

WOOD DESTROYING PESTS INSPECTION REPORT

No 632266

Firm (PCO) Carson Valley Ex. License No. 5599 Inspection Date 9-29-2021
 Address P.O. Box 2306 Gardnerville NV 89410 FHA/VA/Escrow or Mortgage No.
 Address of Property Inspected 973 Hillside Carson City 89201
 Inspection Ordered by Thomas Vander Laan - Coldwell Banker City Zip Code
 Inspection Report Sent to Same
 Owner's Name and Address. [REDACTED]

This inspection was made only to determine VISIBLE evidence of the presence or absence of noted organisms. It is made only in those areas of noted structures which were readily accessible and visible. Inspection has been made in the areas in which infestations are most likely to occur.

No inspection was made in inaccessible areas which might require breaking into, breaking apart, dismantling, removal or moving of an object, including but not limited to moldings, floor coverings, siding, ceilings, floors, furniture, appliances, and/or personal possessions.

THIS IS NOT A STRUCTURAL DAMAGE REPORT, neither is it a WARRANTY as to the absence of wood-destroying organisms. The report is not to be construed to constitute a guarantee against future infestations, but is indicative of the condition of the premises ON THE DATE OF THE INSPECTION. This report is NOT intended to determine the presence of organisms which may be detrimental to human health.

- ☒ This is not a structural damage report. ☒ This is not a guarantee against future infestations.
☒ This is not a structural soundness report. ☒ This is not a mold inspection report.
 (Structural soundness should be determined by a qualified building expert.)

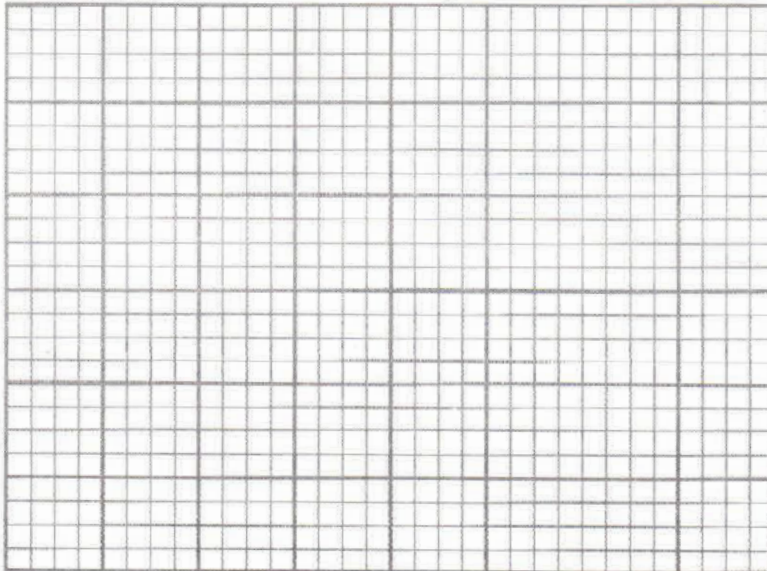
Neither I nor the company for which I am acting have had, presently have, or contemplate having any interest in the property. I do further state that neither I nor the company for which I am acting is financially associated in any way with or related to any party to this transaction.

Paul O'Connell 5599 Paul O'Connell
 Type or Print Name of Inspector Inspector License No. Signature of Inspector

INFESTATION: (See diagram and explanation below.)

	Evidence of		Active	Inactive
	No	Yes		
Termites	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Wood-destroying Insects	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wood-destroying Fungi	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location of Tag: ☐ Under Sink ☐ Crawl Space ☐ Other: _____



CONDITIONS CONDUCIVE TO INFESTATION:

	Yes	No
Earth-Wood Contacts	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Faulty Grades	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Insufficient Ventilation	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Excessive Moisture	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cellulose Debris	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(See back for definition of infestation and conditions conducive to infestation)

GRAPH EXPLANATIONS:

All clear no visible wood
pests
Note: staining in attic
and in crawl space on rim
joist from past moisture
master shower drain line
has a leak in crawl space

Seller has plumber scheduled for 10/6/2021 to fix master shower drain line leak in crawlspace. Invoice will be uploaded once fixed.

Scale (optional)

Treatment Date Area Treated

Product Used EPA Registration No.

I have received the original or a legible copy of this form.

Signature of Purchaser

Date