

BGRS Relocation Inc.

RIDER TO PURCHASE AGREEMENT ADDENDUM

THIS IS AN ADDENDUM to Purchase Agreement and the Rider to Purchase Agreement ("Rider") dated _____, by and between BGRS Relocation Inc., "Seller," and "Buyer," for the property located at 103 Meadow Brook Ln, Oxford, NC 27565-2869 (the "Property").

The following documents are being delivered to Buyer pursuant to Section 3 of the Rider and are **for informational purposes only**. They represent the opinions of the individuals or firms who prepared them. Seller makes no representations as to the accuracy of the information provided and makes no agreement to undertake or perform any action recommended in any of the reports. Buyer agrees that Buyer is not relying on the accuracy of these documents and may investigate the subject matter of the documents. Any obligation to make repairs based on the investigations or otherwise will be governed exclusively by Section 4 of the Rider.

Type of Document(s)**Provider / Company Name**

ERC Property Assessment MCI	ReloOlogy
Termite Inspection	ReloOlogy

Disclosure Statements**Date**

Homeowner's Disclosure Statement

State of North Carolina Seller Disclosure Form by former ownerState of North Carolina Seller Disclosure Form by Seller

Natural Hazards Disclosure Statement (California only)

Lead Based Paint Disclosure by former owner

Association related documents (Condo/Co-op/Homeowner)

Buyer acknowledges receipt of the foregoing documents from Seller. Buyer has five (5) days to review the documents and provide Seller with written notice of defects in accordance with the terms of Section 4 of the Rider. Seller shall have seven (7) days from the date Seller receives Buyer's written notice of any defects not previously disclosed by Seller, to advise Buyer or Buyer's agent, in writing, how Seller shall proceed.

Seller: BGRS Relocation Inc.

By: _____	Date _____		Buyer _____	Date _____
	_____		Buyer _____	Date _____
Listing Broker/Agent	Date		Selling Broker/Agent	Date



This Page is for Information Purposes Only

Buyer to Initial Each
Page of The
Documents Included
in this Package

Please make sure all pages of the following have been initialed and are submitted with the offer package to BGRS.

ERC Property Assessment MCI / MCA

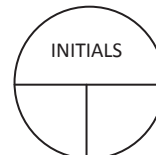


Inspection Date: 8/22/2024

Inspection Completed for: Sirva
(630) 972-2250
150 Harvester Dr
Burr Ridge, IL 60527
8653124

Transferee / Property Information: SIRVA
103 Meadow Brook Ln
Oxford, NC 27565

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Worldwide ERC® Relocation Property Assessment

IMPORTANT INFORMATION: Please Read Carefully

This document is a Property Assessment. It is not a buyer's home inspection.

This document should not be used in place of nor be mistaken for a general home inspection or specialty type inspection performed by a licensed or trades professional (e.g., professional home inspector, engineer, pest control operator, electrician, plumber, roofer or HVAC specialist, pool/spa specialist, etc.). This Property Assessment was prepared exclusively and for the sole use of the Client identified below (the "Client") under an established business-to-business relationship for the specific purposes of assisting with the relocation of an employee. It is not intended for use, nor is it to be relied upon, by any party other than the Client, including, but not limited to, buyers, sellers, lenders, real estate brokers/agents, and/or appraisers.

The Client may be required to provide this Property Assessment to other parties in order to comply with disclosure obligations under applicable federal, state and/or local law(s); however, no disclosure of this Property Assessment to other parties, including prospective buyers, shall be deemed to create or give rise to a duty of care or performance on the part of the Property Assessment Provider identified below or the Client toward such other parties. Accordingly, no party other than the Client may rely upon or be influenced by this Property Assessment when considering the property. The Property Assessment Provider prepared this Property Assessment in accordance with Client directives and based it on findings gathered at the property address identified below and other property information sources.

