

Wu Construction, Inc.

Wu Construction, Inc.
(206) 361-8886
drainagepeople.com
LIC. #WUCONCI892Q9
wuconstruction@gmail.com

INVOICE



| |
|---------------------------------------|
| Invoice# 27908-T |
| Date: December 22, 2022 |
| Property: |
| 27908 NE 147th Pl Duvall, WA 98019 |

Please remit payment to:

Wu Construction
14150 NE 20th St
F1-380
Bellevue, WA 98007

| |
|---|
| Office Use Only: |
| Contact Information: |
| Name: David Patrzeba |
| Phone: 732-267-8900 |
| Email: david.patrzeba@gmail.com |

Completed: December 22, 2022

| Description | Amount |
|---|-------------------|
| 1. Installed a full crawl space perimeter footing drainage system with perforated pipe 2. Drainage gravel 3. Installed a 1/3 hp sump pump assembly 4. 1 1/2" ABS pipe discharged 5. Cleaned up crawl space and removed debris 6. Replaced and installed a new 6 mil black vapor barrier 7. Replaced all missing or damaged heat duct insulation | \$5,450.00 |
| Subtractions/Discounts/Credits | |
| Subtotal: | \$5,450.00 |
| Tax: | \$485.00 |
| Total: | \$5,935.00 |
| After 30 Days (Unless Otherwise Stated): | \$6,647.00 |

Please make checks out to "Wu Construction" and note the **invoice number** on the check.

Full payment is due upon completion unless otherwise indicated. 3% fee for payments by credit card.

Any outstanding invoices 30 days (unless otherwise stated) overdue will be subjected to a 12% interest daily plus possible legal fees.

Please Remit to:

Wu Construction
14150 NE 20th St
F1-380
Bellevue, WA 98007

Warranty:

Wu Construction provides a 25-year **transferable** warranty on the entire installed drainage system on the **property**. The sump pump, if applicable, has a one-year service warranty. We guarantee our work to pass inspection, if the inspection fails; we will be back as soon as possible to remedy the situation. If there happens to be new water intrusion in the area where the footing drainage was installed, there will be no charges to the owner, if the water intrusion is a result of our drainage system failing.

Our guarantee is that there is no water intrusion in the area where the drainage system was installed.

We have been licensed, bonded, and insured since 1983. Thank you for your business!

Thomas Wang

Vice President

Wu Construction Inc

Direct: (206) 786.1024

Office: (206) 361-8886

thomasjiawang@gmail.com



White Glove Home Improvement

19522 NE 181st Street | Woodinville, Washington 98077
425.765.5856 | info@whitegloveteam.com |
<http://www.whitegloveteam.com/>

RECIPIENT:

David Patrzeba
27908 NE 147th Pl
Duvall, WA 98019

SERVICE ADDRESS:

27908 NE 147th Pl
Duvall, WA 98019

Invoice #12530

Issued Jan 05, 2023
Due Jan 05, 2023

Total \$2,782.26

For Services Rendered

| PRODUCT / SERVICE | DESCRIPTION | QTY. | UNIT PRICE | TOTAL |
|-------------------|---|------|------------|----------|
| Labor | Hourly labor charge Add door stop - front door Purchase and install hinge door stop. | 0.5 | \$95.00 | \$47.50 |
| Labor | Hourly labor charge Repair 2 screens - dining room slider and upstairs bedroom window Rescreen slider and bedroom | 2 | \$95.00 | \$190.00 |
| Labor | Hourly labor charge Living room - caulk and paint corner - no guaranty of paint match Caulk corners in LR and DR, paint | 1 | \$95.00 | \$95.00 |



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| PRODUCT / SERVICE | DESCRIPTION | QTY. | UNIT PRICE | TOTAL |
|-------------------|---|------|------------|------------|
| Labor | <p>Hourly labor charge</p> <p>Misc. Paint touch ups - no guaranty of paint match</p> <p>Customer to leave sticky notes at areas that need touched up</p> <p>We do recommend painting entire walls for a better result</p> <p>So for the general touch ups areas I'd like you to focus on these:</p> <ol style="list-style-type: none"> 1. The wall above the toilet in the the downstairs bathroom needs to be patched and touched up. 2. a. The accent wall in the upstairs front right bedroom/office needs to be patched and touched up. b. Touch ups around the light switches and outlets in the office. 3. The wall to the left of the fireplace and upper cubicle has an area that needs patching and touching up. 4. The trim in the breakfast nook/kitchen area needs to be caulked and touched up with a high Gloss White paint. 5. The trim in both upstairs bathrooms need to be touched up. 6. Please add a new bead of white caulk between the bathtub and floor in both upstairs bathrooms. 7. Any other areas that immediately stick out as a sore thumb. <p>Patch, texture and paint multiple holes throughout house</p> | 11 | \$95.00 | \$1,045.00 |
| Labor | <p>Hourly labor charge</p> <p>Touch up paint on windowsill - kitchen window</p> <p>Sand window sill, MDF has been wet, double coat</p> | 1 | \$95.00 | \$95.00 |
| Labor | <p>Hourly labor charge</p> <p>Per inspection report - spray anti microbial at 2 small areas on sheathing</p> <p>Spray areas in the attic</p> | 1.5 | \$95.00 | \$142.50 |
| Labor | <p>Hourly labor charge</p> <p>tack up the trim for the front door on Jan 3,4, or 5th so that my realtor can come in and take photos</p> <p>WGHI will be replacing the door next week.</p> <p>Clean wall and trim of caulking, nail jamb back together, tack trim up</p> | 1 | \$0.00 | \$0.00 |



