

OFFICIAL NORTH CAROLINA WOOD-DESTROYING INSECT INFORMATION REPORT

This is to report that a qualified inspector employed by the below-named firm has carefully inspected readily accessible areas of the property located at the address below for wood-destroying insects. This report specifically excludes hidden areas and areas not readily accessible (see section 2 below) and the undersigned pest control operator has not made any inspection of such hidden areas or of such areas not readily accessible. This is not a warranty as to the total absence of wood-destroying insects or damage from same. This inspection described herein was made on the basis of visible evidence. This report is submitted without warranty, guarantee, or representation as to concealed evidence of infestation or damage or as to any future infestation.

1. Seller's Name(s): BAYAK OWNED (XENITH/UNION BANK TRUST)
 Buyer's Name(s): DAVID CLARK
 Address of Property: 5012 Martins Road, Pitt. County, NC 29149
 Structure(s) Inspected: A. Main Residence Only B. Other (Garage locked)

FINDINGS

2. Areas of the property which are deemed to be obstructed or inaccessible: Attic not checked due to insulation & Inspector safety. Partially obstructed crawlspace, stored materials in closet under the stairs, appliances & block view

Note: Certain areas of all structures are obstructed or inaccessible (see sections 2 & 3 on reverse side for conditions governing this report.)

If there is evidence of a previous or an active infestation of subterranean termites and/or other wood-destroying insects in the wooden members, it must be assumed that there is some damage to the wooden members caused by this infestation, no matter how slight. If this is the case, the structural integrity of this property should be evaluated by a qualified building expert. (For the purpose of completing this report "infestation" means evidence of past or present activity by a wood-destroying insect visible in, on, or under a structure, or in or on debris under the structure.)

3. Inspection revealed visible evidence of:	Location of visible evidence of infestation:
<input checked="" type="checkbox"/> A. Subterranean termites <input type="checkbox"/> 1. Control measures were performed. <input checked="" type="checkbox"/> 2. No control measures were performed. <input type="checkbox"/> 3. Visible evidence of a previously treated infestation which now appears to be inactive.	Tunnel tubes found on front interior crawlspace wall in main crawlspace
<input type="checkbox"/> B. Powder post Beetles <input type="checkbox"/> 1. Control measures were performed. <input type="checkbox"/> 2. No control measures were performed. <input type="checkbox"/> 3. An infestation which now appears to be inactive.	
<input type="checkbox"/> C. Old House Borers <input type="checkbox"/> 1. Control measures were performed. <input type="checkbox"/> 2. No control measures were performed. <input type="checkbox"/> 3. An infestation which now appears to be inactive.	
<input type="checkbox"/> D. Others: <input type="checkbox"/> 1. Control measures were performed. <input type="checkbox"/> 2. No control measures were performed. <input type="checkbox"/> 3. An infestation which now appears to be inactive.	

4. No visible evidence of infestation from wood-destroying insects was observed.

5. The following conditions conducive to subterranean termites were noted in this property: vegetation, wood with standing water in crawlspace, stored wood in crawlspace, wood to ground contact

FIRM: AERO PEST CONTROL PCO Lic No. W 2100 Date: 1/13/18
 Address: P O BOX 36, HARBINGER, NC 27941 Telephone: (252) 491-5487
 Signature of Authorized Company Rep: J. Padilla Title: Certified Applicator

Purchaser's signature is required on reverse side.
 OVER

CONDITIONS GOVERNING THIS REPORT

1. This report is based on observations and opinions of the inspector. It must be noted that all buildings have some structural wood members which are not visible or accessible for inspection. It is not always possible to determine the presence of infestations without extensive probing and, in some cases, actual dismantling of parts of the structure being inspected. Extensive probing and dismantling have not been performed.
2. This inspection and report are made on the basis of what was visible at the time of the inspection. An opinion is not given on areas that were enclosed or not readily accessible: finished areas of ground level rooms (basement and split level); areas concealed by wall coverings, floor coverings, furniture, equipment, stored articles; or any portion of the structure in which inspection would necessitate tearing out or marring finished work. Furniture, appliances, equipment, insulation, fixed ceilings, etc. were not moved for inspection purposes.
3. Inspection did not include any area to which visible access would require the use of ladders or drills. Such areas are not considered to be readily accessible.
4. Detached garages, sheds, lean-tos, other buildings or fences on the property are not included in this inspection report unless specifically noted.
5. Neither I, nor the company for which I am acting, have had, presently have, or contemplate having any interest in this property. I do further state that neither I nor the company for which I am acting is associated in any way with any party to this transaction.

