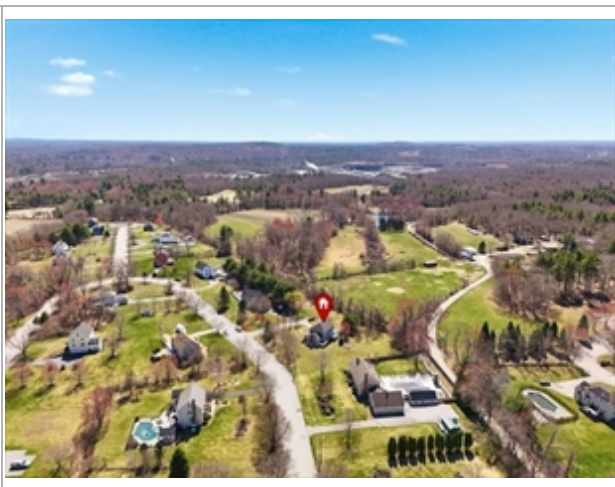
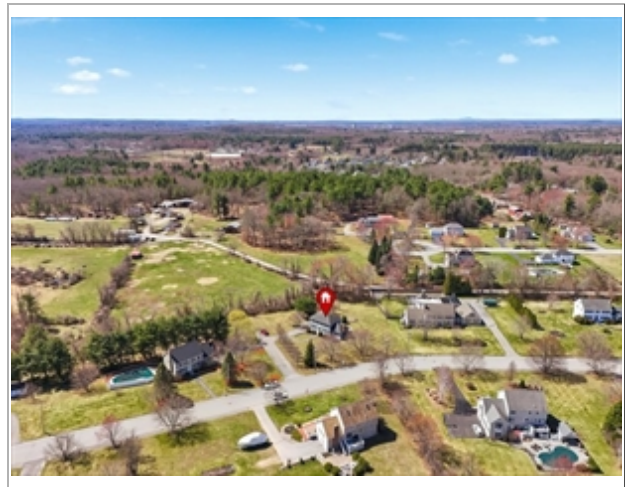
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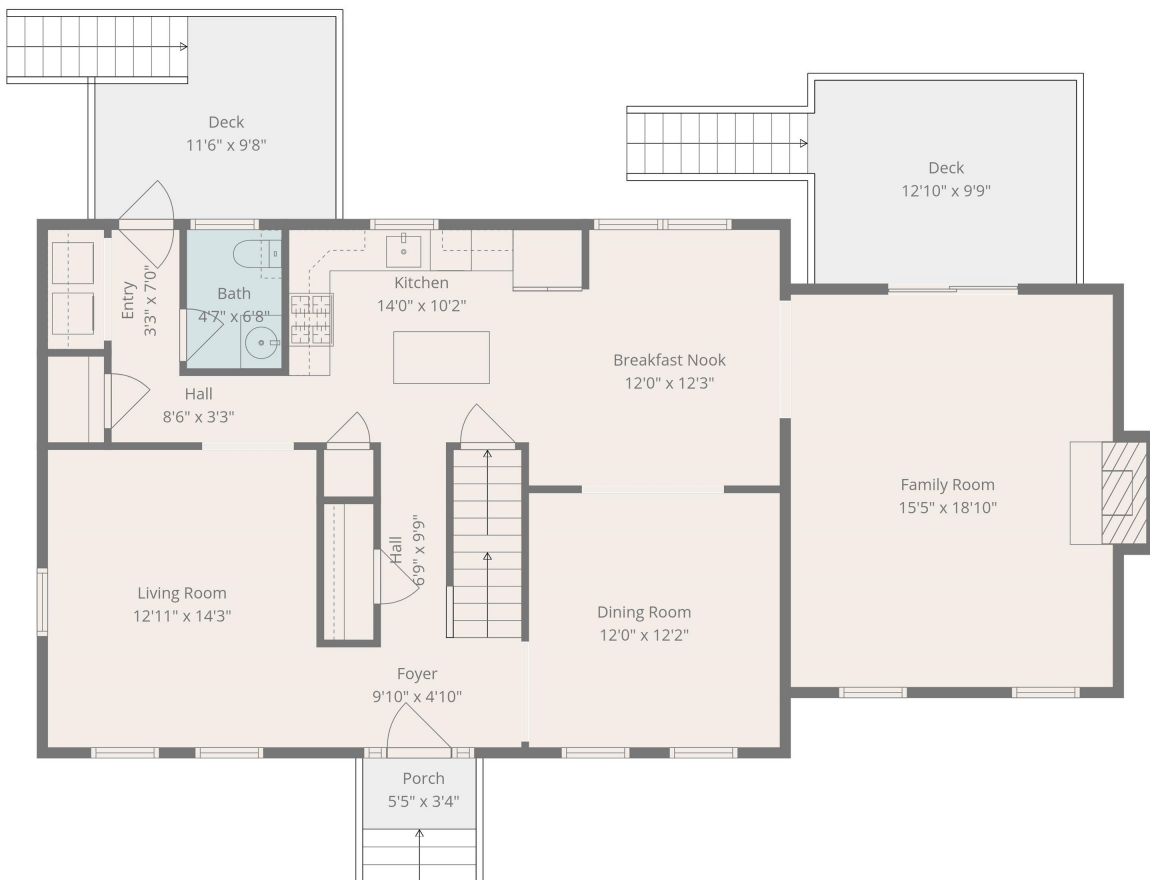


