



PROPERTY DISCLOSURE ADDENDUM

August 3, 2026

PROPERTY ADDRESS: 8433 Whisper Ridge Place
CITY/STATE/ZIP: Raleigh, NC 27613

Attached are copies of the following reports (the “Reports”) received by CarMax Auto Superstores, Inc., a Virginia corporation (“CarMax”) regarding the above-referenced property (the “Property”):

DATE	REPORT NAME	SOURCE	# OF PAGES
7/13/2026	Relocation Property Assessment	Fidelity Inspections	18
7/23/2026	Wood Destroying Insect Inspection	Fidelity Inspections	3

The undersigned (whether a single party or multiple parties, the “Buyer”) acknowledges and agrees that CarMax has not resided in the Property or conducted any investigations or inspections of the Property other than as provided in the Reports, and CarMax has no knowledge of the Property sufficient to make any warranties or representations to Buyer.

Buyer acknowledges and agrees that the Reports are not a substitute for a thorough inspection of the Property by Buyer. By signing below, Buyer acknowledges receipt of the Reports. This acknowledgement does not waive the Buyer’s right to have its own inspections of the Property performed.

Buyer agrees that this addendum and the Reports are incorporated into and made a part of the sales contract for the Property.

CARMAX AUTO SUPERSTORES, INC.,
a Virginia corporation

By: _____

Name: _____

Title _____

Date: _____

Buyer

Date: _____

Buyer

Date: _____

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 # 10818 Client: CarMax Business Services
LLC
Contact: Phone: Fax:
E-mail address:
Client Address: 12800 Tuckahoe Creek Parkway
City/State/Postal Code: Richmond, VA 23238
Transferee(s): Sophia Key
Transferee Property Address: 8433 Whisper Ridge Place
City/State/Postal Code: Raleigh, NC 27613
Property Assessment Provider: Fidelity Inspection & Consulting Services Job/File #: 3064091
Provider Address: 2003 South Easton Road, Suite 208
City/State/Postal Code: Doylestown, PA 18901
Contact: Phone: Fax:
E-mail address:
Date: 07/13/2026 Time: 1:00 PM Weather: Cloudy Temp: 75 Estimated Age of Main Dwelling (yrs.): 24
Parties Present at Time of Assessment: Homeowner Occupied: ☒ Yes ☐ No



WORLDWIDE ERC®

RELOCATION PROPERTY ASSESSMENT

THIS DOCUMENT IS NOT INTENDED FOR USE NOR IS IT TO BE RELIED UPON BY ANY PARTY OTHER THAN THE CLIENT

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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, urea- formaldehyde 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.

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.**

	Acceptable	Not Present	Not Assessed	Defective	Item	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: Viewed from Ground					
2	☒	☐	☐	☐	#1: Asphalt Shingle Approx. Age: 3	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:	
7	☒	☐	☐	☐	Flashing:	
8	☐	☒	☐	☐	Skylights:	
9	☒	☐	☐	☐	Chimney:	
10	ROOF WATER CONTROL:					
11	☒	☐	☐	☐	Gutters:	
12	☒	☐	☐	☐	Downspouts & Extension:	

Client: CarMax Business Services LLC

Client File #: 10818

Property Address: 8433 Whisper Ridge Place Raleigh NC 27613

RELOCATION PROPERTY ASSESSMENT

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Acceptable

Not Present

Not Assessed

Defective

Item

Remarks

EXTERIOR SURFACES (ES)

1	☒	☐	☐	☐	#1: Vinyl Siding
2	☐	☒	☐	☐	#2:
3	☐	☒	☐	☐	#3:
4	☒	☐	☐	☐	Trim:
5	☒	☐	☐	☐	Fascia:
6	☒	☐	☐	☐	Soffits:
7	☐	☐	☐	☒	Windows: Failed thermal seal window(s) (fogged glass) were observed at the left rear window in the left rear second floor bedroom and the sash balance is damaged at the left rear window in the left rear second floor bedroom and at the left rear window of the rear kitchen dining area bay window.