REMARKS

DISCLAIMER ON MOLD AND FUNGI

This property was not inspected for the presence of absence of health related mold or fungi. The inspection was conducted solely for visible evidence of wood destroying insects and their damage. It was limited to the visible and accessible areas of the structure(s) only. Inspection for wood destroying insects was limited to the level below and at the first floor. We are not qualified to and do not render an opinion concerning mold related air quality or any other health issues related to this structure. Questions concerning the presence or absence of health related mold or fungi or other health related issues which may be associated with this property should be addressed by a properly trained industrial hygienist, physician or a public health official.

<input checked="" type="checkbox"/> Furnished	<input type="checkbox"/> Occupied	<input checked="" type="checkbox"/> Vacant	With: <input checked="" type="checkbox"/> Crawlspace	<input type="checkbox"/> On 9' pilings	<input type="checkbox"/> Slab	<input type="checkbox"/> Short pilings
<input type="checkbox"/> Timbers Covered by Insulation	<input checked="" type="checkbox"/> Carport/Garage ceiling covered					
<input checked="" type="checkbox"/> Built in Cabinets and Bookcases						
<input checked="" type="checkbox"/> Stored Materials in	<input checked="" type="checkbox"/> Storage Room	<input type="checkbox"/> Garage	<input type="checkbox"/> Out Building	<input type="checkbox"/> Utility Room		
<input type="checkbox"/> Planters Inside and Outside	<input type="checkbox"/> Landscape Timbers	<input checked="" type="checkbox"/> Decks Directly on Ground				
<input type="checkbox"/> Dropped or Lowered Ceilings						
<input checked="" type="checkbox"/> Locked Rooms	<input type="checkbox"/> Interior Not Checked					
<input checked="" type="checkbox"/> Wall and/or Floor Coverings	<input type="checkbox"/> Interior Evidence of Water Intrusion	<input type="checkbox"/> Dryer vents into crawlspace				
<input type="checkbox"/> Vegetation Growing on/or against Walls	<input type="checkbox"/> Exterior Lattice to Ground Contact	<input checked="" type="checkbox"/> Exterior Rot				
<input type="checkbox"/> Inaccessible Crawlspace	<input checked="" type="checkbox"/> Untreated Wood to Ground Contact	<input type="checkbox"/> Wood Mulch Against Foundation				
<input type="checkbox"/> Siding Constructed of:	<input checked="" type="checkbox"/> Wood	<input type="checkbox"/> Brick	<input type="checkbox"/> Clapboard	<input type="checkbox"/> Shakes	<input type="checkbox"/> Vinyl	<input type="checkbox"/> Other:
<input checked="" type="checkbox"/> Plastic on Ground in Crawl Space	<input checked="" type="checkbox"/> Standing water in Crawl Space	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Cellulose Debris				
<input type="checkbox"/> % Moisture Reading	<input type="checkbox"/> is within limits	<input type="checkbox"/> exceeds limits <input checked="" type="checkbox"/> Air Conditioning Condensate				
<input type="checkbox"/> Other Items Noted:						
<input type="checkbox"/> Signs of Termite Treatment	<input checked="" type="checkbox"/> No Signs of Termite Treatment		<input type="checkbox"/> House		<input checked="" type="checkbox"/> Detached Building	
<input type="checkbox"/> Reverse Grades	<input checked="" type="checkbox"/> Yard to Foundation	<input checked="" type="checkbox"/> Deck to Wall	<input type="checkbox"/> Water Sprinklers spray exterior wall			

IT IS THE RESPONSIBILITY OF THE CLOSING AGENT TO OBTAIN PROPER SIGNATURES.

Purchaser's Signature(s) _____ Date Acknowledged _____