

|                                    |  |      |  |             |  |  |  |        |  |                                                                                                      |  |             |  |  |            |        |  |        |  |                                                                         |  |    |  |  |             |  |  |  |  |                                                                     |  |  |  |  |                 |  |  |  |  |                                                                |  |  |  |  |  |  |  |  |  |                              |  |  |  |  |                |  |  |  |  |         |  |  |  |  |        |  |  |  |  |                |  |  |  |  |      |  |  |  |  |      |  |  |  |  |                |  |  |  |  |
|------------------------------------|--|------|--|-------------|--|--|--|--------|--|------------------------------------------------------------------------------------------------------|--|-------------|--|--|------------|--------|--|--------|--|-------------------------------------------------------------------------|--|----|--|--|-------------|--|--|--|--|---------------------------------------------------------------------|--|--|--|--|-----------------|--|--|--|--|----------------------------------------------------------------|--|--|--|--|--|--|--|--|--|------------------------------|--|--|--|--|----------------|--|--|--|--|---------|--|--|--|--|--------|--|--|--|--|----------------|--|--|--|--|------|--|--|--|--|------|--|--|--|--|----------------|--|--|--|--|
| Property Location: 228 PLEASANT ST |  |      |  |             |  |  |  |        |  | MAP ID: 37/ 39/ 0/ /                                                                                 |  |             |  |  |            |        |  |        |  | Bldg Name:                                                              |  |    |  |  |             |  |  |  |  | State Use: 101                                                      |  |  |  |  |                 |  |  |  |  |                                                                |  |  |  |  |  |  |  |  |  |                              |  |  |  |  |                |  |  |  |  |         |  |  |  |  |        |  |  |  |  |                |  |  |  |  |      |  |  |  |  |      |  |  |  |  |                |  |  |  |  |
| Vision ID: 3055                    |  |      |  |             |  |  |  |        |  | Account #3105                                                                                        |  |             |  |  |            |        |  |        |  | Bldg #: 1 of 1                                                          |  |    |  |  |             |  |  |  |  | Sec #: 1 of 1                                                       |  |  |  |  |                 |  |  |  |  | Card 1 of 1                                                    |  |  |  |  |  |  |  |  |  | Print Date: 12/07/2018 10:10 |  |  |  |  |                |  |  |  |  |         |  |  |  |  |        |  |  |  |  |                |  |  |  |  |      |  |  |  |  |      |  |  |  |  |                |  |  |  |  |
| CURRENT OWNER                      |  |      |  |             |  |  |  |        |  | TOPO.                                                                                                |  |             |  |  | UTILITIES  |        |  |        |  | STRT./ROAD                                                              |  |    |  |  | LOCATION    |  |  |  |  | CURRENT ASSESSMENT                                                  |  |  |  |  |                 |  |  |  |  | <div>1006</div> <div>4ST LONGMEADOW, M</div> <div>VISION</div> |  |  |  |  |  |  |  |  |  |                              |  |  |  |  |                |  |  |  |  |         |  |  |  |  |        |  |  |  |  |                |  |  |  |  |      |  |  |  |  |      |  |  |  |  |                |  |  |  |  |
| NO PLACE LIKE HOME PROPERTIES      |  |      |  |             |  |  |  |        |  | 1 TYPCL                                                                                              |  |             |  |  |            |        |  |        |  |                                                                         |  |    |  |  | Description |  |  |  |  | Code                                                                |  |  |  |  | Appraised Value |  |  |  |  |                                                                |  |  |  |  |  |  |  |  |  | Assessed Value               |  |  |  |  |                |  |  |  |  |         |  |  |  |  |        |  |  |  |  |                |  |  |  |  |      |  |  |  |  |      |  |  |  |  |                |  |  |  |  |
| PO BOX 91199                       |  |      |  |             |  |  |  |        |  |                                                                                                      |  |             |  |  |            |        |  |        |  |                                                                         |  |    |  |  | RESIDENTL.  |  |  |  |  | 101                                                                 |  |  |  |  | 77,600          |  |  |  |  |                                                                |  |  |  |  |  |  |  |  |  | 77,600                       |  |  |  |  |                |  |  |  |  |         |  |  |  |  |        |  |  |  |  |                |  |  |  |  |      |  |  |  |  |      |  |  |  |  |                |  |  |  |  |
| SPRINGFIELD, MA 01139              |  |      |  |             |  |  |  |        |  |                                                                                                      |  |             |  |  |            |        |  |        |  |                                                                         |  |    |  |  | RES LAND    |  |  |  |  | 101                                                                 |  |  |  |  | 76,100          |  |  |  |  |                                                                |  |  |  |  |  |  |  |  |  | 76,100                       |  |  |  |  |                |  |  |  |  |         |  |  |  |  |        |  |  |  |  |                |  |  |  |  |      |  |  |  |  |      |  |  |  |  |                |  |  |  |  |
