

BUYER:

SELLER: C Ray Peery Estate



Arizona Department of Agriculture
Office of Pest Management
WOOD DESTROYING INSECT INSPECTION REPORT

1688 W. Adams, Phoenix AZ 85207
(602) 255-3664 www.sb.state.az.us

1A. VA/HUD/FHA CASE #
1B. ORIGINAL REPORT
1C. SALE
1D. WDIIR #
1E. TARF #

NOTE: Pursuant to: ARS § 32-2333 (A) This form must be completed only by a Certified Applicator.

2. READ CAREFULLY PRIOR TO COMPLETING THIS OFFICE OF PEST MANAGEMENT (OPM) FORM

- 1. The VA or HUD/FHA case number shall be inserted in Item 1A by the lender or by the pest control company.
2. Areas that were inaccessible or obstructed (Item 7) may include, but are not limited to, wall coverings, fixed ceilings, floor coverings, furniture, or stored articles.
3. Item 8A alone is checked when evidence/insects are found but no control measures are performed.
4. When visible evidence is observed, wood-destroying insects causing such evidence shall be listed in Item 8A and the visible damage resulting from such infestation shall be noted in Item 8D.
5. When treatment is indicated in Item 8C, the insects treated shall be named and the date of treatment indicated.
6. Visible evidence of conditions conducive to infestation from wood-destroying insects shall be reported in Items 15-18 on the second page of this form.
7. All supplemental reports shall be completed within (30) days of the date of the original report.

3A. NAME OF INSPECTION COMPANY: Branham's Exterminating Co.
3B. ADDRESS OF INSPECTION COMPANY: 820 W. Cottonwood Lane #3 Casa Grande, AZ 85122
3C. TELEPHONE NUMBER: (520) 316-0502
4. BUSINESS LICENSE #: 15238BC
5A. NAME OF PROPERTY OWNER/SELLER: C RAY PEERY ESTATE
5B. PROPERTY ADDRESS: 32366 W SAN LORENZO MARICOPA AZ
6A. INSPECTED STRUCTURES: MODULAR HOME

6B. LIST ALL UN-INSPECTED STRUCTURES: NONE

7. THIS INSPECTION DOES NOT INCLUDE THE FOLLOWING LISTED AREAS WHICH ARE OBSTRUCTED OR INACCESSIBLE. (See also Item 19, page 2.)
CABINETS / KITCHEN. BATHROOM. LAUNDRY

8. BASED ON THE INSPECTOR'S VISUAL INSPECTION OF THE READILY ACCESSIBLE AREAS OF THE PROPERTY (See Section (11) before completing):
A. Visible evidence of wood-destroying insects was observed.
B. No visible evidence of infestation from wood-destroying insects was observed.
C. Visible evidence of infestation as noted in 8A. Proper control measures were performed on (date):
D. Visible damage due to was observed in the following areas:
E. Visible evidence of previous treatment was observed. List evidence.

9. DAMAGE OBSERVED, IF ANY
A. Will be or has been corrected by this company.
B. Will not be corrected by this company.
C. It is recommended that noted damage be evaluated by a licensed structural contractor for any necessary repairs to be made.
10. ADDITIONAL COMMENTS (ALSO SEE PAGE 2.)
(Number of additional attachments to this report.) Page(s)

11. STATEMENT OF INSPECTOR
A. The inspection covered the readily accessible areas of the above listed structures, including attics and crawl spaces which permitted entry.
B. Special attention was given to those areas which experience has shown to be particularly susceptible to attack by wood-destroying insects.
C. Non-destructive probing and/or sounding of those areas and other visible accessible wood members showing evidence of infestation was performed.
D. The inspection did not include areas which were obstructed or inaccessible at the time of inspection.
E. 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.

12A. SIGNATURE OF INSPECTOR
12B. INSPECTOR'S LICENSE NUMBER: 060968
12C. DATE: 3-8-17

STATEMENT OF PURCHASER
I HAVE RECEIVED THE ORIGINAL, OR A LEGIBLE COPY, OF THIS FORM AND HAVE READ PAGE (1, 2, & 3) OF THIS FORM.
I UNDERSTAND THAT THIS IS NOT A STRUCTURAL DAMAGE, FUNGI/MOLD REPORT, OR A WARRANTY AS TO THE ABSENCE OF WOOD-DESTROYING INSECTS AND I CAN CONSIDER ASSESSMENT BY A LICENSED STRUCTURAL CONTRACTOR OR FUNGI/MOLD INSPECTOR FOR ANY STRUCTURAL DAMAGE OR FUNGI/MOLD CONCERN.