Failed Thermal Seal Window



Failed Sash Balance at Bedroom



Failed Sash Balance at Bay Window

GARAGE/CARPORTS (G/C)

1	☒ Garage ☐ Carport: ☒ Attached ☐ Detached				
2	☒	☐	☐	☐	Door Operation:
3	☒	☐	☐	☐	Automatic Door Opener:
4	☒	☐	☐	☐	Condition: Please Note: Previous repairs were observed to the garage floor. Recommend obtaining all relevant documentation regarding repairs. Limited evaluation of the garage due to storage (90% visible).



Previous Repairs to Garage Floor



Previous Repairs to Garage Floor

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Acceptable

Not Present

Not Assessed

Defective

Item

Remarks

STRUCTURES (S)

1	☒	☐	☐	☐	Foundation: Limited evaluation of the structure due to furniture/furnishings (25% visible).
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:
7	☒	☐	☐	☐	Evidence of water penetration? ☐ Yes ☒ No If yes, describe:

BASEMENT (B)

1	☐	☒	☐	☐	Sump Pump:
2	☐	☒	☐	☐	Floor:
3	☐	☒	☐	☐	Heat:
4	☐	☒	☐	☐	Evidence of water penetration? ☐ Yes ☐ No If yes, describe:

CRAWL SPACE (CS)

1	METHOD OF ASSESSMENT:				
2	☐	☒	☐	☐	Moisture:
3	☐	☒	☐	☐	Access:
4	☐	☒	☐	☐	Evidence of water penetration? ☐ Yes ☐ No If yes, describe:

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Acceptable

Not Present

Not Assessed

Defective

Item

Remarks

ELECTRICAL (E)

1	Amps:200 Volts: 120/240				
2	☒	☐	☐	☐	Service Cable:
3	☐	☐	☒	☐	Panel: The main electric panel could not be fully evaluated due to the dead front cover being obstructed by storage. Recommend completing the inspection when full access can be provided.
4	☒	☐	☐	☐	Branch Circuits:
5	☐	☐	☐	☒	Ground: The CSST (Corrugated Stainless Steel Tubing) does not appear properly bonded / grounded.
6	☒	☐	☐	☐	Wire Conductor:
7	☒	☐	☐	☐	GFI:
8	☒	☐	☐	☐	Smoke Detector:
9	Is the size of the incoming electrical service adequate to meet the needs of the dwelling? ☒ Yes ☐ No				



CSST Not Bonded at Gas Meter



CSST Not Bonded at Gas Manifold



Main Panel Obstructed by Storage

HEATING SYSTEMS (HS)

1	Primary: Forced Air				Approx. Age: 8	Design Life: 20
2	Additional:				Approx. Age:	Design Life:
3	Fuel(s): Natural Gas					
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: This part of the unit could not be evaluated. Only visually accessible areas of the heating unit were evaluated (without disassembly of the unit).	

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		Acceptable	Not Present	Not Assessed	Defective	Item	Remarks
14	☐	☒	☐	☐		Pressure Relief Valve(s):	
15	☐	☒	☐	☐		Circulator Pump:	

AIR CONDITIONING SYSTEM (AC)

1	Type: Central Split System					Fuel: Electric
2	Approx. Age: 7					Design Life: 15
3	☐	☐	☐	☒		System: The exterior A/C unit is settled down towards the rear of the house.



Exterior A/C Unit Out of Level

PLUMBING (P)

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

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Acceptable

Not Present

Not Assessed

Defective

Item

Remarks

ON-SITE SEWAGE DISPOSAL (SD)

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

WELL (W)

1	☐ Private ☐ Community ☒ Not Present				
2	☐	☐	☐	☐	Pump:
3	☐	☐	☐	☐	Shower Pressure (Top Floor):
4	Water sample sent to the lab? ☐ Yes ☐ No Date Sent:				
5	Is there minimum flow of 3 gallons per minute (gpm) after 30 minutes? ☐ Yes ☐ No				
6	If no, state the number of gallons per minute after 30 minutes: (gpm)				

POOL AND HOT TUB (P/T)

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

FIREPLACE (F)

1	☐	☐	☐	☒	Fireplace: The gas fireplace pilot failed to light using manual controls and the wall-mounted switch.
2	☐	☒	☐	☐	Free-standing Stove:
3	☒	☐	☐	☐	Fireplace Insert:
4	☐	☐	☒	☐	Flue: Not evaluated - Not visible due to design. Readily accessible areas of the flue / fireplace system were evaluated only.