1. GENERAL INFORMATION

File #: 8653124 Client: Sirva

Contact: Shannon Castaneda Phone: Confidential Information Fax: Confidential Information

E-mail Address: Shannon.castaneda@sirva.com

Client Address: 103 Meadow Brook Ln

City/State/Postal Code: Oxford, NC 27565

Transferee(s): SIRVA

Transferee Property Address: 103 Meadow Brook Ln

City/State/Postal Code: Oxford, NC 27565

Property Assessment Provider: ReloOlogy Inspection Management Services Job/File #: 109515

Provider Address: 501 Cambria Avenue

City/State/Postal Code: Bensalem, PA 19020

Contact: _____ Phone: _____ Fax: _____

E-mail Address: _____

Clear /
Date: 8/22/2024 Time: 9:30 am Weather: Breezy Temp: 68° F Estimated Age of Main Dwelling (yrs): 37

Parties Present at Time of Assessment: Homeowners Father Occupied: ☒ Yes ☐ No

Additions/Modifications: No Were Permits Obtained: _____ Explain: _____



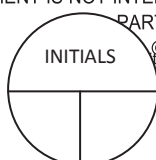
RELOCATION PROPERTY ASSESSMENT

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2. PURPOSE AND SCOPE OF THE RELOCATION PROPERTY ASSESSMENT

To provide a professional opinion of a relocating employee's main dwelling and its immediate surrounding area in its "as is" condition, as of the date of assessment, limited to the definitions and guidelines as established by the Client and within this Property Assessment document.

3. OBJECTIVE OF THE RELOCATION PROPERTY ASSESSMENT

To provide the Client with data about a relocating employee's main dwelling and its immediate surrounding area, based on a visual assessment of items identified by category in this Property Assessment document.

4. DEFINITION OF THE RELOCATION PROPERTY ASSESSMENT

A visual, non-invasive evaluation and status of the items identified by category on the ensuing pages. The reporting of apparent defects (not cosmetic deficiencies) that call for corrective action is limited to three categories: 1) structure; 2) unsafe or hazardous conditions; and 3) inoperative systems or appliances.

1. Structure: A load-bearing member of a building (including, but not limited to, footings, foundation walls, posts, beams, floor joists, bearing walls, or roof framings) is to be reported as defective if it has one or more of these characteristics:

- Abnormal cracking or splitting;
- Unusual settlement;
- Deterioration such as rot or pest infestation damage;
- Improper alignment or structural integrity compromised by modification or abuse; or
- Other characteristics that affect the building's structural integrity.

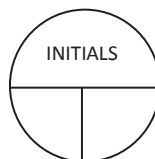
2. Unsafe or Hazardous Conditions: Any item that is identified as a safety defect or a hazard, the presence or absence of which would be dangerous. Unless directed by the Client, the reporting of the possible presence of lead based paint, asbestos, ureaformaldehyde foam insulation, radon, electromagnetic radiation, toxic wastes, molds or fungus, and other environmental or indoor air pollutants are outside the scope of this Property Assessment.

3. Inoperative Systems and Appliances: Any installed systems or built-in appliances that do not operate properly or perform their intended function in response to normal use.

Unless directed by the Client, the following areas are outside the scope of this assessment: (i) cosmetic deficiencies; (ii) deferred maintenance items; (iii) the condition of on-site waste and water systems; (iv) the condition of underground fuel storage tanks; (v) the quality of the water supply; (vi) geological hazards such as floods, erosion, earthquakes, landslides, mudslides and volcanoes; and (vii) governmental or lender requirements. Furthermore, this Property Assessment is not a representation of compliance or noncompliance with federal, state, or local government regulations and codes (e.g., building codes, zoning ordinances, energy efficiency ratings, addition or remodeling permits, etc.).

Estimated costs to correct items identified in this Property Assessment as defective and/or items that may require attention are not bids and do not give rise to performance obligations on the part of the Property Assessment Provider. The Property Assessment Provider is not engaged in the business of providing repair; renovation or improvement services; as such, the Property Assessment Provider has not and cannot determine the actual cost of any repairs, renovations or improvements that may be advised or desired. The cost estimates reflect national, state and/or local cost averages as derived from the review of cost estimator manuals and other information sources by the Property Assessment Provider; all cost estimates should be followed by firm quotes or bids from qualified, reputable contractors.