| Additional Owners:                 |  |      |  |             |  |  |  |        |  |                                                                                                      |  |             |  |  |            |        |  |        |  |                                                                         |  |    |  |  |             |  |  |  |  |                                                                     |  |  |  |  |                 |  |  |  |  |                                                                |  |  |  |  |  |  |  |  |  |                              |  |  |  |  |                |  |  |  |  |         |  |  |  |  |        |  |  |  |  |                |  |  |  |  |      |  |  |  |  |      |  |  |  |  |                |  |  |  |  |
|                                    |  |      |  |             |  |  |  |        |  | SUPPLEMENTAL DATA                                                                                    |  |             |  |  |            |        |  |        |  |                                                                         |  |    |  |  |             |  |  |  |  |                                                                     |  |  |  |  |                 |  |  |  |  |                                                                |  |  |  |  |  |  |  |  |  |                              |  |  |  |  |                |  |  |  |  |         |  |  |  |  |        |  |  |  |  |                |  |  |  |  |      |  |  |  |  |      |  |  |  |  |                |  |  |  |  |
|                                    |  |      |  |             |  |  |  |        |  | Other ID:<br>SP Permit<br>Chapter Land<br>OC Dates<br>In+Ex FY<br>Mailed<br>GIS ID: F_384046_2852736 |  |             |  |  |            |        |  |        |  | Received<br>Field 7<br>Field 8<br>Field 9<br>Field 10<br><br>ASSOC PID# |  |    |  |  |             |  |  |  |  |                                                                     |  |  |  |  |                 |  |  |  |  |                                                                |  |  |  |  |  |  |  |  |  |                              |  |  |  |  |                |  |  |  |  |         |  |  |  |  |        |  |  |  |  |                |  |  |  |  |      |  |  |  |  |      |  |  |  |  |                |  |  |  |  |
|                                    |  |      |  |             |  |  |  |        |  |                                                                                                      |  |             |  |  |            |        |  |        |  |                                                                         |  |    |  |  |             |  |  |  |  |                                                                     |  |  |  |  |                 |  |  |  |  |                                                                |  |  |  |  |  |  |  |  |  |                              |  |  |  |  |                |  |  |  |  |         |  |  |  |  |        |  |  |  |  |                |  |  |  |  |      |  |  |  |  |      |  |  |  |  |                |  |  |  |  |
| RECORD OF OWNERSHIP                |  |      |  |             |  |  |  |        |  | BK-VOL/PAGE                                                                                          |  |             |  |  | SALE DATE  |        |  |        |  | q/u                                                                     |  |    |  |  | v/i         |  |  |  |  | SALE PRICE                                                          |  |  |  |  | V.C.            |  |  |  |  | PREVIOUS ASSESSMENTS (HISTORY)                                 |  |  |  |  |  |  |  |  |  |                              |  |  |  |  |                |  |  |  |  |         |  |  |  |  |        |  |  |  |  |                |  |  |  |  |      |  |  |  |  |      |  |  |  |  |                |  |  |  |  |
| BRYAN CARINE T                     |  |      |  |             |  |  |  |        |  | 22111/ 67                                                                                            |  |             |  |  | 03/29/2018 |        |  |        |  | Q                                                                       |  |    |  |  | 1           |  |  |  |  | 152,900                                                             |  |  |  |  | 00              |  |  |  |  | Yr.                                                            |  |  |  |  |  |  |  |  |  | Code                         |  |  |  |  | Assessed Value |  |  |  |  | Yr.     |  |  |  |  | Code   |  |  |  |  | Assessed Value |  |  |  |  | Yr.  |  |  |  |  | Code |  |  |  |  | Assessed Value |  |  |  |  |
| NO PLACE LIKE HOME PROPERTIES LLC  |  |      |  |             |  |  |  |        |  | 21632/ 294                                                                                           |  |             |  |  | 04/07/2017 |        |  |        |  | U                                                                       |  |    |  |  | 1           |  |  |  |  | 37,000                                                              |  |  |  |  | 1L              |  |  |  |  | 2018                                                           |  |  |  |  |  |  |  |  |  | 101                          |  |  |  |  | 64,200         |  |  |  |  | 2017    |  |  |  |  | 101    |  |  |  |  | 72,000         |  |  |  |  | 2016 |  |  |  |  | 101  |  |  |  |  | 71,200         |  |  |  |  |