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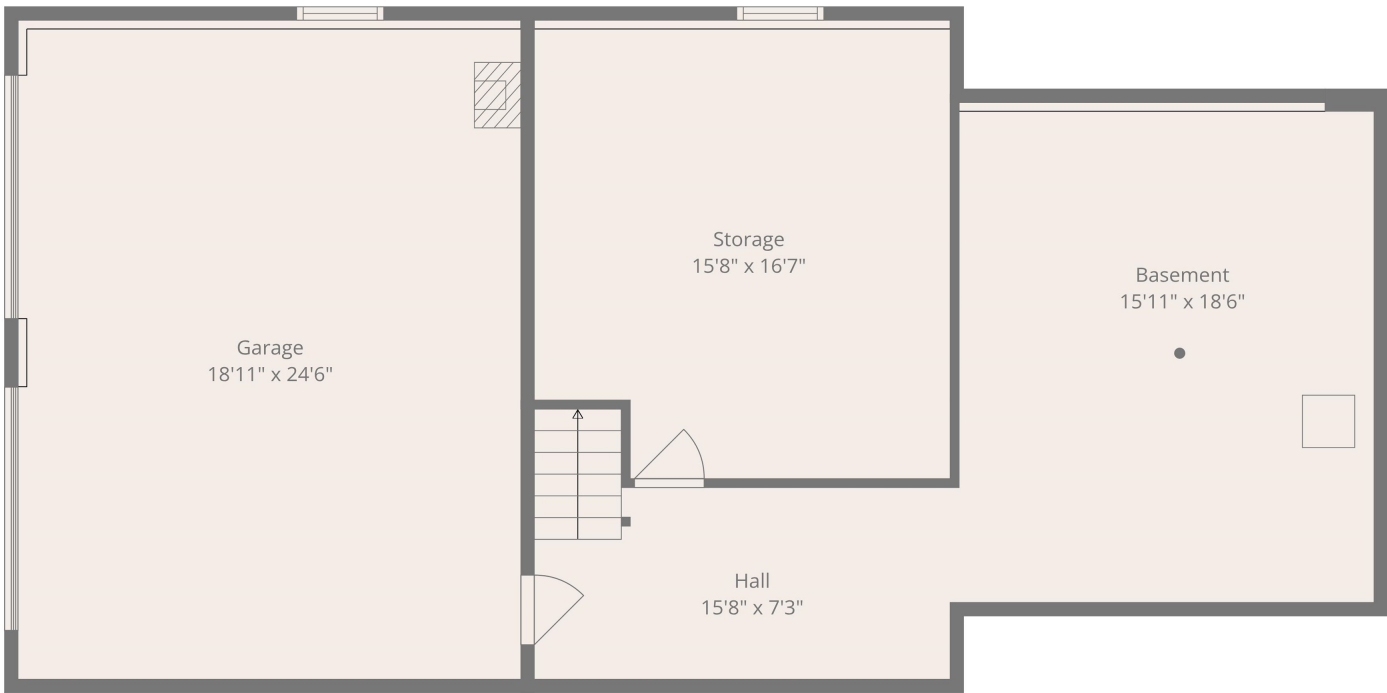
Total: 2076 sq. ft