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Buyer's Initials: _____ / _____

5. STATUS DEFINITIONS

For each category, when applicable, rate the status of each item by checking the box as follows:

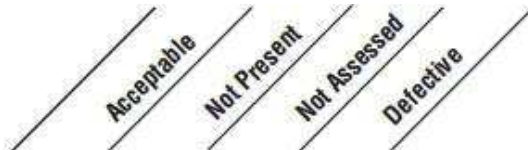
Acceptable: The item is performing its intended function as of the date of the assessment.

Not Present: The item does not exist in the structure being assessed.

Not Assessed: The item was not assessed because of inaccessibility or seasonal impediments.

Defective: The item is either: structurally unsound; unsafe or hazardous; or inoperative, as defined in Section 4 above.

**Please include comments in the corresponding "Remarks" column
for those items rated as Defective or Not Assessed.**



Item

See Summary for Remarks

LOTS & GROUNDS (LG)					
1	☐	☐	☒	☐	Walks
2	☒	☐	☐	☐	Stoops / Steps
3	☐	☒	☐	☐	Patio
4	☐	☒	☐	☐	Deck / Balcony
5	☒	☐	☐	☐	Porch
6	☐	☒	☐	☐	Retaining Walls
7	SURFACE WATER CONTROL				
8	☐	☐	☒	☐	Grading
9	☐	☐	☒	☐	Swales
10	☐	☒	☐	☐	Basement Stairwell Drain
11	☐	☒	☐	☐	Window Wells
12	☐	☒	☐	☐	Exterior Surface Drain

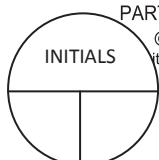
ROOF (R)					
1	METHOD OF ASSESSMENT: From Ground / From Windows				
2	☐	☐	☐	☒	#1 Asphalt Shingles Approx. Age: 10 Design Life: 20
3	☐	☒	☐	☐	#2 Approx. Age: Design Life:
4	☐	☒	☐	☐	#3 Approx. Age: Design Life:
5	☐	☒	☐	☐	#4 Approx. Age: Design Life:
6	☐	☒	☐	☐	#5 Approx. Age: Design Life:
7	☒	☐	☐	☐	Flashing
8	☐	☒	☐	☐	Skylights
9	☒	☐	☐	☐	Chimney
10	ROOF WATER CONTROL				
11	☐	☐	☒	☐	Gutters
12	☐	☐	☒	☐	Downspouts and Extensions

EXTERIOR SURFACES (ES)					
1	☒	☐	☐	☐	#1 Vinyl Siding
2	☐	☒	☐	☐	#2
3	☐	☒	☐	☐	#3
4	☐	☐	☐	☒	Trim
5	☒	☐	☐	☐	Fascia
6	☐	☐	☐	☒	Soffits
7	☐	☐	☐	☒	Windows

Client: Sirva

Client File #: 8653124

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Initials: _____ / _____

Acceptable

Not Present

Not Assessed

Defective

Item

See Summary for Remarks

GARAGE/CARPORTS (G/C)

1					☐ Garage	☐ Carport	☐ Attached	☐ Detached
2	☐	☒	☐	☐	Door Operation			
3	☐	☒	☐	☐	Automatic Door Opener			
4	☐	☒	☐	☐	Condition			

STRUCTURES (S)

1	☒	☐	☐	☐	Foundation: Pier & Beam			
2	☒	☐	☐	☐	Beams			
3	☒	☐	☐	☐	Bearing Walls			
4	☒	☐	☐	☐	Joists / Trusses			
5	☒	☐	☐	☐	Piers / Posts			
6	☒	☐	☐	☐	Floor / Slab			
7	☒	☐	☐	☐	Hand Rails			

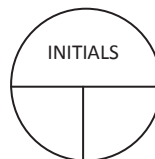
ATTIC (A)

1	METHOD OF ASSESSMENT: Partially Entered									
2	☒	☐	☐	☐	Roof Framing					
3	☒	☐	☐	☐	Sheathing					
4	☒	☐	☐	☐	Ventilation					
5	☐	☒	☐	☐	Attic Fan					
6	☐	☒	☐	☐	Whole House Fan					
3	Evidence of water penetration? ☐ Yes ☒ No									

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Acceptable

Not Present

Not Assessed

Defective

Item

See Summary for Remarks

BASEMENT (B)

