WOOD DESTROYING PESTS INSPECTION REPORT

No 645378

Firm (PCO) Carson	Valler	EXT.		License No. 5	S99 Inspection Date 4-19-20 v or Mortgage No
Address P.O. Bax 2306	Garah	rewill	NV8	9410 FHA/VA/ESCROY	y or Mortgage No
Address of Property Inspected	731	Bauga	v. 1	illea De 1	ninder 89423
Address of Property Inspected	201 11	20090	1000	Cala uses	Road Zip Code
Inspection Report Sent to	ne				
of noted structures which were readil No inspection was made in inac object, including but not limited to m THIS IS NOT A STRUCTURA report is not to be construed to consti OF THE INSPECTION. This report	ly accessible a ecessible areas soldings, floor L DAMAGE tute a guarant is NOT intend	ISIBLE eviden nd visible. Insp s which might coverings, sidin REPORT, neit tee against futu ded to determin	ice of the precion has been been been been been been been bee	resence or absence of noted been made in the areas in weaking into, breaking apart floors, furniture, appliance WARRANTY as to the abso ons, but is indicative of the conce of organisms which ma	ence of wood-destroying organisms. The ondition of the premises ON THE DATE
This is not a structural damage re	1	This is not a mo	old inspect	Marine Control of the	
This is not a structural soundness				_	
Neither I nor the company for what neither I nor the company for what that neither I nor the company for what the					interest in the property. I do further state o any party to this transaction.
Paul Ornellas Type or Print Name of Inspe		5	599	Pele	Signature of Inspector
INFESTATION: (See diagram and ex	ctor planation belo	insp iw.)	pector License	CONDITIONS CONDI	CIVE TO INFESTATION:
	Evidence o	of Active Yes	Inactive		Yes No
Termites	25				
Other Wood-destroying Insects Wood-destroying Fungi	<u>25</u>				
Location of Tag: Under Sink	Crawl Space	Other:	-	Cellulose Debris	🗆 🗶
					infestation and conditions conducive to infestation
				GRAPH EXPLANATIO	NS:
			1	All CI	CAY NO VISIBLE
				11000 DE	4.43
				Received and Review	wed
				by:	•••••
				Signature_	
				Signature_	
				oignature_	Date.
Engle Contraction of the Contrac				J.	
Scale(optional) Treatment Date	Δ	rea Treated			
I have received the original or a I			EFF	registration No.	*
	Signature of F	Purchaser			Date