

WOOD DESTROYING PESTS INSPECTION REPORT

No 683418

Firm (PCO) Carson Valley Ext. License No. 5599 Inspection Date 8-8-2023  
 Address P.O. Box 2306 Gardnerville, NV 89410 Inspection Time 11:00  
 Address of Property Inspected 1926 Currant Gardnerville 89410  
 City Zip Code  
 Inspection Ordered by Thermon Vander Laan FHA/VA/Escrow or Mortgage No \_\_\_\_\_  
 Inspection Report Sent to Same  
 Owner's Name and Address \_\_\_\_\_

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 Orbellah  
 Type or Print Name of Inspector

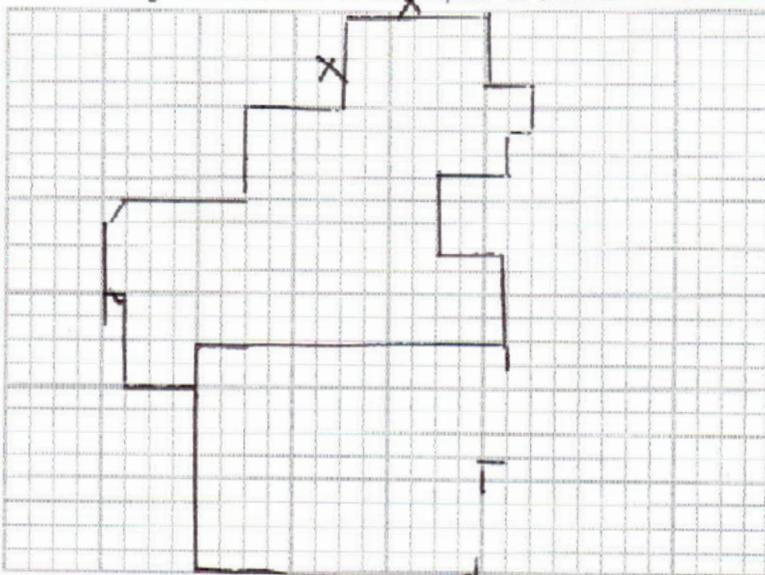
5599  
 Inspector License No.

[Signature]  
 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 checked="" type="checkbox"/> | <input 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:

X Earth Wood Contacts  
on siding in Bulk

See Item 1.1 of Home Inspection Report & Exhibit: Seller  
 Repair Itemization

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 \_\_\_\_\_