1	☐	☒	☐	☐	Sump Pump
2	☐	☒	☐	☐	Floor
3	☐	☒	☐	☐	Heat
4	Evidence of water penetration? ☐ Yes ☐ No				

CRAWL SPACE (CS)

1	☒	☐	☐	☐	Moisture
2	☒	☐	☐	☐	Access
3	Evidence of water penetration? ☐ Yes ☒ No				

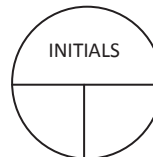
ELECTRICAL (E)

1	Amps: 200				Volts: 120/240
2	☒	☐	☐	☐	Service Cable
3	☒	☐	☐	☐	Panel
4	☐	☐	☐	☒	Branch Circuits
5	☐	☐	☒	☐	Ground
6	☒	☐	☐	☐	Wire Conductor
7	☐	☐	☐	☒	GFI
8	☒	☐	☐	☐	Smoke Detector
9	Electrical service adequately meets the needs of the dwelling? ☒ Yes ☐ No				

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Acceptable

Not Present

Not Assessed

Defective

Item

See Summary for Remarks

HEATING SYSTEMS (HS)

1	☐	☐	☒	☐	Primary: Heat Pump	Approx. Age: 2	Design Life: 15
2	☐	☒	☐	☐	Additional:	Approx. Age:	Design Life:
3	☐	☐	☐	☐	Fuel(s): Electric		
4	☐	☐	☒	☐	Primary Operation		
5	☐	☒	☐	☐	Additional Operation		
6	☐	☒	☐	☐	Draft Control		
7	☐	☒	☐	☐	Exhaust System		
8	☐	☐	☐	☒	Distribution		
9	☐	☐	☒	☐	Fuel Tank/Lines		
10	☒	☐	☐	☐	Thermostat		
11	☒	☐	☐	☐	Blower		
12	☐	☒	☐	☐	Humidifier		
13	☐	☐	☒	☐	Heat Exchanger		
14	☐	☒	☐	☐	Pressure Relief Valve(s)		
15	☐	☒	☐	☐	Circulator Pump		

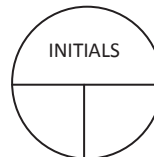
AIR CONDITIONING SYSTEM (AC)

1					Type: Heat Pump	Fuel: Electric
					Approx. Age: 2	Design Life: 15
1a	☒	☐	☐	☐	System #1 Operation	

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Acceptable

Not Present

Not Assessed

Defective

Item

See Summary for Remarks

PLUMBING (P)

1	Water Source:	☒ Public	☐ Private	☐ Undetermined	How Verified?: Locale
2	Sewage Service:	☒ Public	☐ Private	☐ Undetermined	How Verified?: Locale
3	Water Service On?:	☒ Yes	☐ No		
4		☒	☐	☐	Water Pipes: Copper / Polyethylene
5		☒	☐	☐	Drain Pipes: PVC
6		☒	☐	☐	Vent Pipes
7		☐	☒	☐	Laundry Tub
8		☒	☐	☐	Water Pressure
9		☒	☐	☐	Toilet
10		☐	☐	☐	☒ Tub/Shower
11		☐	☒	☐	Exhaust Fan
12		☐	☐	☐	☒ Sink
13	WATER HEATER :		Approx. Age:	18	Design Life: 10
14		☒	☐	☐	Water Heater
15		☐	☒	☐	Exhaust System
16		☐	☐	☒	Temperature/Pressure Relief Valve

ON-SITE SEWAGE DISPOSAL (SD)

1	☐	☒	☐	☐	System Operation
---	--------------------------	-------------------------------------	--------------------------	--------------------------	------------------

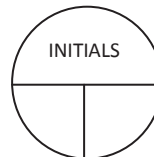
WELL (W)

1		☐ Private	☐ Community
2	☐	☒	☐
3	☐	☒	☐
4	Water sample sent to the lab?: ☐ Yes ☐ No		
5	Is there minimum flow of 3 gallons per minute (gpm) after 30 minutes?: ☐ Yes ☐ No		

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Acceptable

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Not Assessed

Defective

Item

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POOL AND HOT TUB (P/T)