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| PRODUCT / SERVICE | DESCRIPTION | QTY. | UNIT PRICE | TOTAL |
|---|---|------|------------|----------|
| Labor | Hourly labor charge Right window over garage - replace bottom trim board Paint only if weather favorable - if we have to return its a 2 hour minimum charge Right side of house - replace lower trim board (splice) and paint Purchase, paint and install new trim boards , caulk all | 6 | \$95.00 | \$570.00 |
| Materials | Rough cut cedar trim boards, caulking, silicone, oscillator blade, door stop, mud, texture, brush, screen, mold inhibitor | 1 | \$239.08 | \$239.08 |
| Fuel surcharge | | 1 | \$14.36 | \$14.36 |
| Credit card fee 3.5% (disregard if paying cash or check) | | 1 | \$85.35 | \$85.35* |

* Non-taxable

Thank you for your business. Please contact us with any questions regarding this invoice.

| | |
|--------------|-------------------|
| Subtotal | \$2,523.79 |
| 3199 (10.6%) | \$258.47 |
| Total | \$2,782.26 |



White Glove Home Improvement

19522 NE 181st Street | Woodinville, Washington 98077
425.765.5856 | info@whitegloveteam.com |
<http://www.whitegloveteam.com/>

RECIPIENT:

David Patrzeba

27908 NE 147th Pl
Duvall, WA 98019

SERVICE ADDRESS:

27908 NE 147th Pl
Duvall, WA 98019

| Invoice #12524 | |
|----------------|-------------------|
| Issued | Jan 04, 2023 |
| Due | Jan 04, 2023 |
| Total | \$2,122.91 |

For Services Rendered

| PRODUCT / SERVICE | DESCRIPTION | QTY. | UNIT PRICE | TOTAL |
|--|---|------|------------|----------|
| Jan 04, 2023 | | | | |
| Plumbing | Replace 40 gallon gas water heater | 1 | \$950.00 | \$950.00 |
| Materials | Rheem 40 gallon 6- year 36,000 BTU gas water heater expansion tank Fittings | 1 | \$849.55 | \$849.55 |
| Disposal | | 1 | \$55.00 | \$55.00 |
| Credit card fee 3.5% (disregard if paying cash or check) | | 1 | \$71.78 | \$71.78* |

* Non-taxable

Thank you for your business. Please contact us with any questions regarding this invoice.

| | |
|--------------|-------------------|
| Subtotal | \$1,926.33 |
| 3199 (10.6%) | \$196.58 |
| Total | \$2,122.91 |



White Glove Home Improvement

19522 NE 181st Street | Woodinville, Washington 98077
425.765.5856 | info@whitegloveteam.com |
http://www.whitegloveteam.com/

RECIPIENT:

David Patrzeba

27908 NE 147th Pl
Duvall, WA 98019

SERVICE ADDRESS:

27908 NE 147th Pl
Duvall, WA 98019

Invoice #12550

Issued Jan 13, 2023
Due Jan 13, 2023

Total \$3,399.56

For Services Rendered

| PRODUCT / SERVICE | DESCRIPTION | QTY. | UNIT PRICE | TOTAL |
|---|---|------|------------|------------|
| Door Installation | Replace front door - reuse existing trim - new hardware includes - rough opening measurements, ordering, delivery and installation | 1 | \$955.00 | \$955.00 |
| Materials | 3' 0" x 6' 8" 3068S818-6P-FG6-CL Smooth Craftsman Fiberglass Door - External Grille 1 - Right Hand Inswing (Note: Image is shown finished, products ship unfinished!) 2-3/8" Backset - Double Bore (2-1/8" Dia. Bore w/Standard 5-1/2" Spacing) w/1" x 2- 1/4" Radius Mortised Edge Latch Preps w/2-1/4" Full Lip - Radius Corner Strike Prep w/Deadbolt 1" x 2-1/4" No Lip - Radius Corner Strike Prep Set of Standard - US15 Satin Nickel Hinges Smooth Composite Frame - 4-9/16" Jamb w/Brickmould Exterior Trim (Loose) White Compression Weatherstrip 1 0.00 \$0.00 Composite Adjustable - Bronze (ships with sill cover) Sill Sill Pan | 1 | \$1,059.00 | \$1,059.00 |
| Disposal | dump fee old door | 1 | \$85.00 | \$85.00 |
| Painting | Paint inside and out 2 different colors - rolled not sprayed Best match possible Paint and caulk trim | 1 | \$745.00 | \$745.00 |
| Materials | Paint, shims, caulking, spray foam | 1 | \$135.46 | \$135.46 |
| Credit card fee 3.5% (disregard if paying cash or check) | | 1 | \$104.28 | \$104.28* |