| BRIGGS MARY K                      |  |      |  |             |  |  |  |        |  | 14810/ 401                                                                                           |  |             |  |  | 01/27/2005 |        |  |        |  | U                                                                       |  |    |  |  | 1           |  |  |  |  | 118,000                                                             |  |  |  |  |                 |  |  |  |  | 2018                                                           |  |  |  |  |  |  |  |  |  | 101                          |  |  |  |  | 76,100         |  |  |  |  | 2017    |  |  |  |  | 101    |  |  |  |  | 74,300         |  |  |  |  | 2016 |  |  |  |  | 101  |  |  |  |  | 72,200         |  |  |  |  |
| TURNER HARTWELL A +,               |  |      |  |             |  |  |  |        |  | 03442/ 0518                                                                                          |  |             |  |  | 07/28/1969 |        |  |        |  | U                                                                       |  |    |  |  | 1           |  |  |  |  | 0                                                                   |  |  |  |  |                 |  |  |  |  |                                                                |  |  |  |  |  |  |  |  |  |                              |  |  |  |  |                |  |  |  |  |         |  |  |  |  |        |  |  |  |  |                |  |  |  |  |      |  |  |  |  |      |  |  |  |  |                |  |  |  |  |
|                                    |  |      |  |             |  |  |  |        |  |                                                                                                      |  |             |  |  |            |        |  |        |  |                                                                         |  |    |  |  |             |  |  |  |  |                                                                     |  |  |  |  |                 |  |  |  |  | Total:                                                         |  |  |  |  |  |  |  |  |  | 140,300                      |  |  |  |  | Total:         |  |  |  |  | 146,300 |  |  |  |  | Total: |  |  |  |  | 143,400        |  |  |  |  |      |  |  |  |  |      |  |  |  |  |                |  |  |  |  |
| EXEMPTIONS                         |  |      |  |             |  |  |  |        |  | OTHER ASSESSMENTS                                                                                    |  |             |  |  |            |        |  |        |  |                                                                         |  |    |  |  |             |  |  |  |  | This signature acknowledges a visit by a Data Collector or Assessor |  |  |  |  |                 |  |  |  |  |                                                                |  |  |  |  |  |  |  |  |  |                              |  |  |  |  |                |  |  |  |  |         |  |  |  |  |        |  |  |  |  |                |  |  |  |  |      |  |  |  |  |      |  |  |  |  |                |  |  |  |  |
| Year                               |  | Type |  | Description |  |  |  | Amount |  | Code                                                                                                 |  | Description |  |  |            | Number |  | Amount |  | Comm. Int.                                                              |  |    |  |  |             |  |  |  |  |                                                                     |  |  |  |  |                 |  |  |  |  |                                                                |  |  |  |  |  |  |  |  |  |                              |  |  |  |  |                |  |  |  |  |         |  |  |  |  |        |  |  |  |  |                |  |  |  |  |      |  |  |  |  |      |  |  |  |  |                |  |  |  |  |
|                                    |  |      |  |             |  |  |  |        |  |                                                                                                      |  |             |  |  |            |        |  |        |  |                                                                         |  |    |  |  |             |  |  |  |  |                                                                     |  |  |  |  |                 |  |  |  |  |                                                                |  |  |  |  |  |  |  |  |  |                              |  |  |  |  |                |  |  |  |  |         |  |  |  |  |        |  |  |  |  |                |  |  |  |  |      |  |  |  |  |      |  |  |  |  |                |  |  |  |  |
|                                    |  |      |  |             |  |  |  |        |  |                                                                                                      |  |             |  |  |            |        |  |        |  |                                                                         |  |    |  |  |             |  |  |  |  |                                                                     |  |  |  |  |                 |  |  |  |  |                                                                |  |  |  |  |  |  |  |  |  |                              |  |  |  |  |                |  |  |  |  |         |  |  |  |  |        |  |  |  |  |                |  |  |  |  |      |  |  |  |  |      |  |  |  |  |                |  |  |  |  |
|                                    |  |      |  |             |  |  |  |        |  |                                                                                                      |  |             |  |  |            |        |  |        |  |                                                                         |  |    |  |  |             |  |  |  |  |                                                                     |  |  |  |  |                 |  |  |  |  |                                                                |  |  |  |  |  |  |  |  |  |                              |  |  |  |  |                |  |  |  |  |         |  |  |  |  |        |  |  |  |  |                |  |  |  |  |      |  |  |  |  |      |  |  |  |  |                |  |  |  |  |
