

OFFICIAL GEORGIA WOOD INFESTATION INSPECTION REPORT

Company Name Northwest Exterminating Company, Inc. License No. 97382
 Address 1740 Corn Road Smyrna, GA 30080
 Telephone Number (770) 436-2020 Date of Issuance 9-28-06
 Seller Douglas Pitts (Estate of) Inspector Corey Gordon
 File No. _____ Purchaser(s) Listing

SCOPE OF INSPECTION

An Inspection of the below listed structure (s) was performed by a qualified inspector employed by this firm to determine the presence or Previous presence of an infestation of the listed organisms and is not intended to be a structural report. Neither is this a warranty as to Absence of wood destroying organisms. This report is subject to all conditions enumerated on the reverse side and is issued without Warranty or guarantee except as provided in rule 620-6-.03 of the rules of the Georgia Structural Pest Control Act or subject to any Treatment guarantee specified below.

Main Structure House
 Other Structures (Specify) w/it
 Address of Structure (s) 427 Baker Circle Atlanta GA. 30318

FINDINGS

INSPECTION REVEALS VISIBLE EVIDENCE OF:

	ACTIVE INFESTATION		PREVIOUS INFESTATION	
	Yes	No	Yes	No
Subterranean Termites	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Powder Post Beetles	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Wood Boring Beetles	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dry Wood Termites	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Wood Decaying Fungus (Not Molds and Mildews)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Were any of the areas of the structure obscured or inaccessible? Yes No

If yes, list these areas (see item 3 on reverse side of form) Floor/wall coverings, siding, insulation, fixed ceiling, appliances/personal items, Block, Brick veneer, Plumbing, Duct work.

The following conditions conducive to infestation for wood destroying organisms were found at the time of inspection. The location of these conditions conducive to infestation are indicated on the attached diagram.

Inadequate ventilation and debris in crawl / Floor supports in contact with soil

Remarks / Additional Findings Signs of previous treatment - No charge for latter.

NOTE: If visible evidence of active or previous infestation is reported it should be assumed that some degree of damage is present and a diagram identifying the structure(s) inspected and showing the location of such evidence must be attached to this form. Evaluation of damage and any corrective action should be performed by a qualified inspector in the building trade approved by the purchaser and lending Agency.

TREATMENT

THE ABOVE DESCRIBED STRUCTURE (S) WAS TREATED BY THIS COMPANY AS FOLLOWS:

ORGANISM	TREATMENT DATE	CONTRACT EXPIRATION	TYPE TREATMENT (chemical barrier, bait, wood treatment)
Subterranean Termites	<u>/</u>	<u>/</u>	<u>w/it</u>
Powder Post Beetles	<u>/</u>	<u>/</u>	
Wood Boring Beetles	<u>/</u>	<u>/</u>	
Dry wood Termites	<u>/</u>	<u>/</u>	
Wood Decaying Fungus	<u>/</u>	<u>/</u>	

THE PRESENT TREATMENT WARRANTY (IES) IS:

- Transferable to any subsequent owner of the property upon payment of a fee on or before the expiration date.
- Not transferable to any subsequent owner of the property.
- The above structure (s) are not covered by a treatment contract with this company.

This structure has a current Exception Form II issued by this company YES NO
 If yes, a copy must be attached as part of this report.

CERTIFICATION

This report is to certify that neither I nor the company has had or contemplates having any interest in the property involved, nor is acting in any association with any party to the transaction.

[Signature]
 Signature of Designated Certified Operator

[Signature]
 Signature of Purchaser or Legal Representative acknowledging receipt of Report