White Glove Home Improvement

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<http://www.whitegloveteam.com/>

* Non-taxable

Thank you for your business. Please contact us with any questions regarding this invoice.

| | |
|------------------------|-------------------|
| Subtotal | \$3,083.74 |
| 3199 (10.6%) | \$315.82 |
| Total | \$3,399.56 |
| Deposit collected | – \$1,059.00 |
| Invoice balance | \$2,340.56 |



ReloOlogy Inspection Management Services, LLC
501 Cambria Avenue
Bensalem, PA 19020
215.604.1580

Inspection Type:

Home Inspection - MCI

Inspection Result:

NOT CLEAR

If checked, further repairs and/or evaluations needed.

Inspection Date:

11/12/2022



The following summary highlights items with regard to the below referenced property. Please read the attached report(s) for additional details.

Completed For: Altair Global - MN

Transferee Name: David Patrzeba

Phone Number: (972) 468-3485

Property Address: 27908 NE 147th PI

Street: 601 Carlson Pkwy

Property City, State Zip: Duvall, WA 98019

City, State Zip: Minnetonka, MN 55305

File Number: 2022-44023

Any and all hazards, problems, or defects noted in the attached report(s) should be repaired as soon as possible to prevent further deterioration and to restore the components to serviceable condition. All hazards, problems, or defects should be examined by qualified contractors and/or licensed professionals to provide estimates and recommendations for repairs. In many cases, the full extent of a problem or defect is not known until repair work has started. This report is not considered a guarantee of future conditions and no warranty is implied. The attached report(s) has/have been prepared for the exclusive use of our client. This report is neither a representation of lender requirements nor is it a representation of the marketability or insurability of this property.

Home Inspection - MCI



Inspection Date: 11/12/2022

Inspection Completed for: Altair Global - MN
(972) 468-3485
601 Carlson Pkwy
Minnetonka, MN 55305
2022-44023

Transferee / Property Information: David Patrzeba
27908 NE 147th Pl
Duvall, WA 98019

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 #: 2022-44023 Client: Altair Global - MN

Contact: Louise Chavis Phone: Confidential Information Fax: Confidential Information

E-mail Address: louise.chavis@altairglobal.com

Client Address: 27908 NE 147th PI

City/State/Postal Code: Duvall, WA 98019

Transferee(s): David Patrzeba

Transferee Property Address: 27908 NE 147th PI

City/State/Postal Code: Duvall, WA 98019

Property Assessment Provider: ReloOlogy Inspection Management Services Job/File #: 98845

Provider Address: 501 Cambria Avenue

City/State/Postal Code: Bensalem, PA 19020

Contact: _____ Phone: _____ Fax: _____

E-mail Address: _____

Date: 11/12/2022 Time: 11:00 am Weather: Clear Temp: 41° F Estimated Age of Main Dwelling (yrs): 12

Parties Present at Time of Assessment: Homeowner Occupied: Yes No

Additions/Modifications: Yes Were Permits Obtained: Yes Explain: Heat Pump



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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Buyer's Initials: _____ / _____

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.

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 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Walks |
| 2 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Stoops / Steps |
| 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Patio |
| 4 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Deck / Balcony |
| 5 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Porch |
| 6 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Retaining Walls |
| 7 | SURFACE WATER CONTROL | | | | |
| 8 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Grading |
| 9 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Swales |
| 10 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Basement Stairwell Drain |
| 11 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Window Wells |
| 12 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Exterior Surface Drain |

| ROOF (R) | | | | | |
|----------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--|
| 1 | METHOD OF ASSESSMENT: Walked | | | | |
| 2 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | #1 Asphalt Shingles Approx. Age: 12 Design Life: 20 |
| 3 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | #2 Approx. Age: Design Life: |
| 4 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | #3 Approx. Age: Design Life: |
| 5 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | #4 Approx. Age: Design Life: |
| 6 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | #5 Approx. Age: Design Life: |
| 7 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Flashing |
| 8 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Skylights |
| 9 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Chimney |
| 10 | ROOF WATER CONTROL | | | | |
| 11 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Gutters |
| 12 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Downspouts and Extensions |

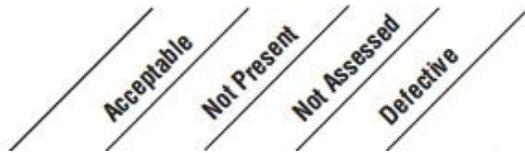
| EXTERIOR SURFACES (ES) | | | | | |
|------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|------------------------------|
| 1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | #1 Fiber Cement Siding |
| 2 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | #2 Wood Shingle |
| 3 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | #3 Manufactured Stone Veneer |
| 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Trim |
| 5 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fascia |
| 6 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Soffitts |
| 7 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows |

Client: Altair Global - MN

Client File #: 2022-44023

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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Buyer's Initials: _____ / _____



Item

See Summary for Remarks

| GARAGE/CARPORTS (G/C) | | | | | |
|-----------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--|
| 1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Garage <input type="checkbox"/> Carport <input checked="" type="checkbox"/> Attached <input type="checkbox"/> Detached |
| 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Door Operation |
| 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Automatic Door Opener |
| 4 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Condition |

| STRUCTURES (S) | | | | | |
|----------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|------------------|
| 1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Foundation |
| 2 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Beams |
| 3 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bearing Walls |
| 4 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Joists / Trusses |
| 5 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Piers / Posts |
| 6 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Floor / Slab |
| 7 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Hand Rails |

| ATTIC (A) | | | | | |
|-----------|--|-------------------------------------|-------------------------------------|-------------------------------------|-----------------|
| 1 | METHOD OF ASSESSMENT: Entered | | | | |
| 2 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Roof Framing |
| 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Sheathing |
| 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Ventilation |
| 5 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Attic Fan |
| 6 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Whole House Fan |
| 3 | Evidence of water penetration? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |

| | |
|----------------------------|---------------------------|
| Client: Altair Global - MN | Client File #: 2022-44023 |
|----------------------------|---------------------------|

Acceptable

Not Present

Not Assessed

Defective

Item

See Summary for Remarks

BASEMENT (B)

| | | | | | |
|---|---|-------------------------------------|--------------------------|--------------------------|-----------|
| 1 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sump Pump |
| 2 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor |
| 3 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Heat |
| 4 | Evidence of water penetration? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |

CRAWL SPACE (CS)

| | | | | | |
|---|--|--------------------------|-------------------------------------|--------------------------|----------|
| 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Moisture |
| 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Access |
| 3 | Evidence of water penetration? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, See Summary Page for Remarks. | | | | |

ELECTRICAL (E)

| | | | | | | |
|---|--|--------------------------|-------------------------------------|--------------------------|------------------|-----------------------|
| 1 | | | | | Amps: 125 | Volts: 120/240 |
| 2 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Service Cable | |
| 3 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Panel | |
| 4 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Branch Circuits | |
| 5 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Ground | |
| 6 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Wire Conductor | |
| 7 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | GFI | |
| 8 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Smoke Detector | |
| 9 | Electrical service adequately meets the needs of the dwelling? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |

Client: Altair Global - MN

Client File #: 2022-44023

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

© 2008, Worldwide ERC®
 Buyer's Initials: _____ / _____

Acceptable

Not Present

Not Assessed

Defective

Item

See Summary for Remarks

| HEATING SYSTEMS (HS) | | | | | |
|----------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--|
| 1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Primary: Forced Air Approx. Age: 13 Design Life: 20 |
| 2 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Additional: Approx. Age: Design Life: |
| 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fuel(s): Natural Gas |
| 4 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Primary Operation |
| 5 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Additional Operation |
| 6 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Draft Control |
| 7 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Exhaust System |
| 8 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Distribution |
| 9 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fuel Tank/Lines |
| 10 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Thermostat |
| 11 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Blower |
| 12 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Humidifier |
| 13 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Heat Exchanger |
| 14 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pressure Relief Valve(s) |
| 15 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Circulator Pump |

| AIR CONDITIONING SYSTEM (AC) | | | | | |
|------------------------------|--|--------------------------|-------------------------------------|--------------------------|---------------------|
| 1 | Type: Heat Pump Fuel: Electric Approx. Age: 1 Design Life: 15 | | | | |
| 1a | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | System #1 Operation |

Client: Altair Global - MN

Client File #: 2022-44023

RELOCATION PROPERTY ASSESSMENT
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© 2008, Worldwide ERC®
Buyer's Initials: _____ / _____

Acceptable

Not Present

Not Assessed

Defective

Item

See Summary for Remarks

| PLUMBING (P) | | | | | | |
|--------------|-------------------------------------|--|-------------------------------------|---------------------------------------|-----------------------------------|-----------|
| 1 | Water Source: | <input checked="" type="checkbox"/> Public | <input type="checkbox"/> Private | <input type="checkbox"/> Undetermined | How Verified?: Locale | |
| 2 | Sewage Service: | <input checked="" type="checkbox"/> Public | <input type="checkbox"/> Private | <input type="checkbox"/> Undetermined | How Verified?: Locale | |
| 3 | Water Service On?: | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| 4 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Water Pipes: PEX | |
| 5 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Drain Pipes: PVC | |
| 6 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Vent Pipes | |
| 7 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Laundry Tub | |
| 8 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Water Pressure | |
| 9 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Toilet | |
| 10 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Tub/Shower | |
| 11 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Exhaust Fan | |
| 12 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Sink | |
| 13 | WATER HEATER : | | Approx. Age: | 13 | Design Life: | 10 |
| 14 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Water Heater | |
| 15 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Exhaust System | |
| 16 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Temperature/Pressure Relief Valve | |