Pilot Does Not Light

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	Acceptable	Not Present	Not Assessed	Defective	Item	Remarks
KITCHEN (K)						
1	☒	☐	☐	☐	Cooking Appliances:	
2	☒	☐	☐	☐	Disposal:	
3	☒	☐	☐	☐	Dishwasher:	
4	☒	☐	☐	☐	Ventilator:	
5	☐	☒	☐	☐	Other Built-ins:	
FINAL COMMENTS (FC)						
Were any other unsafe or hazardous conditions observed during the assessment that are not specifically designated on this property Assessment document? ☐ Yes ☒ No If yes please explain: The Property Assessment Provider identified below hereby certifies adherence to the terms of the assignment as set forth in the Definitions.						

Client: CarMax Business Services LLC

Client File #: 10818

Property Address: 8433 Whisper Ridge Place Raleigh NC 27613

SUPPLEMENTAL DISCLOSURE

1. A representative sample of property components such as windows, doors, outlets, light and wall switches are evaluated on a “best efforts” basis to ascertain if the property components have failed. Often, such conditions cannot be determined during the assessment due to limited and/or restricted access as well as varying weather conditions and humidity. Therefore, no representations are made as to the condition of every property component. **No responsibility is assumed for items not observed or accessed during the property assessment.**
2. The assessment is a recording of conditions on the given date and time of the assessment. Future condition changes are outside the scope of the assessment.
3. **The photos sent with this report may NOT reflect all defects and/or location of needed repairs noted within the body or summary of the report. Please review the report in its entirety.**
4. Product and manufacturer recalls are beyond the scope of this assessment.
5. If this home was built prior to 1978, this could indicate the potential for the presence of lead-based paint.
6. Determination of the presence or absence of Chinese or other defective drywall materials and related conditions or risks is outside the scope of this assessment. See <http://www.cpsc.gov/info/drywall/index.html> for more information.

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RELOCATION PROPERTY ASSESSMENT SUMMARY

Record on this summary page the corrective action(s) required for all items determined to be defective and explain any items reported as "Not Assessed."

DEFECTIVE

The findings noted below are in need of repair. It is recommended that all repairs are completed by the appropriate certified/licensed repair contractors. Detailed itemized receipts for repairs are recommended.

Report Category / Items / Remarks

EXTERIOR SURFACES (ES)

(ES) 7 Windows: Failed thermal seal window(s) (fogged glass) were observed at the left rear window in the left rear second floor bedroom and the sash balance is damaged at the left rear window in the left rear second floor bedroom and at the left rear window of the rear kitchen dining area bay window.

Corrective Action: Window contractor to confirm and replace all failed thermal seal windows and replace the sash balances at the left rear window in the left rear second floor bedroom and at the left rear window of the rear kitchen dining area bay window.

ELECTRICAL (E)

(E) 5 Ground: The CSST (Corrugated Stainless Steel Tubing) does not appear properly bonded / grounded.

Corrective Action: Electrician to properly bond / ground the gas CSST piping.

AIR CONDITIONING SYSTEM (AC)

(AC) 3 System: The exterior A/C unit is settled down towards the rear of the house.

Corrective Action: Cooling contractor to properly level the unit.

FIREPLACE (F)

(F) 1 Fireplace: The gas fireplace pilot failed to light using manual controls and the wall-mounted switch.

Corrective Action: Fireplace contractor to repair the fireplace / pilot to operate properly.

