

Wood Destroying Insect Inspection Report

Notice: Please read important consumer information on page 2.

Section I. General Information

Inspection Company, Address & Phone
 1-725-526-7105
 World Pest Control
 206 N Main
 Sylvaon Grove, Ks. 67481

Company's Business Lic. No. 3211
 Date of Inspection 8-5-2008
 Address of Property Inspected
 4840 14th Blvd
 Lucas, Kansas 67648

Inspector's Name, Signature & Certification, Registration, or Lic. #
 Austin Hamilton 10773

Structure(s) Inspected
 house

Section II. Inspection Findings

This report is indicative of the condition of the above identified structure(s) on the date of inspection and is not to be construed as a guarantee or warranty against latent, concealed, or future infestations or defects. Based on a careful visual inspection of the readily accessible areas of the structure(s) inspected:

- A. No visible evidence of wood destroying insects was observed.
- B. Visible evidence of wood destroying insects was observed as follows:
 - 1. Live insects (description and location): _____
 - 2. Dead insects, insect parts, frass, shelter tubes, exit holes, or staining (description and location): _____
 - 3. Visible damage from wood destroying insects was noted as follows (description and location): _____

NOTE: This is not a structural damage report. If box B above is checked, it should be understood that some degree of damage, including hidden damage, may be present. If any questions arise regarding damage indicated by this report, it is recommended that the buyer or any interested parties contact a qualified structural professional to determine the extent of damage and the need for repairs.

Yes No It appears that the structure(s) or a portion thereof may have been previously treated. Visible evidence of possible previous treatment:

The inspecting company can give no assurances with regard to work done by other companies. The company that performed the treatment should be contacted for information on treatment and any warranty or service agreement which may be in place.

Section III. Recommendations

- No treatment recommended: (Explain if Box B in Section II is checked) _____
- Recommend treatment for the control of: _____

Section IV. Obstructions and Inaccessible Areas

The following areas of the structure(s) inspected were obstructed or inaccessible:

- Basement 12698
- Crawlspace 13698
- Main Level
- Attic
- Garage
- Exterior 77
- Porch
- Addition
- Other

The inspector may write out obstructions or use the following optional key:

- 1. Fixed ceiling
- 2. Suspended ceiling
- 3. Fixed wall covering
- 4. Floor covering
- 5. Insulation
- 6. Cabinets or shelving
- 7. Stored items
- 8. Furnishings
- 9. Appliances
- 10. No access or entry
- 11. Limited access
- 12. No access beneath
- 13. Only visual access
- 14. Cluttered condition
- 15. Standing water
- 16. Dense vegetation
- 17. Exterior siding
- 18. Window well covers
- 19. Wood pile
- 20. Snow
- 21. Unsafe conditions
- 22. Rigid foam board
- 23. Synthetic stucco
- 24. Duct work, plumbing, and/or wiring

Section V. Additional Comments and Attachments (these are an integral part of the report)

Attachments Billing & Diagram

Signature of Seller(s) or Owner(s) if refinancing. Seller acknowledges that all information regarding W.D.I. infestation, damage, repair, and treatment history has been disclosed to the buyer.

X

Signature of Buyer. The undersigned hereby acknowledges receipt of a copy of both page 1 and page 2 of this report and understands the information reported.

X

World Pest Control

206 N. Main
Sylvan Grove, KS 67481
1-800-966-9599
785-526-7185 Local
785-526-7218 Fax
email: meitler@wtciweb.com
PCL 3211

STRUCTURAL LAY-OUT PLAN

Name Roland Spencer
Address 4840 19th Blvd
City Lucas St. KS Zip 67648
Phone _____
Date 8-5-08

Sunflower Services

Box 77
Otis, KS 67565
1-800-352-2595
785-387-2595 Local
785-387-2695 Fax
PCL 3181



First Year of Service \$ _____
 Sales Tax \$ _____
 Total \$ _____
 Initial Payment \$ _____
 Monthly Payments \$ _____
 Final Payment \$ _____
 Yearly Renewal Fee \$ _____
 +Tax

The renewal date is one year from the date of initial install. The service renewal will automatically renew, unless it is canceled in writing.

Signature of buyer _____

Signature of seller _____

Service to include: System installation, system monitoring for _____ year(s), limited chemical treatment if applicable, and system status and updates. Renewal Fee will not increase for a period of three years.

Closing agent please mail copy of signed diagram within 48 hours of closings.