WHITE - MORTGAGEE COPY

CANARY - PURCHASER COPY

PINK - OFFICE COPY



Northwest Exterminating

Office Phone 61436-2020

Date 9-28-06

Inspector Greg Corran

Property Address 427 Barber Circle Atlanta GA 30318

Owner _____ Phone: H _____ W _____

Occupant _____ Phone: H _____ W _____

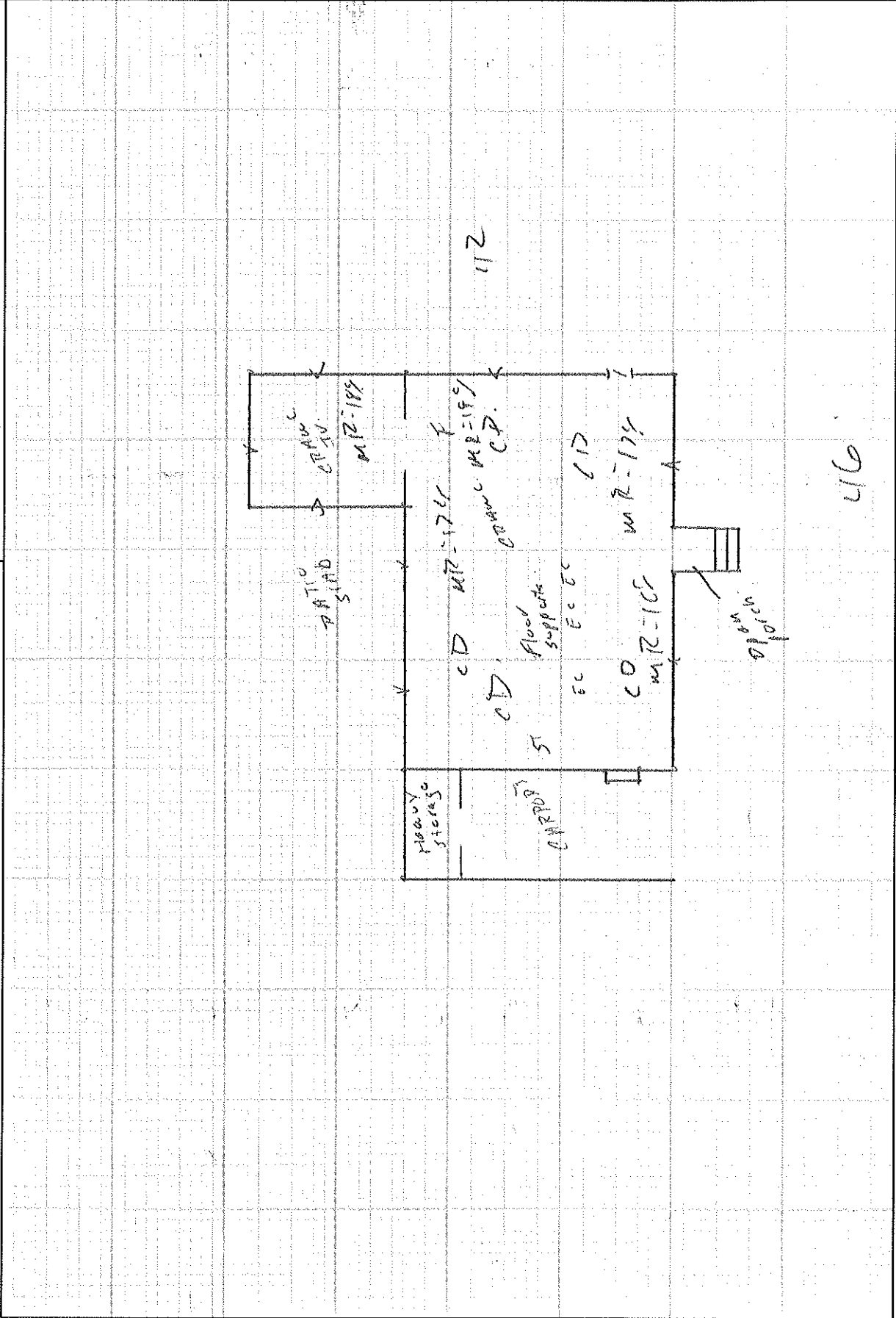
Agent _____ Co. _____ Phone: H _____ W _____

PRICE \$	RENEWAL PREMIUM \$	GUARANTEE	PICK UP CHECK	YES <input type="checkbox"/> NO <input type="checkbox"/>
GALLONS	TAKE GENERATOR	OUTSIDE POWER	TAKE LETTER	YES <input type="checkbox"/> NO <input type="checkbox"/>
	YES <input type="checkbox"/> NO <input type="checkbox"/>		TREATMENT DATE	SCALE USED 1.1

REMARKS

834 F10

2ft - 17C



Well	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
FT. AWAY		
Foundation Walls	<input checked="" type="checkbox"/> BLOCK <input type="checkbox"/> POURED <input type="checkbox"/> OTHER	
Type of Construction	<input checked="" type="checkbox"/> CRAWL <input type="checkbox"/> BASEMENT <input type="checkbox"/> SLAB <input type="checkbox"/> FLOATING <input type="checkbox"/> SUPPORTED <input type="checkbox"/> MONOLITHIC	
Station Location	(i.e. #1, #2, #3, ...etc.)	
	<input checked="" type="checkbox"/> Subterranean Termites	
ST	<input checked="" type="checkbox"/> Fungus	
F	<input type="checkbox"/> Wood Borers	
WB	<input type="checkbox"/> Powder Post Beetles	
PPB	<input type="checkbox"/> Inaccessible Areas	
I	<input type="checkbox"/> Shrub	
*		
Conductive Conditions	<input checked="" type="checkbox"/> EC - Earth to Wood Contact <input checked="" type="checkbox"/> IV - Inadequate Ventilation <input checked="" type="checkbox"/> CD - Cellulose Debris in Crawl Space <input type="checkbox"/> M - Moisture Conditions	