Basement: 0 sq. Ft, 1st Floor: 1172 sq. Ft, 2nd Floor: 904 sq. ft
 Excluded Areas: Garage: 469 sq. Ft, Storage: 270 sq. Ft, Hall: 123 sq. Ft,
 Basement: 295 sq. Ft, Porch: 18 sq. Ft, Deck: 221 sq. Ft,
 Fireplace: 10 sq. Ft, Walls: 225 sq. ft



Measurement Deemed Highly Reliable But Not Guaranteed!



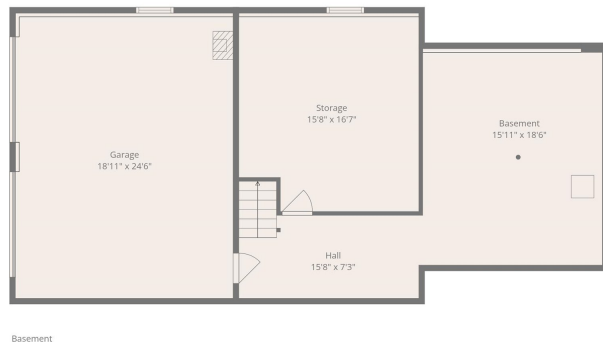
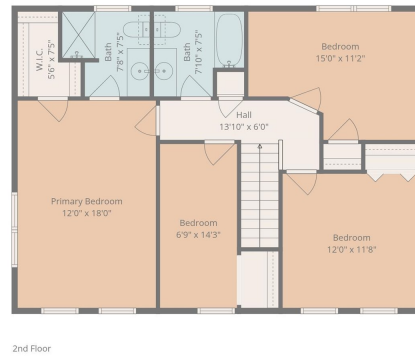


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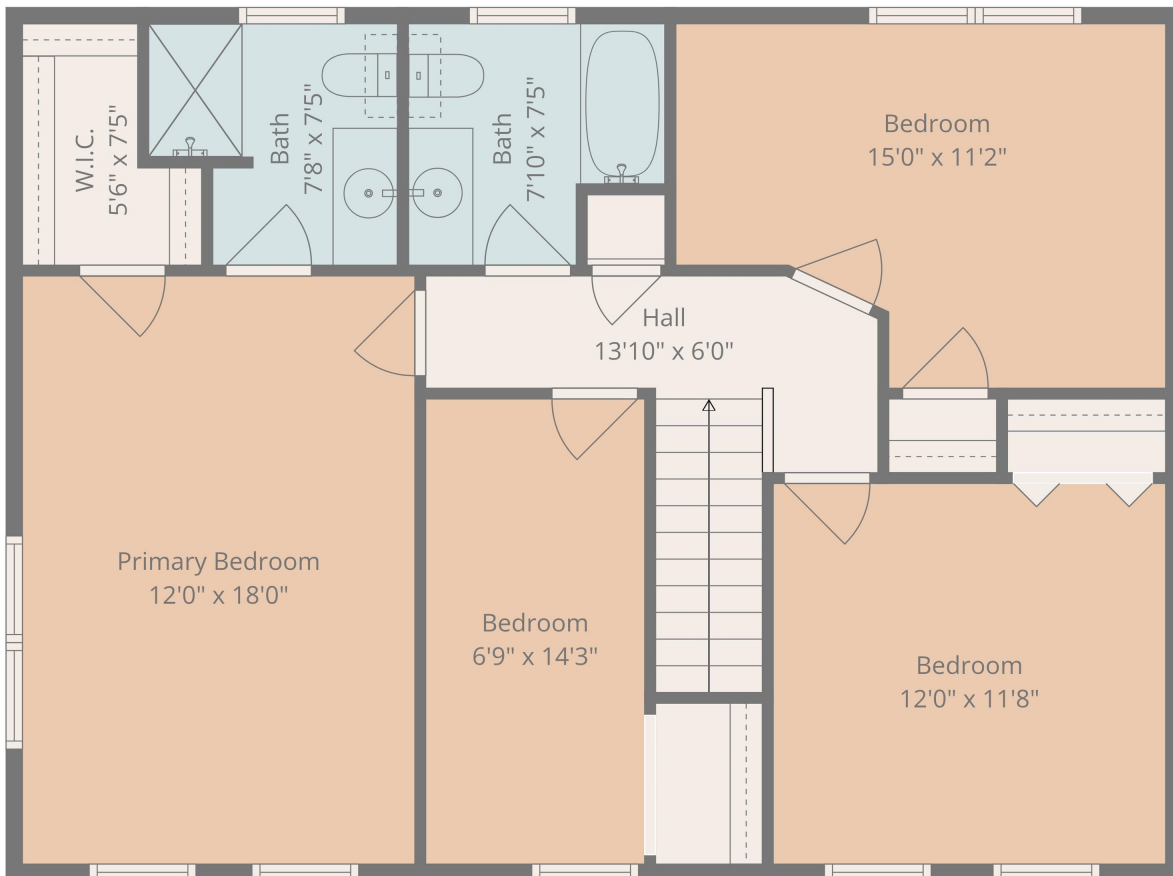