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LIMITED ACCESSIBILITY/NOT ASSESSED
Variables such as construction type, conditions at the time of the assessment, safety, potential damage/liability and/or inspector discretion have limited the evaluation of this item at the time of this assessment. If applicable, further assessment should be considered.
Report Category / Items / Remarks
GARAGE/CARPORTS (G/C)
(G/C) 4 Condition: Please Note: Previous repairs were observed to the garage floor. Recommend obtaining all relevant documentation regarding repairs. Limited evaluation of the garage due to storage (90% visible).
STRUCTURES (S)
(S) 1 Foundation: Limited evaluation of the structure due to furniture/furnishings (25% visible).
ELECTRICAL (E)
(E) 3 Panel: The main electric panel could not be fully evaluated due to the dead front cover being obstructed by storage. Recommend completing the inspection when full access can be provided.
HEATING SYSTEMS (HS)
(HS) 13 Heat Exchanger: This part of the unit could not be evaluated. Only visually accessible areas of the heating unit were evaluated (without disassembly of the unit).
FIREPLACE (F)
(F) 4 Flue: Not evaluated - Not visible due to design. Readily accessible areas of the flue / fireplace system were evaluated only.

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Property Address: 8433 Whisper Ridge Place Raleigh NC 27613	

ERC Relocation Property Assessment Images



Front of House



Front Walkway



Rear Patio



Direct Vent Flue



Roof



Roof



Roof



Roof



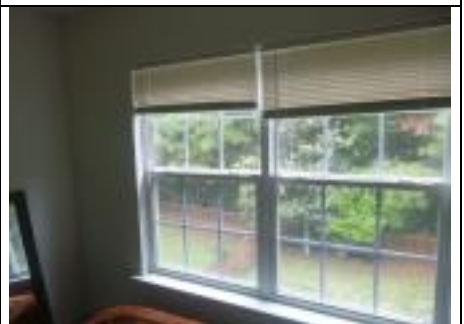
Roof



Roof



Failed Thermal Seal Window



Failed Sash Balance at Bedroom

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Failed Sash Balance at Bay Window



Front Right Exterior



Exterior View



Left Rear Exterior



Right Rear Exterior



Front Exterior



Rear Exterior



Slab Foundation



Slab Foundation



Previous Repairs to Garage Floor



Previous Repairs to Garage Floor



Garage Storage

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Garage Door Opener



Garage Overhead Door



Garage Storage



Attic Access



Attic



Attic



Attic



Attic



Attic



Attic



Attic



Attic

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CSST Not Bonded at Gas Meter



CSST Not Bonded at Gas Manifold



Main Panel Obstructed by Storage



Electric Meter



Main Panel



Exterior A/C Unit Out of Level



A/C Equipment



Furnace



Furnace



Furnace



Furnace



Furnace

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Furnace



Pilot Does Not Light



Fireplace



Fireplace



Kitchen



Kitchen



Water Meter



Water Heater



Water Heater



Water Heater



Water Heater



Water Heater

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Wood Destroying Insect Inspection

CarMax Business Services LLC
12800 Tuckahoe Creek Parkway
Richmond, VA 23238

07/23/2026
Client File # 10818
FICS File # 3064091

Inspection Address

Sophia Key
8433 Whisper Ridge Place
Raleigh, NC 27613

In accordance with your request a Wood Destroying Insect Inspection was conducted on **07/22/2026** at the above captioned property. The following is a summary of the inspector's findings.

EXISTING CONDITIONS

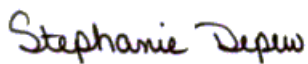
Evidence of Wood Destroying insects

No visible evidence of active infestation was observed at the time of inspection.

At the time of inspection conditions conducive to wood destroying insects were reported (See attached report).

If you should have any questions, please do not hesitate to contact me.

Sincerely,



Stephanie Depew
Director, Account Management

THIS REPORT IS MADE IN ACCORDANCE WITH AND SUBJECT TO 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 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) Fidelity
Buyer's Name(s) _____
Address of Property 8433 Whisper Ridge Place Raleigh, NC 27613
Structure(s) Inspected: A. Main Residence Only ☒ B. Other _____

FINDINGS

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

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:	Locations 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 on this property: _____
Standing water against foundation near air conditioner at rear of house.
Standing water against foundation near air conditioner at rear of house.

FIRM: Massey Services Inc

Address: 222 Towerview Court, Cary NC 27513

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

PCO Lic No. 2382 PW Date 7/22/26

Telephone: 919-439-2159

Title: General Manager

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 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 made above.

This property has not been treated for nor is protected for WDO by Massey Services INC

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

Purchaser's Signature(s) _____

Date Acknowledged _____