ON-SITE SEWAGE DISPOSAL (SD)

| | | | | | | |
|---|--------------------------|-------------------------------------|--------------------------|--------------------------|------------------|--|
| 1 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | System Operation | |
|---|--------------------------|-------------------------------------|--------------------------|--------------------------|------------------|--|

WELL (W)

| | | | | | | |
|---|--|-------------------------------------|----------------------------------|------------------------------------|-----------------------------|--|
| 1 | | | <input type="checkbox"/> Private | <input type="checkbox"/> Community | | |
| 2 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pump | |
| 3 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Shower Pressure (Top Floor) | |
| 4 | Water sample sent to the lab?: | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| 5 | Is there minimum flow of 3 gallons per minute (gpm) after 30 minutes?: | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |

Client: Altair Global - MN

Client File #: 2022-44023

RELOCATION PROPERTY ASSESSMENT
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 PARTY OTHER THAN THE CLIENT

© 2008, Worldwide ERC®
 Buyer's Initials: _____ / _____

Acceptable

Not Present

Not Assessed

Defective

Item

See Summary for Remarks

| POOL AND HOT TUB (P/T) | | | | | | |
|------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------|----------------------------------|
| 1 | | | | | Pool Type: Not Present | Hot Tub Type: Not Present |
| 2 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pool | |
| 3 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Deck/Apron | |
| 4 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Heater | |
| 5 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pump | |
| 6 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Filter | |
| 7 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fence | |
| 8 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hot Tub | |

| FIREPLACE (F) | | | | | | |
|---------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|---------------------|--|
| 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Fireplace | |
| 2 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Free-standing Stove | |
| 3 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fireplace Insert | |
| 4 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Flue | |

| KITCHEN (K) | | | | | | |
|-------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------|--|
| 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Cooking Appliances | |
| 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Disposal | |
| 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Dishwasher | |
| 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Ventilator | |
| 5 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other Built-ins: | |

| ADDITIONAL COMMENTS | | | | | | |
|---------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|------------------|--|
| 1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls / Ceilings | |
| 2 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floors | |
| 3 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors | |
| 4 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Closets | |
| 5 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other | |

| FINAL COMMENTS | |
|---|--|
| Were any other unsafe or hazardous conditions observed during the assessment that are not specifically designated on this Property Assessment document? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 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: Altair Global - MN

Client File #: 2022-44023

Customer: Altair Global - MN
Attn: Louise Chavis
Date Inspected: 11/12/2022

Transferee:
David Patrzeba
27908 NE 147th Pl
Duvall, WA 98019

Inspection Type: Home Inspection - MCI
Customer File Number: 2022-44023
ReloOlogy Number: 98845

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



Front Elevation



East Elevation



West Elevation



West Elevation

Buyer's Initials: _____ / _____

Customer: Altair Global - MN
Attn: Louise Chavis
Date Inspected: 11/12/2022

Transferee:
David Patrzeba
27908 NE 147th Pl
Duvall, WA 98019

Inspection Type: Home Inspection - MCI
Customer File Number: 2022-44023
ReloOlogy Number: 98845

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



Rear Elevation



Roof



Roof



Rotted Trim

Buyer's Initials: _____ / _____

Customer: Altair Global - MN

Attn: Louise Chavis

Date Inspected: 11/12/2022

Transferee:

David Patrzeba

27908 NE 147th Pl

Duvall, WA 98019

Inspection Type: Home Inspection - MCI

Customer File Number: 2022-44023

ReloOlogy Number: 98845

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



Rotted Trim



Rotted Trim



Broken Front Door Jamb



Garage

Buyer's Initials: _____ / _____

Customer: Altair Global - MN
Attn: Louise Chavis
Date Inspected: 11/12/2022

Transferee:
David Patrzeba
27908 NE 147th Pl
Duvall, WA 98019

Inspection Type: Home Inspection - MCI
Customer File Number: 2022-44023
ReloOlogy Number: 98845

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



Attic



Suspect Mold on Sheathing



Suspect Mold on Sheathing



Suspect Mold on Sheathing

Customer: Altair Global - MN

Attn: Louise Chavis

Date Inspected: 11/12/2022

Transferee:

David Patrzeba

27908 NE 147th Pl

Duvall, WA 98019

Inspection Type: Home Inspection - MCI

Customer File Number: 2022-44023

ReloOlogy Number: 98845

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



Crawl Space



Standing Water in Crawl Space Below Bathroom



Standing Water in Crawl Space Near Access



Electric Panel

Customer: Altair Global - MN

Attn: Louise Chavis

Date Inspected: 11/12/2022

Transferee:

