

WOOD DESTROYING PESTS INSPECTION REPORT

No 682204

Firm (PCO) Carson Valley ExT License No 5599 Inspection Date 7-18-2023
Address P.O. Box 2800 Granddenville NV 89410 Inspection Time 8:00
Address of Property Inspected 3291 200th St Wellington NV 89411
Inspection Ordered by Thomas Vander Loo FHA/VA/Escrow or Mortgage No
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.

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 is not a structural damage report.
This is not a guarantee against future infestations.
This is not a mold inspection report.
This is not a structural soundness 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'Neil Type or Print Name of Inspector 5599 Inspector License No. [Signature] Signature of Inspector

INFESTATION: (See diagram and explanation below)

Table with columns: Evidence of (No, Yes), Active, Inactive. Rows: Termites, Other Wood-destroying Insects, Wood-destroying Fungi.

CONDITIONS CONDUCTIVE TO INFESTATION:

- Earth-Wood Contacts
Faulty Grades
Insufficient Ventilation
Excessive Moisture
Cellulose Debris

Location of Tag: Under Sink, Crawl Space, Other

GRAPH EXPLANATIONS:

All Clear

Received and Reviewed by:
Signature Date:
Signature Date:

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