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THIS FORM IS TO BE COMPLETED BY THE SELLER. THE SELLER(S) AUTHORIZES THE BROKER OR SALESPERSON(S) TO PROVIDE THE FOLLOWING INFORMATION TO PROSPECTIVE BUYER(S). THIS INFORMATION IS BASED UPON THE SELLER'S KNOWLEDGE, BUT IS NOT INTENDED AS A GUARANTEE 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 44 Wilskere Circle
 Seller(s)/Owner(s) Jo-Ann Seropetis
 How long owned 12 years How long occupied 12 years Approximate Year Built 1987

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 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"/>	furnace + windows
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"/>	
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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10b.	If yes, type of tank			<input type="checkbox"/>	<input type="checkbox"/>	
10c.	If yes, is it still in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10d.	If not still in use, was it removed?	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	

SELLER'S INITIALS JS BUYER'S INITIALS





II. SYSTEM AND UTILITIES INFORMATION (Continued)						
		Yes	No	Unknown	N/A	Description/Explanation
11.	HEATING SYSTEM					
11a.	Type: HW/B Gas					New
11b.	Age: 8/25					
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11e.	Provide approximate date of last service:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11f.	Provide reason for service:			<input type="checkbox"/>	<input type="checkbox"/>	

III. WATER, SEWER & OTHER UTILITIES						
		Yes	No	Unknown	N/A	Description/Explanation
12.	DOMESTIC HOT WATER					
12a.	Type: Off boiler new			<input type="checkbox"/>	<input type="checkbox"/>	8/2025
12b.	Age: 8/25			<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 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 JA 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 type="checkbox"/>	<input type="checkbox"/>	Month _____ Day _____ Year _____
15d.	Report Attached?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15e.	Water Quality problems? Explain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15f.	Flow rate: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ (gal. /min.)
15g.	Age of Pump: _____			<input type="checkbox"/>	<input type="checkbox"/>	
15h.	Is there a filtration system? If yes, indicate age and type of filtration system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Age: _____ Type: _____

IV. ELECTRICAL SYSTEMS & UTILITIES						
		Yes	No	Unknown	N/A	Description/Explanation
16.	ELECTRICAL SYSTEM					
16a.	Problems? Explain.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17.	APPLIANCES					
17a.	List appliances that are included: <i>fridge, dishwasher stove.</i>			<input type="checkbox"/>	<input type="checkbox"/>	
17b.	Problems? Explain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18.	SECURITY SYSTEM					
18a.	Type: _____			<input type="checkbox"/>	<input checked="" type="checkbox"/>	
18b.	Age: _____			<input type="checkbox"/>	<input type="checkbox"/>	
18c.	Provide Name of Service Company			<input type="checkbox"/>	<input type="checkbox"/>	
18d.	Problems? Explain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19.	AIR CONDITIONING					
19a.	<input type="checkbox"/> Central <input type="checkbox"/> Window <input checked="" type="checkbox"/> Other. Explain. <i>2021.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>3 mini splits</i>
19b.	Problems? Explain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20.	SOLAR PANELS					
20a.	<input type="checkbox"/> Leased <input checked="" type="checkbox"/> Owned	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	