David Patrzeba

27908 NE 147th Pl

Duvall, WA 98019

Inspection Type: Home Inspection - MCI

Customer File Number: 2022-44023

ReloOlogy Number: 98845

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



Electric Panel



Heating Equipment



Heating Equipment



A/C Unit

Buyer's Initials: _____ / _____

Customer: Altair Global - MN
Attn: Louise Chavis
Date Inspected: 11/12/2022

Transferee:
David Patrzeba
27908 NE 147th Pl
Duvall, WA 98019

Inspection Type: Home Inspection - MCI
Customer File Number: 2022-44023
ReloOlogy Number: 98845

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



Water Heater



Failed Expansion Tank



Family Room



Kitchen

Buyer's Initials: _____ / _____

Customer: Altair Global - MN

Attn: Louise Chavis

Date Inspected: 11/12/2022

Transferee:

David Patrzeba

27908 NE 147th Pl

Duvall, WA 98019

Inspection Type: Home Inspection - MCI

Customer File Number: 2022-44023

ReloOlogy Number: 98845

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



Laundry Room

Buyer's Initials: _____ / _____



ReloOlogy Inspection Management Services, LLC
501 Cambria Avenue
Bensalem, PA 19020
215.604.1580

Inspection Type:

Termite Inspection

Inspection Result:

CLEAR

If checked, further repairs and/or evaluations needed.

Inspection Date:

11/12/2022



The following summary highlights items with regard to the below referenced property. Please read the attached report(s) for additional details.

Completed For: Altair Global

Transferee Name: David Patrzeba

Phone Number: (972) 468-3485

Property Address: 27908 NE 147th PI

Street: 601 Carlson Pkwy Ste 425

Property City, State Zip: Duvall, WA 98019

City, State Zip: Minnetonka, MN 55305-5203

File Number: 2022-44023

Any and all hazards, problems, or defects noted in the attached report(s) should be repaired as soon as possible to prevent further deterioration and to restore the components to serviceable condition. All hazards, problems, or defects should be examined by qualified contractors and/or licensed professionals to provide estimates and recommendations for repairs. In many cases, the full extent of a problem or defect is not known until repair work has started. This report is not considered a guarantee of future conditions and no warranty is implied. The attached report(s) has/have been prepared for the exclusive use of our client. This report is neither a representation of lender requirements nor is it a representation of the marketability or insurability of this property.

Transferee / Property / Inspection Information

| | | | |
|-------------------|---------------------------|---------------------------|-------------------------------------|
| Transferee Name: | <u>David Patrzeba</u> | Street Address: | <u>27908 NE 147th Pl</u> |
| City: | <u>Duvall</u> | State / Zip Code: | <u>WA / 98019</u> |
| Customer: | <u>Altair Global – MN</u> | File Number: | <u>2022-44023</u> |
| Customer Contact: | <u>Louise Chavis</u> | Inspection / Report Date: | <u>11-12-2022 / 11-14-2022</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.

The following conditions conducive to wood destroying insects were observed: Standing water at the vapor barrier in the crawlspace.

Damaged wood ("wood decaying fungi" = moisture damaged wood) was observed at the bottom of the corner trim on the east side of the house and at the horizontal trim board on the south side of the house next to the east second floor window.

Action Required

Action Required: **Conducive conditions and damaged wood are required to be corrected by the state of Washington.**

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

Sincerely,

Cathy Ciambella
Senior Inspection Specialist
ReloOlogy Inspection Management Services
Phone: 215/478-6962

WDO Inspection Report

27908 NE 147th Pl, Duvall, WA 98019

ICN : 12161BA002



Prepared By

Lasswell Home Inspection LLC

INSPECTION CONDITIONS

CLIENT & SITE INFORMATION

Inspection Date: 11/12/2022.
Inspection Time: 11:00 AM.
Client Name: ReloOlogy.
Client Email:
Inspection Address: 27908 NE 147th Pl.
City, State, Zip: Duvall, WA 98019.

CLIMATIC CONDITIONS

Weather: Clear.
Soil Condition: Damp.
Outside Temp. in F: 40-50.

BUILDING CHARACTERISTICS

Year Built: 2010.
Building Type: 1 family.
Stories: 2
Space Below Grade: Crawlspace.
Orientation: The home faces South.

UTILITY SERVICES

Water Source: Public.
Sewage Disposal: Public.
Utilities Status: All utilities on.

OTHER INFORMATION

House Occupied? Yes.
WSDA Inspection Control Number 12161BA002.

Comments: Because the home was occupied there is a chance there are problems that were not visible due to furniture and other possessions of the current resident.

WASHINGTON WOOD DESTROYING ORGANISM INSPECTION REPORT

This report is prepared from an inspection conducted by a Washington State Department of Agriculture licensed Structural Pest Inspector in accordance with Washington Administrative Code. Opinions contained herein are based on conditions visible and evident at the time of the inspection. This report does not warrant, represent, or guarantee that the structure reported on is free from evidence of WDOs (Wood destroying organisms), their damage or conditions conducive to WDOs, nor does it represent or guarantee that the total damage, infestation or infection is limited to that disclosed in this report.