|                                    |  |      |  |             |  |  |  |        |  |                                                                                                      |  |             |  |  |            |        |  |        |  |                                                                         |  |    |  |  |             |  |  |  |  |                                                                     |  |  |  |  |                 |  |  |  |  |                                                                |  |  |  |  |  |  |  |  |  |                              |  |  |  |  |                |  |  |  |  |         |  |  |  |  |        |  |  |  |  |                |  |  |  |  |      |  |  |  |  |      |  |  |  |  |                |  |  |  |  |
|                                    |  |      |  |             |  |  |  |        |  |                                                                                                      |  |             |  |  |            |        |  |        |  |                                                                         |  |    |  |  |             |  |  |  |  |                                                                     |  |  |  |  |                 |  |  |  |  |                                                                |  |  |  |  |  |  |  |  |  |                              |  |  |  |  |                |  |  |  |  |         |  |  |  |  |        |  |  |  |  |                |  |  |  |  |      |  |  |  |  |      |  |  |  |  |                |  |  |  |  |
|                                    |  |      |  |             |  |  |  |        |  |                                                                                                      |  |             |  |  |            |        |  |        |  |                                                                         |  |    |  |  |             |  |  |  |  |                                                                     |  |  |  |  |                 |  |  |  |  |                                                                |  |  |  |  |  |  |  |  |  |                              |  |  |  |  |                |  |  |  |  |         |  |  |  |  |        |  |  |  |  |                |  |  |  |  |      |  |  |  |  |      |  |  |  |  |                |  |  |  |  |
|                                    |  |      |  |             |  |  |  |        |  |                                                                                                      |  |             |  |  |            |        |  |        |  |                                                                         |  |    |  |  |             |  |  |  |  |                                                                     |  |  |  |  |                 |  |  |  |  |                                                                |  |  |  |  |  |  |  |  |  |                              |  |  |  |  |                |  |  |  |  |         |  |  |  |  |        |  |  |  |  |                |  |  |  |  |      |  |  |  |  |      |  |  |  |  |                |  |  |  |  |
|                                    |  |      |  |             |  |  |  |        |  |                                                                                                      |  |             |  |  |            |        |  |        |  |                                                                         |  |    |  |  |             |  |  |  |  |                                                                     |  |  |  |  |                 |  |  |  |  |                                                                |  |  |  |  |  |  |  |  |  |                              |  |  |  |  |                |  |  |  |  |         |  |  |  |  |        |  |  |  |  |                |  |  |  |  |      |  |  |  |  |      |  |  |  |  |                |  |  |  |  |
|                                    |  |      |  |             |  |  |  |        |  |                                                                                                      |  |             |  |  |            |        |  |        |  |                                                                         |  |    |  |  |             |  |  |  |  |                                                                     |  |  |  |  |                 |  |  |  |  |                                                                |  |  |  |  |  |  |  |  |  |                              |  |  |  |  |                |  |  |  |  |         |  |  |  |  |        |  |  |  |  |                |  |  |  |  |      |  |  |  |  |      |  |  |  |  |                |  |  |  |  |
|                                    |  |      |  |             |  |  |  |        |  |                                                                                                      |  |             |  |  |            |        |  |        |  |                                                                         |  |    |  |  |             |  |  |  |  |                                                                     |  |  |  |  |                 |  |  |  |  |                                                                |  |  |  |  |  |  |  |  |  |                              |  |  |  |  |                |  |  |  |  |         |  |  |  |  |        |  |  |  |  |                |  |  |  |  |      |  |  |  |  |      |  |  |  |  |                |  |  |  |  |
|                                    |  |      |  |             |  |  |  |        |  |                                                                                                      |  |             |  |  |            |        |  |        |  |                                                                         |  |    |  |  |             |  |  |  |  |                                                                     |  |  |  |  |                 |  |  |  |  |                                                                |  |  |  |  |  |  |  |  |  |                              |  |  |  |  |                |  |  |  |  |         |  |  |  |  |        |  |  |  |  |                |  |  |  |  |      |  |  |  |  |      |  |  |  |  |                |  |  |  |  |