						Pool Type: Not Present	Hot Tub Type: Not Present
1							
2	☐	☒	☐	☐		Pool	
3	☐	☒	☐	☐		Deck/Apron	
4	☐	☒	☐	☐		Heater	
5	☐	☒	☐	☐		Pump	
6	☐	☒	☐	☐		Filter	
7	☐	☒	☐	☐		Fence	
8	☐	☒	☐	☐		Hot Tub	

FIREPLACE (F)

1	☐	☐	☒	☐		Fireplace	
2	☐	☒	☐	☐		Free-standing Stove	
3	☐	☒	☐	☐		Fireplace Insert	
4	☐	☐	☒	☐		Flue	

KITCHEN (K)

1	☒	☐	☐	☐		Cooking Appliances	
2	☐	☒	☐	☐		Disposal	
3	☒	☐	☐	☐		Dishwasher	
4	☒	☐	☐	☐		Ventilator	
5	☐	☒	☐	☐		Other Built-ins:	

ADDITIONAL COMMENTS

1	☐	☐	☐	☒		Walls / Ceilings	
2	☒	☐	☐	☐		Floors	
3	☒	☐	☐	☐		Doors	
4	☒	☐	☐	☐		Closets	
5	☐	☒	☐	☐		Other	

FINAL COMMENTS

Were any other unsafe or hazardous conditions observed during the assessment that are not specifically designated on this Property Assessment document? ☒ Yes ☐ No **See Summary Page for Remarks**

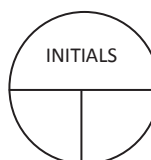
The Property Assessment Provider identified below hereby certifies adherence to the terms of the assignment as set forth in the Definitions.

Property Assessment Provider Name (Please print or type): _____ Date: _____

Client: Sirva

Client File #: 8653124

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Attn: Shannon Castaneda
Date Inspected: 8/22/2024

Transferee:
SIRVA
103 Meadow Brook Ln
Oxford, NC 27565

Inspection Type: ERC Property Assessment
MCI / MCA
Customer File Number: 8653124
ReloOlogy Number: 109515

***** Note: pictures with a RED border indicate a potential hazard, problem or defect *****



Front Elevation



Front Right Elevation

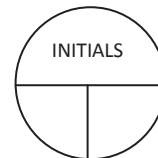


Front Left Elevation



Rear Right Elevation

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Rear Left Elevation



Rear Elevation

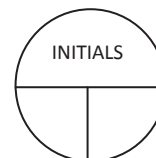


Roof



Roof

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Roof



Roof

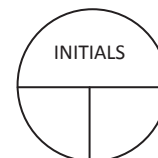


Tree in Contact with Roof



Deteriorated Trim at Octagon Window

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Loose Soffit at Porch



Loose Soffit at Porch

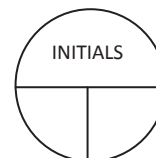


Loose Upper Soffit



Failed Thermal Seal Window

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Buyer's Initials: _____ / _____

Customer: Sirva
Attn: Shannon Castaneda
Date Inspected: 8/22/2024

Transferee:
SIRVA
103 Meadow Brook Ln
Oxford, NC 27565

Inspection Type: ERC Property Assessment
MCI / MCA
Customer File Number: 8653124
ReloOlogy Number: 109515

***** Note: pictures with a RED border indicate a potential hazard, problem or defect *****



Attic



Attic

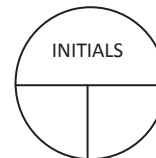


Attic



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Attic



Crawl Space

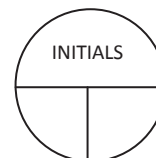


Crawl Space



Crawl Space

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Crawl Space



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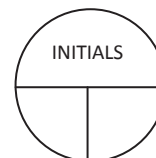


Crawl Space



Electric Panel

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Electric Panel



Electric Sub-Panel

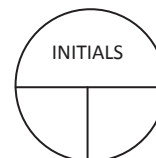


Electric Sub-Panel



Missing Globe at Ceiling Fan Light Fixture

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Missing Outlet Cover



GFI Outlet Wired to Laundry Breaker

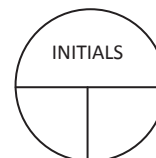


Heat Pump



Improperly Supported Plenum

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Copper Propane Lines



Copper Propane Lines

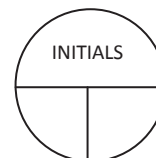


Heat Pump



Improper / Capped Secondary Condensate Drain Line

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Master Bathroom Sink Drains Slowly