INSPECTION PROCEEDURES

A thorough visual inspection will be made using accepted methods and practices, of the subject structure to render and opinion on the presence of or damage from WDOs as well as the conditions conducive to WDOs.

Areas inspected include: structural exterior (accessible visually and physically to an inspector at ground level); accessible interior; accessible crawlspace(s); garages, carports and decks which are attached to the structure. Deck inspections include railings, wooden steps and accessible wooden surface materials, as well as, deck framing which is accessible (minimum 5' soil to joist clearance or those that can be reached using a 6' step ladder).

Wood destroying organisms include subterranean termites, dampwood termites, carpenter ants, moisture ants, wood boring beetles, and damp wood decay fungus (rot). The inspector will not assume any responsibility for WDOs that were not detected during their dormant season.

Conductive conditions include but not to be limited to inadequate clearance or structural members, earth wood contact, conductive debris in the crawlspace or basement, inadequate ventilation, excessive moisture, vegetation contact with the structure, bare ground in the crawlspace, existing or seasonal standing water in the crawlspace, failed caulking or grout in water splash areas, and/or inadequate or non-functioning gutter system.

LIMITATIONS OF INSPECTION

Inaccessible areas: Certain areas of a structure, which are inaccessible by their nature, may be subject to infestation by WDOs yet cannot be inspected without excavation, removal of finished surfaces or unless physical obstructions are removed. Examples of these areas are wall voids, spaces between floors, substructures concealed by sub-floor insulation or those with inadequate clearance, floors beneath coverings, sleeper floors, areas concealed by furniture, appliances or personal possessions, and deck substructures with less than 5' clearance.

Sheds and outbuildings: Sheds garages, carports or other structures, which are not attached to the main structure by roof system or foundation, are excluded from this report unless specifically requested and noted. The inspector reserves the right to charge additionally to inspect any unattached structures.

Climatic Conditions: In certain geographical areas of Washington State where wet climate is common and due to their construction and materials, structures may be subject to conditions from normal weathering. Such conditions as cracking, checking, and/or warping of doors, window casings, siding, and non-structural wooden members shall not be reported on the inspection report except at the discretion of the inspector. Inspectors are not required to report on any WDOs or other conditions that might be subject to seasonal constraints or environmental conditions if evidence of those constraints or conditions is not visible a the time of the inspections.

Mold: Molds, mildews and other fungal growth (except wood rot) shall be reported on only to the extent that they indicate an excessive moisture condition which may be conducive to WDOs.

Structural Assesment: While it may be possible for the inspector to note damaged materials, neither the inspector nor the inspection firm is liable or responsible in any way to determine the structural integrity of any building materials. If a more qualified opinion is desired, the services of a licensed, qualified contractor or structural engineer should be obtained.

EVIDENCE OF ACTIVE WOOD DESTROYING INSECTS

Type of Insect: No evidence of wood destroying insects were found.

EVIDENCE OF ACTIVE WOOD DECAY FUNGI

Location & Rot was found at the bottom of corner trim on the east side of the house.

Description: Rot was found in a horizontal trim board on the south side of the house next to the east second floor window.

EVIDENCE OF PRIOR INSECT INFESTATION

Type of Insect: No damage from wood destroying organisms was found.

CONDITIONS CONDUCTIVE TO WOOD DESTROYING ORGANISMS

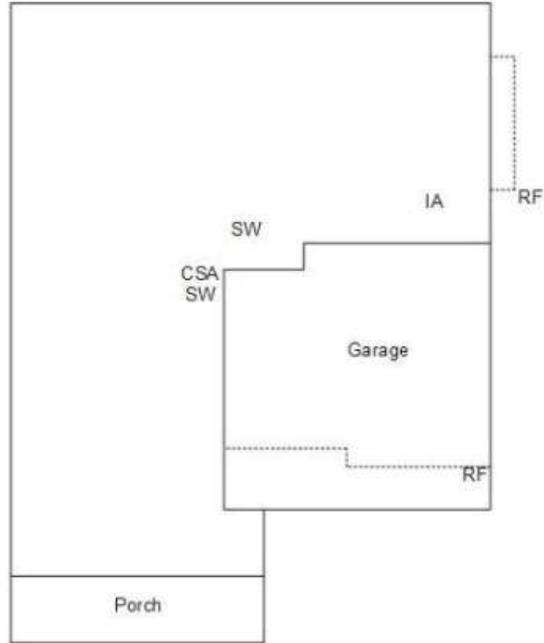
Location & SW - The crawlspace has standing water on the vapor barrier. This will increase the moisture level in the
Description: crawlspace and can lead to infestation by wood destroying organisms. All standing water should be eliminated from the crawlspace.

OTHER INFORMATION

Inaccessible areas The SW corner of the crawlspace behind the garage was inaccessible due to heating ducts.