|                                    |  |      |  |             |  |  |  |        |  |                                                                                                      |  |             |  |  |            |        |  |        |  |                                                                         |  |    |  |  |             |  |  |  |  |                                                                     |  |  |  |  |                 |  |  |  |  |                                                                |  |  |  |  |  |  |  |  |  |                              |  |  |  |  |                |  |  |  |  |         |  |  |  |  |        |  |  |  |  |                |  |  |  |  |      |  |  |  |  |      |  |  |  |  |                |  |  |  |  |
|                                    |  |      |  |             |  |  |  |        |  |                                                                                                      |  |             |  |  |            |        |  |        |  |                                                                         |  |    |  |  |             |  |  |  |  |                                                                     |  |  |  |  |                 |  |  |  |  |                                                                |  |  |  |  |  |  |  |  |  |                              |  |  |  |  |                |  |  |  |  |         |  |  |  |  |        |  |  |  |  |                |  |  |  |  |      |  |  |  |  |      |  |  |  |  |                |  |  |  |  |
|                                    |  |      |  |             |  |  |  |        |  |                                                                                                      |  |             |  |  |            |        |  |        |  |                                                                         |  |    |  |  |             |  |  |  |  |                                                                     |  |  |  |  |                 |  |  |  |  |                                                                |  |  |  |  |  |  |  |  |  |                              |  |  |  |  |                |  |  |  |  |         |  |  |  |  |        |  |  |  |  |                |  |  |  |  |      |  |  |  |  |      |  |  |  |  |                |  |  |  |  |
|                                    |  |      |  |             |  |  |  |        |  |                                                                                                      |  |             |  |  |            |        |  |        |  |                                                                         |  |    |  |  |             |  |  |  |  |                                                                     |  |  |  |  |                 |  |  |  |  |                                                                |  |  |  |  |  |  |  |  |  |                              |  |  |  |  |                |  |  |  |  |         |  |  |  |  |        |  |  |  |  |                |  |  |  |  |      |  |  |  |  |      |  |  |  |  |                |  |  |  |  |
|                                    |  |      |  |             |  |  |  |        |  |                                                                                                      |  |             |  |  |            |        |  |        |  |                                                                         |  |    |  |  |             |  |  |  |  |                                                                     |  |  |  |  |                 |  |  |  |  |                                                                |  |  |  |  |  |  |  |  |  |                              |  |  |  |  |                |  |  |  |  |         |  |  |  |  |        |  |  |  |  |                |  |  |  |  |      |  |  |  |  |      |  |  |  |  |                |  |  |  |  |
|                                    |  |      |  |             |  |  |  |        |  |                                                                                                      |  |             |  |  |            |        |  |        |  |                                                                         |  |    |  |  |             |  |  |  |  |                                                                     |  |  |  |  |                 |  |  |  |  |                                                                |  |  |  |  |  |  |  |  |  |                              |  |  |  |  |                |  |  |  |  |         |  |  |  |  |        |  |  |  |  |                |  |  |  |  |      |  |  |  |  |      |  |  |  |  |                |  |  |  |  |
|                                    |  |      |  |             |  |  |  |        |  |                                                                                                      |  |             |  |  |            |        |  |        |  |                                                                         |  |    |  |  |             |  |  |  |  |                                                                     |  |  |  |  |                 |  |  |  |  |                                                                |  |  |  |  |  |  |  |  |  |                              |  |  |  |  |                |  |  |  |  |         |  |  |  |  |        |  |  |  |  |                |  |  |  |  |      |  |  |  |  |      |  |  |  |  |                |  |  |  |  |
|                                    |  |      |  |             |  |  |  |        |  |                                                                                                      |  |             |  |  |            |        |  |        |  |                                                                         |  |    |  |  |             |  |  |  |  |                                                                     |  |  |  |  |                 |  |  |  |  |                                                                |  |  |  |  |  |  |  |  |  |                              |  |  |  |  |                |  |  |  |  |         |  |  |  |  |        |  |  |  |  |                |  |  |  |  |      |  |  |  |  |      |  |  |  |  |                |  |  |  |  |