13. SIGNATURE OF PURCHASER
14. DATE

PROPERTY NAME/ADDRESS <i>C Peery Estate 32366 W SAN LORENZO MARICOPA AZ</i>	DATE OF INSPECTION <i>3-8-17</i>
AT THE TIME OF THE INSPECTION THE PROPERTY WAS: <input checked="" type="checkbox"/> Vacant <input type="checkbox"/> Occupied <input type="checkbox"/> Unfurnished <input checked="" type="checkbox"/> Furnished	
CONDITIONS CONDUCTIVE TO INFESTATION	
15. WOOD TO EARTH CONTACT (EC) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>(If YES, check mark and explain conditions conducive)</i>	
<input type="checkbox"/> Fence Abutting Structure <input type="checkbox"/> Concrete Form Boards <input type="checkbox"/> Porch Post Comments:	<input type="checkbox"/> Pier Posts <input type="checkbox"/> Porch Stairs <input type="checkbox"/> Trellis <input type="checkbox"/> Plants/Trees Contacting Structure <input type="checkbox"/> Other _____
16. EXCESSIVE CELLULOSE DEBRIS (CD) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>(If YES, check mark and explain conditions conducive)</i>	
Comments:	
17. FAULTY GRADES (FG) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>(If YES, check mark and explain conditions conducive)</i>	
<input type="checkbox"/> Evidence of surface water draining toward house <input type="checkbox"/> Floor level or planters at or below grade <input type="checkbox"/> Wood siding below grade Comments:	<input type="checkbox"/> Stucco at or below grade <input type="checkbox"/> Joists in crawl space less than 18" above grade <input type="checkbox"/> Other _____
18. EXCESSIVE MOISTURE (EM) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>(If YES, check mark and explain conditions conducive)</i>	
<input type="checkbox"/> Standing Water <input type="checkbox"/> Sprinklers Hitting Structure <input type="checkbox"/> Crawl Space/Water Leaking Comments:	<input type="checkbox"/> Water Damage <input type="checkbox"/> Water Stain <input type="checkbox"/> Improper Condensate Drainage <input type="checkbox"/> Bath/Shower/Toilet Leaking <input type="checkbox"/> Plumbing Leaks <input type="checkbox"/> Attic/Roof Leak <input type="checkbox"/> Inadequate Ventilation <input type="checkbox"/> Other _____
19. INACCESSIBLE AREAS (IA) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <i>(If YES, check mark and explain)</i>	
<input type="checkbox"/> Attic - All <input type="checkbox"/> Attic - Joists <input checked="" type="checkbox"/> Attic - Partial - <i>NO ACCESS</i> <input checked="" type="checkbox"/> Plumbing Traps - <i>NO ACCESS</i> Comments:	<input checked="" type="checkbox"/> Floors - <i>NO ACCESS</i> <input checked="" type="checkbox"/> Wall Interiors <input type="checkbox"/> Enclosed Stairwell <input type="checkbox"/> Dropped Ceilings <input type="checkbox"/> Sub/Crawl Space Area -- Clearance <input type="checkbox"/> Sub Area/Crawl Space No Access <input type="checkbox"/> Areas Obstructed By Furniture Or Stored Articles <input type="checkbox"/> Other _____
20. EVIDENCE OF PREVIOUS TREATMENT	
<input type="checkbox"/> BY ANOTHER COMPANY: While evidence of previous treatment does exist, it is impossible for the inspecting company to ascertain if such treatment was properly performed. Further investigation is left to the Buyer's discretion to determine if such treatment was done properly and if a valid warranty exists against the target pest of such treatment.	
<input type="checkbox"/> BY THE INSPECTING COMPANY: Previous treatment is recorded for this property. At the Buyer's discretion, treatment records can be viewed at the inspecting company's local office with the property owner's permission.	
Account Number: _____ Date of Initial Treatment: _____ Target Pest: _____ Warranty Expiration Date: _____ Other: _____	
Pest Control Inspector's Additional Comments	