Bathroom Sink Drains Slowly

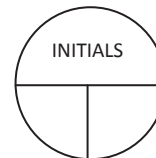


Slow Drain at Tub / Shower



Water Heater

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Sealed Fireplace



Moisture Damaged Bedroom Ceiling / Suspect Asbestos

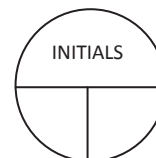


Rear Porch



Master Bathroom

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Upper Hall Bathroom



Shed

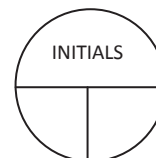


Shed



Shed

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Buyer's Initials: _____ / _____

Transferee / Property / Inspection Information

Transferee Name:	<u>SIRVA</u>	Street Address:	<u>103 Meadow Brook Ln</u>
City:	<u>Oxford</u>	State / Zip Code:	<u>NC / 27565</u>
Customer:	<u>Sirva</u>	File Number:	<u>8653124</u>
Customer Contact:	<u>Shannon Castaneda</u>	Inspection / Report Date:	<u>8-22-2024 / 8-26-2024</u>

Issues Identified During Inspection

At the time of inspection, there was no evidence of wood destroying insects at the visually accessible areas of the home.

Action Recommended

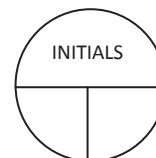
Action Recommended: **No corrective action is required at this time.**

If you have any questions or concerns, please do not hesitate to contact us.

Sincerely,

Joseph Nalis
Inspection Specialist
ReloOlogy Inspection Management Services
Phone: 317-867-7688 Ext. 305

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THIS REPORT IS MADE IN ACCORDANCE WITH AND SUBJECT TO THE CONDITIONS ON THE REVERSE SIDE OF THIS PAGE
This is not a structural damage report. Neither is this a warranty as to the total absence of wood-destroying insects.

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. The 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) _____

Buyer's Name(s) _____

Address of Property 103 Meadowbrook Lane, Oxford, NC 27565

Structure(s) Inspected: A. Main Residence Only X B. Other _____

FINDINGS

2. Areas of the property which are deemed to be obstructed or inaccessible:

Floor, wall, and ceiling coverings. Stored items in house. Insulation between joists in crawlspace.

Note: Certain areas of all structures are obstructed or inaccessible (see numbers 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 the 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:

- ☐ A. Subterranean termites
- ☐ 1. Control measures were performed.
 - ☐ 2. No control measures were performed.
 - ☐ 3. Visible evidence of a previously treated infestation, which now appears to be inactive.

- ☐ B. Powder post Beetles
- ☐ 1. Control measures were performed
 - ☐ 2. No control measures were performed.
 - ☐ 3. An infestation which now appears to be inactive

- ☐ C. Old House Borers
- ☐ 1. Control measures were performed.
 - ☐ 2. No control measures were performed.
 - ☐ 3. An infestation which now appears to be inactive.

- ☐ D. Others _____
- ☐ 1. Control measures were performed.
 - ☐ 2. No control measures were performed.
 - ☐ 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:

FIRM: ALEXANDER EXTERMINATING CO., INC.
Address: 645 Dynamic Drive Garner, North Carolina, 27529

Signature of Authorized Company Rep: John Riser
Purchaser's signature is required on reverse side.

PCO Lic No. 1160PW Date 08/22/2024
Telephone: 919-779-9990
Title: Inspector

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INITIALS

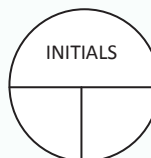
CONDITIONS GOVERNING THIS REPORT

1. This report is based on the 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

This space should be used to clarify any statement above.

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

Purchaser's Signature(s) _____

Date Acknowledged _____

WDIR 100 As approved by the North Carolina Pest Control Association and Structural Pest Control Committee, North Carolina Department of Agriculture

Revised July 1, 1992