|                                    |  |      |  |             |  |  |  |        |  |                                                                                                      |  |             |  |  |            |        |  |        |  |                                                                         |  |    |  |  |             |  |  |  |  |                                                                     |  |  |  |  |                 |  |  |  |  |                                                                |  |  |  |  |  |  |  |  |  |                              |  |  |  |  |                |  |  |  |  |         |  |  |  |  |        |  |  |  |  |                |  |  |  |  |      |  |  |  |  |      |  |  |  |  |                |  |  |  |  |
|                                    |  |      |  |             |  |  |  |        |  |                                                                                                      |  |             |  |  |            |        |  |        |  |                                                                         |  |    |  |  |             |  |  |  |  |                                                                     |  |  |  |  |                 |  |  |  |  |                                                                |  |  |  |  |  |  |  |  |  |                              |  |  |  |  |                |  |  |  |  |         |  |  |  |  |        |  |  |  |  |                |  |  |  |  |      |  |  |  |  |      |  |  |  |  |                |  |  |  |  |
|                                    |  |      |  |             |  |  |  |        |  |                                                                                                      |  |             |  |  |            |        |  |        |  |                                                                         |  |    |  |  |             |  |  |  |  |                                                                     |  |  |  |  |                 |  |  |  |  |                                                                |  |  |  |  |  |  |  |  |  |                              |  |  |  |  |                |  |  |  |  |         |  |  |  |  |        |  |  |  |  |                |  |  |  |  |      |  |  |  |  |      |  |  |  |  |                |  |  |  |  |
|                                    |  |      |  |             |  |  |  |        |  |                                                                                                      |  |             |  |  |            |        |  |        |  |                                                                         |  |    |  |  |             |  |  |  |  |                                                                     |  |  |  |  |                 |  |  |  |  |                                                                |  |  |  |  |  |  |  |  |  |                              |  |  |  |  |                |  |  |  |  |         |  |  |  |  |        |  |  |  |  |                |  |  |  |  |      |  |  |  |  |      |  |  |  |  |                |  |  |  |  |
|                                    |  |      |  |             |  |  |  |        |  |                                                                                                      |  |             |  |  |            |        |  |        |  |                                                                         |  |    |  |  |             |  |  |  |  |                                                                     |  |  |  |  |                 |  |  |  |  |                                                                |  |  |  |  |  |  |  |  |  |                              |  |  |  |  |                |  |  |  |  |         |  |  |  |  |        |  |  |  |  |                |  |  |  |  |      |  |  |  |  |      |  |  |  |  |                |  |  |  |  |
|                                    |  |      |  |             |  |  |  |        |  |                                                                                                      |  |             |  |  |            |        |  |        |  |                                                                         |  |    |  |  |             |  |  |  |  |                                                                     |  |  |  |  |                 |  |  |  |  |                                                                |  |  |  |  |  |  |  |  |  |                              |  |  |  |  |                |  |  |  |  |         |  |  |  |  |        |  |  |  |  |                |  |  |  |  |      |  |  |  |  |      |  |  |  |  |                |  |  |  |  |
|                                    |  |      |  |             |  |  |  |        |  |                                                                                                      |  |             |  |  |            |        |  |        |  |                                                                         |  |    |  |  |             |  |  |  |  |                                                                     |  |  |  |  |                 |  |  |  |  |                                                                |  |  |  |  |  |  |  |  |  |                              |  |  |  |  |                |  |  |  |  |         |  |  |  |  |        |  |  |  |  |                |  |  |  |  |      |  |  |  |  |      |  |  |  |  |                |  |  |  |  |