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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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 type="checkbox"/>	
23b.	Problems? Explain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24.	ROOF					
24a.	Age: <i>2007</i>			<input type="checkbox"/>	<input type="checkbox"/>	<i>2007 - replaced</i>
24b.	Problems? Explain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24c.	Location of leaks/repairs:			<input type="checkbox"/>	<input type="checkbox"/>	
25.	CHIMNEY/FIREPLACE					
25a.	Date last cleaned:			<input type="checkbox"/>	<input type="checkbox"/>	<i>1/25.</i> Month Day Year
25b.	Problems? Explain.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25c.	Presence of: <input checked="" 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"/>	<i>wood stove insert.</i>
25d.	If yes to 25c, in compliance with installation regulations/code/bylaws?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25e.	If no to 25d, Explain.			<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<i>Plywood</i>
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>2020 slider replaced 2016 all windows replaced</i>
29.	INSULATION					
29a.	Does house have insulation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>2015 energy audit</i>
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V. BUILDING/STRUCTURAL INFORMATION (Continued)						
		Yes	No	Unknown	N/A	Description/Explanation
29b.	If yes, type:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
29c.	Date Installed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Month Day <u>2015</u> Year
29d.	Location:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Attic</u>

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30b.	Has a fiber count been performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33.	MOLD					
33a.	Have you been advised of elevated levels of mold at the Property? Explain.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>no copy 2015</u>

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

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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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	deck of living room needs replacement

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"/>	Spaces
38b.	Of those spaces, identify the number that are:					Number of Spaces:
	<input type="checkbox"/> Deeded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Deeded _____
	<input type="checkbox"/> Exclusive Easements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exclusive Easements _____
	<input type="checkbox"/> Assigned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assigned _____
	<input type="checkbox"/> Unassigned or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unassigned _____
	<input type="checkbox"/> In Common area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In Common area _____
39.	CONDO FEES					
39a.	Current monthly fees for Unit are:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	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"/>	

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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.

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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 3/14/26 Seller Jo-Ann Scarpetis Seller

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 [Signature] BUYER'S INITIALS



Utility Information

Property Address: 44 Wilshire Braut, MA

Utility	Supplier	Avg. Monthly Cost
Electricity	<u>National Grid</u>	<u>106.00</u>
Water/Sewer	<u>Kenwood water</u> <u>Braut Sewer</u>	<u>265.00</u> <u>159.00</u>
Heating Oil: <input type="checkbox"/> Gas: <input checked="" type="checkbox"/> Propane: <input type="checkbox"/>	<u>National Grid</u>	<u>139 on a payment plan</u>
Cable/Internet	<u>xfinity/comcast</u>	<u>316.00</u>
Security System	<u>N/A</u>	<u>N/A</u>
Other	<u>Casella Trash</u>	<u>95.00 Qtr</u>

Jeanne Scarpato 3/15/26
Seller Date

Seller Date

Buyer Date

Buyer Date



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 44 Wilskere Circle
 Seller(s)/Owner(s) Jo-Ann Seropetis
 How long owned 12 years How long occupied 12 years Approximate Year Built 1987

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 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"/>	<u>furnace + windows</u>
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"/>	
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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10b.	If yes, type of tank			<input type="checkbox"/>	<input type="checkbox"/>	
10c.	If yes, is it still in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10d.	If not still in use, was it removed?	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	

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II. SYSTEM AND UTILITIES INFORMATION (Continued)						
		Yes	No	Unknown	N/A	Description/Explanation
11.	HEATING SYSTEM					
11a.	Type: <u>HWBB gas</u>					<u>new</u>
11b.	Age: <u>8/25</u>					
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11e.	Provide approximate date of last service:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11f.	Provide reason for service:			<input type="checkbox"/>	<input type="checkbox"/>	

III. WATER, SEWER & OTHER UTILITIES						
		Yes	No	Unknown	N/A	Description/Explanation
12.	DOMESTIC HOT WATER					
12a.	Type: <u>off boiler new</u>			<input type="checkbox"/>	<input type="checkbox"/>	<u>8/2025</u>
12b.	Age: <u>8/25</u>			<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 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"/>	