Lasswell Home Inspection, LLC
253-905-4273

Site Sketch:



Legend

| | |
|----------------------------|-----------------------------------|
| AB – anobiid beetles | FC – failed caulking |
| BG – bare ground | IA – inaccessible area |
| CA – carpenter ants | MA – moisture ants |
| CD – conducive debris | OB – other wood infesting beetles |
| CSA – crawl space access | PL – plumbing leak |
| DT – dampwood termites | RF – rot fungus |
| EM – excessive moisture | ST – subterranean termites |
| EW – earth to wood contact | VC – vegetation contact |

Drawing not to scale

Wood Destroying Insect Inspection Report

Notice: Please read important consumer information on page 2.

Section I. General Information

Inspection Company, Address & Phone
 Lasswell Home Inspection LLC
 1621 SW 168th St
 Normandy Park, WA 98166
 206-793-0118

Company's Business Lic. No.

602 276 032

Date of Inspection

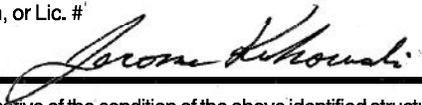
11/12/2022

Address of Property Inspected

27908 NE 147th Pl
 Duvall, WA 98019

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

Jerome Kukowski, WSDA Licnese #86268



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 _____
- Crawlspace 5 _____
- Main Level 3,4,6,7,8,9 _____
- Attic 5 _____
- Garage 7 _____
- Exterior _____
- 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 _____

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

Important Consumer Information Regarding the Scope and Limitations of the Inspection

Please read this entire page as it is part of this report. This report is not a guarantee or warranty as to the absence of wood destroying insects nor is it a structural integrity report. The inspector's training and experience do not qualify the inspector in damage evaluation or any other building construction technology and/or repair.

- 1. About the Inspection:** A visual inspection was conducted in the readily accessible areas of the structure(s) indicated (see Page 1) including attics and crawlspaces which permitted entry during the inspection. The inspection included probing and/or sounding of unobstructed and accessible areas to determine the presence or absence of visual evidence of wood destroying insects. The WDI inspection firm is not responsible to repair any damage or treat any infestation at the structure(s) inspected, except as may be provided by separate contract. Also, wood destroying insect infestation and/or damage may exist in concealed or inaccessible areas. The inspection firm cannot guarantee that any wood destroying insect infestation and/or damage disclosed by this inspection represents all of the wood destroying insect infestation and/or damage which may exist as of the date of the inspection. ***For purposes of this inspection, wood destroying insects include: termites, carpenter ants, carpenter bees, and reinfesting wood boring beetles. This inspection does not include mold, mildew or noninsect wood destroying organisms.*** **This report shall be considered invalid for purposes of securing a mortgage and/or settlement of property transfer if not used within ninety (90) days from the date of inspection. This shall not be construed as a 90-day warranty. There is no warranty, express or implied, related to this report unless disclosed as required by state regulations or a written warranty or service agreement is attached.**
- 2. Treatment Recommendation Guidelines Regarding Subterranean Termites:** FHA and VA require treatment when any active infestation of subterranean termites is found. If signs of subterranean termites — but no activity — are found in a structure that shows no evidence of having been treated for subterranean termites in the past, then a treatment should be recommended. A treatment may also be recommended for a previously treated structure showing evidence of subterranean termites — but no activity — if there is no documentation of a liquid treatment by a licensed pest control company within the previous five years unless the structure is presently under warranty or covered by a service agreement with a licensed pest control company.
- 3. Obstructions and Inaccessible Areas:** No inspection was made in areas which required the breaking apart or into, dismantling, removal of any object, including but not limited to: moldings, floor coverings, wall coverings, siding, fixed ceilings, insulation, furniture, appliances, and/or personal possessions; nor were areas inspected which were obstructed or inaccessible for physical access on the date of inspection. Your inspector may write out inaccessible areas or use the key in Section IV. Crawl spaces, attics, and/or other areas may be deemed inaccessible if the opening to the area is not large enough to provide physical access for the inspector or if a ladder was required for access. Crawl spaces (or portions thereof) may also be deemed inaccessible if there is less than 24 inches of clearance from the bottom of the floor joists to the surface below. If any area which has been reported as inaccessible is made accessible, the inspection company may be contacted for another inspection. An additional fee may apply.
- 4. Consumer Maintenance Advisory Regarding Integrated Pest Management for Prevention of Wood Destroying Insects.** Any structure can be attacked by wood destroying insects. Homeowners should be aware of and try to eliminate conditions which promote insect infestation in and around their structure(s). Factors which may lead to wood destroying insect infestation include: earth to wood contact, foam insulation at foundation in contact with soil, faulty grade, improper drainage, firewood against structure(s), insufficient ventilation, moisture, wood debris in crawlspace, wood mulch or ground cover in contact with the structure, tree branches touching structure(s), landscape timbers and wood decay. Should these or other conditions exist, corrective measures should be taken in order to reduce the chances of infestation of wood destroying insects and the need for treatment.
- 5. Neither the inspecting company nor the inspector has had, presently has, or contemplates having any interest in the property inspected.**