|                                    |  |      |  |             |  |  |  |        |  |                                                                                                      |  |             |  |  |            |        |  |        |  |                                                                         |  |    |  |  |             |  |  |  |  |                                                                     |  |  |  |  |                 |  |  |  |  |                                                                |  |  |  |  |  |  |  |  |  |                              |  |  |  |  |                |  |  |  |  |         |  |  |  |  |        |  |  |  |  |                |  |  |  |  |      |  |  |  |  |      |  |  |  |  |                |  |  |  |  |
|                                    |  |      |  |             |  |  |  |        |  |                                                                                                      |  |             |  |  |            |        |  |        |  |                                                                         |  |    |  |  |             |  |  |  |  |                                                                     |  |  |  |  |                 |  |  |  |  |                                                                |  |  |  |  |  |  |  |  |  |                              |  |  |  |  |                |  |  |  |  |         |  |  |  |  |        |  |  |  |  |                |  |  |  |  |      |  |  |  |  |      |  |  |  |  |                |  |  |  |  |
|                                    |  |      |  |             |  |  |  |        |  |                                                                                                      |  |             |  |  |            |        |  |        |  |                                                                         |  |    |  |  |             |  |  |  |  |                                                                     |  |  |  |  |                 |  |  |  |  |                                                                |  |  |  |  |  |  |  |  |  |                              |  |  |  |  |                |  |  |  |  |         |  |  |  |  |        |  |  |  |  |                |  |  |  |  |      |  |  |  |  |      |  |  |  |  |                |  |  |  |  |
|                                    |  |      |  |             |  |  |  |        |  |                                                                                                      |  |             |  |  |            |        |  |        |  |                                                                         |  |    |  |  |             |  |  |  |  |                                                                     |  |  |  |  |                 |  |  |  |  |                                                                |  |  |  |  |  |  |  |  |  |                              |  |  |  |  |                |  |  |  |  |         |  |  |  |  |        |  |  |  |  |                |  |  |  |  |      |  |  |  |  |      |  |  |  |  |                |  |  |  |  |
|                                    |  |      |  |             |  |  |  |        |  |                                                                                                      |  |             |  |  |            |        |  |        |  |                                                                         |  |    |  |  |             |  |  |  |  |                                                                     |  |  |  |  |                 |  |  |  |  |                                                                |  |  |  |  |  |  |  |  |  |                              |  |  |  |  |                |  |  |  |  |         |  |  |  |  |        |  |  |  |  |                |  |  |  |  |      |  |  |  |  |      |  |  |  |  |                |  |  |  |  |
|                                    |  |      |  |             |  |  |  |        |  |                                                                                                      |  |             |  |  |            |        |  |        |  |                                                                         |  |    |  |  |             |  |  |  |  |                                                                     |  |  |  |  |                 |  |  |  |  |                                                                |  |  |  |  |  |  |  |  |  |                              |  |  |  |  |                |  |  |  |  |         |  |  |  |  |        |  |  |  |  |                |  |  |  |  |      |  |  |  |  |      |  |  |  |  |                |  |  |  |  |
|                                    |  |      |  |             |  |  |  |        |  |                                                                                                      |  |             |  |  |            |        |  |        |  |                                                                         |  | </ |  |  |             |  |  |  |  |                                                                     |  |  |  |  |                 |  |  |  |  |                                                                |  |  |  |  |  |  |  |  |  |                              |  |  |  |  |                |  |  |  |  |         |  |  |  |  |        |  |  |  |  |                |  |  |  |  |      |  |  |  |  |      |  |  |  |  |                |  |  |  |  |

| CONSTRUCTION DETAIL |      |     |             | CONSTRUCTION DETAIL (CONTINUED) |             |     |             |                          |  |         |
|---------------------|------|-----|-------------|---------------------------------|-------------|-----|-------------|--------------------------|--|---------|
| Element             | Cd.  | Ch. | Description | Element                         | Cd.         | Ch. | Description |                          |  |         |
| Style               | 19   |     | RANCH       | #Heat Sys                       | 1           |     |             |                          |  |         |
| Model               | 01   |     | RESIDENTIAL | Central Vac                     | 0           |     | NO          |                          |  |         |