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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 type="checkbox"/>	<input type="checkbox"/>	Month _____ Day _____ Year _____
15d.	Report Attached?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15e.	Water Quality problems? Explain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15f.	Flow rate: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(gal. /min.)
15g.	Age of Pump: _____			<input type="checkbox"/>	<input type="checkbox"/>	
15h.	Is there a filtration system? If yes, indicate age and type of filtration system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Age: _____ Type: _____

IV. ELECTRICAL SYSTEMS & UTILITIES						
		Yes	No	Unknown	N/A	Description/Explanation
16.	ELECTRICAL SYSTEM					
16a.	Problems? Explain.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17.	APPLIANCES					
17a.	List appliances that are included: <i>fridge, dishwasher stove, microwave</i>			<input type="checkbox"/>	<input type="checkbox"/>	
17b.	Problems? Explain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18.	SECURITY SYSTEM					
18a.	Type: _____			<input type="checkbox"/>	<input checked="" type="checkbox"/>	
18b.	Age: _____			<input type="checkbox"/>	<input type="checkbox"/>	
18c.	Provide Name of Service Company			<input type="checkbox"/>	<input type="checkbox"/>	
18d.	Problems? Explain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19.	AIR CONDITIONING					
19a.	<input type="checkbox"/> Central <input type="checkbox"/> Window <input checked="" type="checkbox"/> Other. Explain. <i>2021</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>3 mini splits</i>
19b.	Problems? Explain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20.	SOLAR PANELS					
20a.	<input type="checkbox"/> Leased <input checked="" type="checkbox"/> Owned	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 *JS* 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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 type="checkbox"/>	
23b.	Problems? Explain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24.	ROOF					
24a.	Age: <i>2007</i>			<input type="checkbox"/>	<input type="checkbox"/>	<i>2007 - replaced</i>
24b.	Problems? Explain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24c.	Location of leaks/repairs:			<input type="checkbox"/>	<input type="checkbox"/>	
25.	CHIMNEY/FIREPLACE					<i>1/25.</i>
25a.	Date last cleaned:			<input 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 checked="" 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"/>	<i>wood stove insert.</i>
25d.	If yes to 25c, in compliance with installation regulations/code/bylaws?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25e.	If no to 25d, Explain.			<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<i>Plywood</i>
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					<i>2020 - slider replaced</i>
28a.	Problems? Explain.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>2016. all windows replaced</i>
29.	INSULATION					
29a.	Does house have insulation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>2015 energy audit</i>
SELLER'S INITIALS		BUYER'S INITIALS				



2024



2024 00015684

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Recorded: 06/06/2024 11:39 AM

QUITCLAIM DEED

44 Wilshire Circle, Dracut, Mass

We, Jo-Ann Screpetis and Peter J. Screpetis, husband and wife, of 44 Wilshire Circle, Dracut, Middlesex County, Massachusetts, for consideration paid, and in full consideration of One Dollar (\$1.00) grant to JoAnn M. Screpetis and Peter J. Screpetis, of 44 Wilshire Circle, Dracut, Massachusetts, as Trustees of the Screpetis Family Irrevocable Trust, under declaration of trust dated May 9, 2024, trustee certificate recorded herewith,

with *Quitclaim Covenants*

The land in said Dracut, Massachusetts, with the buildings thereon being shown as Lot 13 containing 40,000 square feet on a plan entitled "Definitive Subdivision Plan Rolling Meadows I, Dracut, Massachusetts 01826, November 18, 1986, Scale 1" = 100' by Cuoco and Cormier, Inc., Civil Engineers and Land Surveyors, P.O. Box 3574 Nashua, NH 03061." See said plan recorded at Plan Book 159, Plan 115 of the Middlesex North District Registry of Deeds for a more particular description.

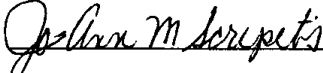
Said property is subject to easements and restrictions of record insofar as the same are in force and applicable. Said premises are now known and numbered as 44 Wilshire Circle, Dracut, Massachusetts.

The Grantors hereby specifically reassert any rights of homestead they have or may have acquired in the premises, and hereby declare that no other person or entity is entitled to protection under Mass. General Laws Ch. 188.

Being the same premises conveyed to the Grantors by deed recorded with the Middlesex North District Registry of Deeds in Book 33654, Page 176.