| Grade               | C    |     | AVERAGE     | FBM Sqft                        |             |     |             |                          |  |         |
| Stories             | 1.00 |     | 1 STORY     | Int vs Ext                      | S           |     | SAME        |                          |  |         |
| Foundation          | 2    |     | CONC BLOCK  | MIXED USE                       |             |     |             |                          |  |         |
| Exterior Wall 1     | 20   |     | COMP CLAP   | Code                            | Description |     | Percentage  |                          |  |         |
| Exterior Wall 2     |      |     |             | 101                             | ONE FAM     |     | 100         |                          |  |         |
| Roof Structure      | 1    |     | GABLE       | COST/MARKET VALUATION           |             |     |             |                          |  |         |
| Roof Cover          | 1    |     | ASPHALT SH  |                                 |             |     |             |                          |  |         |
| Interior Wall 1     | 4    |     | SOLID WOOD  |                                 |             |     |             |                          |  |         |
| Interior Wall 2     | 2    |     | PLASTER     |                                 |             |     |             |                          |  |         |
| Interior Floor 1    | 4    |     | CARPET      |                                 |             |     |             | Adj. Base Rate:          |  | 127.06  |
| Interior Floor 2    | 6    |     | CERAMIC TL  |                                 |             |     |             |                          |  |         |
| Heat Fuel           | 2    |     | GAS         |                                 |             |     |             |                          |  |         |
| Heat Type           | 1    |     | FORCED H/A  |                                 |             |     |             | Replace Cost             |  | 136,212 |
| AC Type             | 01   |     | NONE        |                                 |             |     |             | AYB                      |  | 1952    |
| Bedrooms            | 2    |     |             |                                 |             |     |             | EYB                      |  | 1975    |
| Full Baths          | 1    |     |             |                                 |             |     |             | Dep Code                 |  | AV      |
| Half Baths          | 0    |     |             |                                 |             |     |             | Remodel Rating           |  |         |
| Extra Fixtures      | 0    |     |             |                                 |             |     |             | Year Remodeled           |  |         |
| Total Rooms         | 4    |     |             |                                 |             |     |             | Dep %                    |  | 43      |
| Bath Style          | A    |     | AVERAGE     |                                 |             |     |             | Functional Obslnc        |  |         |
| Kitchen Style       | A    |     | AVERAGE     |                                 |             |     |             | External Obslnc          |  |         |
| Kitchens            | 1    |     |             |                                 |             |     |             | Cost Trend Factor        |  | 1       |
| Extra Kitchens      | 0    |     |             |                                 |             |     |             | Condition                |  |         |
| Frame               | 1    |     | WOOD        |                                 |             |     |             | % Complete               |  |         |
| Basement Floor      |      |     |             |                                 |             |     |             | Overall % Cond           |  | 57      |
| Bsmt Garage         |      |     |             |                                 |             |     |             | Apprais Val              |  | 77,600  |
| Units               | 1    |     |             |                                 |             |     |             | Dep % Ovr                |  | 0       |
| WS Flues            |      |     |             |                                 |             |     |             | Dep Ovr Comment          |  |         |
| FBM Quality         |      |     |             |                                 |             |     |             | Misc Imp Ovr             |  | 0       |
| Fireplaces          | 1    |     |             |                                 |             |     |             | Misc Imp Ovr Comment     |  |         |
|                     |      |     |             |                                 |             |     |             | Cost to Cure Ovr         |  | 0       |
|                     |      |     |             |                                 |             |     |             | Cost to Cure Ovr Comment |  |         |

| OB-OUTBUILDING & YARD ITEMS(L) / XF-BUILDING EXTRA FEATURES(B) |             |     |              |     |       |            |    |     |       |     |      |           |
|----------------------------------------------------------------|-------------|-----|--------------|-----|-------|------------|----|-----|-------|-----|------|-----------|
| Code                                                           | Description | Sub | Sub Descript | L/B | Units | Unit Price | Yr | Gde | Dp Rt | Cnd | %Cnd | Apr Value |
|                                                                |             |     |              |     |       |            |    |     |       |     |      |           |

|                            |  |       |       |       |  |         |
|----------------------------|--|-------|-------|-------|--|---------|
| Ttl. Gross Liv/Lease Area: |  | 1,040 | 1,271 | 1,072 |  | 136,212 |
|----------------------------|--|-------|-------|-------|--|---------|