No examination or certification of title is made in conjunction with this deed.

WITNESS our hands and seals this 9 day of May, 2024.


Jo-Ann Screpetis


Peter j. Screpetis

COMMONWEALTH OF MASSACHUSETTS

MIDDLESEX, ss.

May 9, 2024

On this 9th day of May, 2024 before me, the undersigned Notary Public, personally appeared Jo-Ann Screpetis and Peter J. Screpetis and proved to me through satisfactory evidence of identification, which was personal knowledge, to be the persons whose names are signed on the preceding document and acknowledged to me that they signed it voluntarily, as their free act and deed, for its stated purpose.



JEFFREY A. HIGGINS
Notary Public
Commonwealth of Massachusetts
My Commission Expires
August 15, 2025

MASSACHUSETTS MANDATORY RESIDENTIAL HOME INSPECTION DISCLOSURE

Pursuant to Massachusetts regulation 760 CMR 74.00 *Residential Home Inspection Waivers*, this form must be signed by the buyer and seller prior to signing the first written contract to purchase a Residential Property in Massachusetts (unless one of the exceptions under 760 CMR 74.00 applies). Residential Property and Home Inspection shall be defined pursuant to 760 CMR 74.02.

Limitations on Home Inspection Waivers:

Every seller of Residential Property is notified that M.G.L. c. 143, § 101 and 760 CMR 74.00 prohibit a seller from accepting an agreement to purchase contingent upon waiver, limitation, or restriction of buyer's choice to obtain a Home Inspection, in whole or in part (unless one of the exceptions under 760 CMR 74.00 applies). A buyer of a Residential Property may choose to have the premises inspected by a licensed home inspector of the buyer's choice. If the buyer chooses to have a Home Inspection, the buyer shall have a reasonable period of time after the full execution of the first written contract, as agreed to by the seller and the buyer, to decide whether to proceed with the transaction if the results of the inspection are not satisfactory to the buyer.

Seller's Disclosure

Pursuant to 760 CMR 74.00, Seller warrants and represents that the agreement to purchase is not, and in no event shall be, contingent upon waiver, limitation, or restriction of Buyer's choice to obtain a Home Inspection, in whole or in part (unless one of the exceptions under 760 CMR 74.00 applies). Seller agrees and acknowledges that Buyer may choose to have the premises inspected by a licensed home inspector of the Buyer's choice. The Seller further agrees, warrants, and represents that, if the Buyer chooses to have a Home Inspection, the Buyer shall have a reasonable period of time after the full execution of the first written contract as agreed to by the Seller and the Buyer, to decide whether to proceed with the transaction if the results of the inspection are not satisfactory to the Buyer.

Buyer's Acknowledgment

Each buyer hereby acknowledges that they may choose to have the premises inspected by a licensed home inspector of the buyer's choice and acknowledges that this disclosure has been provided to the buyer herein.

Agent's Acknowledgment

Seller's agent hereby acknowledges that each seller has been informed of the seller's obligations under 760 CMR 74.00 and further acknowledges that this disclosure has been provided to each seller and buyer herein.

Certification of Accuracy

The following parties have reviewed the information above and certify that the information they have provided is true and accurate.

Property Address: 44 WILSHIRE CIRCLE
BRACUT, MA 01826

Jo-Ann Screpetis Jo-Ann Screpetis 3/14/26
Signature of Seller Print Name of Seller Date

Signature of Seller _____
Print Name of Seller _____
Date

Signature of Buyer _____
Print Name of Buyer _____
Date

Nancy Dowling Nancy Dowling 3/14/26
Signature of Seller's Agent* Print Name of Seller's Agent* Date

*Seller acknowledges that a Seller Agent was **not** involved in this transaction.

nice to meet you



Foundation Brokerage Group is an award-winning team of real estate professionals providing home sellers and buyers throughout Massachusetts, New Hampshire And Maine with extraordinary real estate experience for over 23 years.

With our in-depth market knowledge, time-saving technology, extensive marketing strategies, progressive & forward thinking you can count on Foundation Brokerage Group to guide you through one of life's most important decisions.

LET'S CONNECT

Nancy Dowling, REALTOR®



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NancyDowlingRE@gmail.com



www.TheNancyDowlingTeam.com



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