PROPERTY NAME/ADDRESS

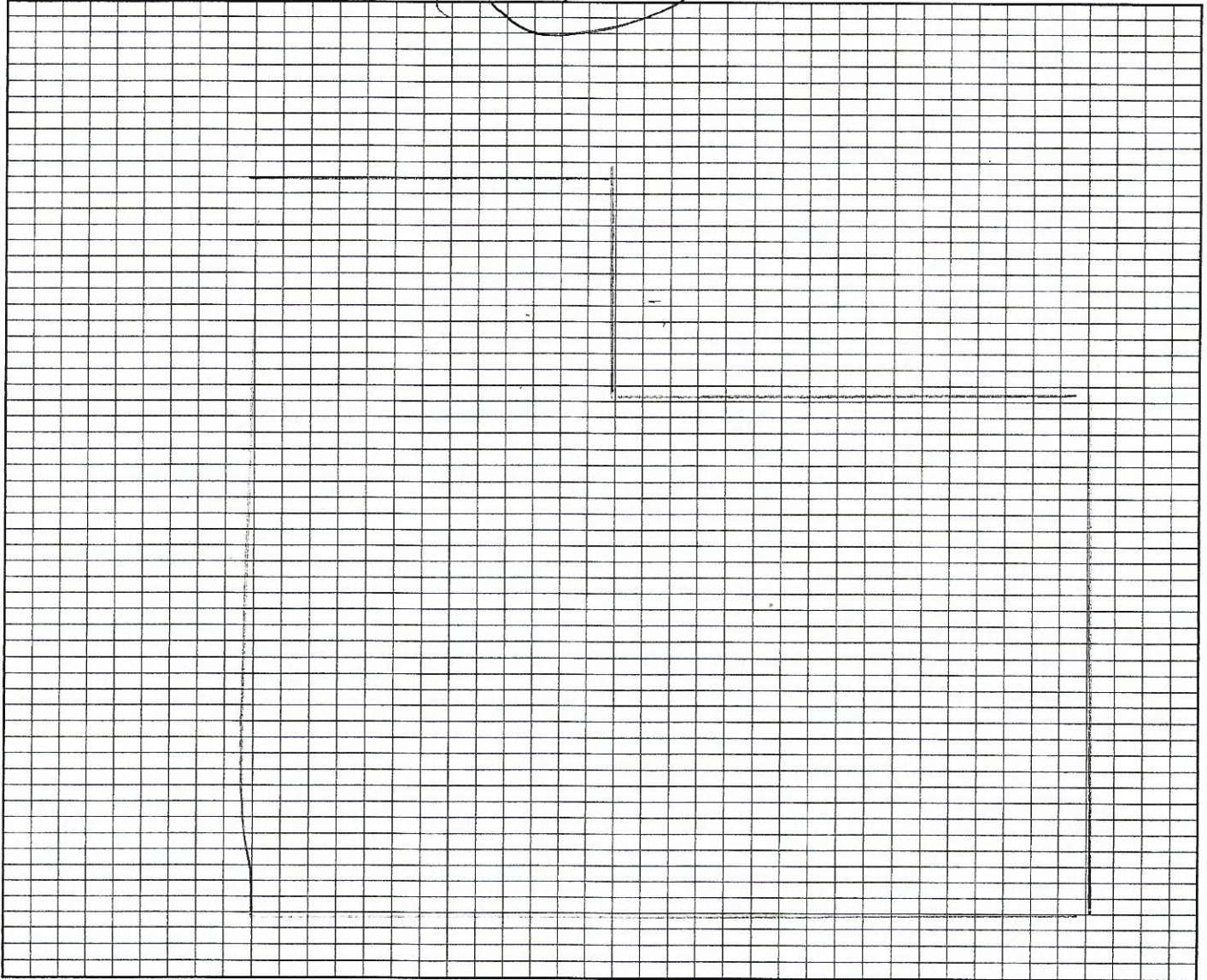
DATE OF INSPECTION

Craig Perry Estate 32366 W SAN LARENZO MARICOPA AZ

3-8-17

GRAPH OF STRUCTURE(S)

(Note: Graph Not To Scale)



PURSUANT TO: R4-29-501 (E)(5)(o) THE INSPECTOR MUST COMPLETE THE GRAPH ON PAGE (3) AND CHECK (✓) MARKED BELOW FOR ANY ITEMS WHICH ARE NOTED ON PAGES (1) AND (2)

✓	CODE	SEE GRAPH PAGE (3)	✓	CODE	SEE GRAPH PAGE (3)	✓	CODE	SEE GRAPH PAGE (3)	✓	CODE	SEE GRAPH PAGE (3)
<input type="checkbox"/>	SU	Subterranean Termites	<input type="checkbox"/>	OW	Other Wood Destroying Insects (*)	<input type="checkbox"/>	OB	Obstructions	<input type="checkbox"/>	WD	Water Damage
<input type="checkbox"/>	DR	Drywood Termites	<input type="checkbox"/>	FG	Faulty Grade	<input type="checkbox"/>	IA	Inaccessible Areas	<input type="checkbox"/>	WS	Water Stains
<input type="checkbox"/>	DA	Dampwood Termites	<input type="checkbox"/>	EC	Wood To Earth Contact	<input type="checkbox"/>	IV	Inadequate Ventilation	<input type="checkbox"/>	RL	Roof Leaks
<input type="checkbox"/>	BE	Wood Destroying Beetles	<input type="checkbox"/>	CD	Cellulose Debris	<input type="checkbox"/>	PL	Plumbing Leaks	<input type="checkbox"/>	EM	Excessive Moisture
<input type="checkbox"/>	CA	Carpenter Ants	<input type="checkbox"/>	PA	Plantings Abutting Structure	<input type="checkbox"/>	SP	Sprinkler Hitting Structure	<input type="checkbox"/>	FI	Further Inspection Needed

(*) Other Wood Destroying Insects

**Please Pay
From This Invoice**

BRANHAM'S EXTERMINATING CO., INC.
 Lic. #15238BC
 P.O. Box 12004
 CASA GRANDE, AZ 85130-2004
 (520) 316-0502

DATE 3-9-17	TIME IN _____ OUT _____		
<input type="checkbox"/> REG. <input type="checkbox"/> 1-TIME <input type="checkbox"/> RES. <input type="checkbox"/> COMM. <input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR			
NAME United Country			
ADDRESS Jim Robinette			
CITY, STATE, ZIP	PHONE		
SERVICES PERFORMED	TARGET PEST(S)	APPLICATION METHOD	
<input checked="" type="checkbox"/> INSPECTION	FOR: Termite Insp		
<input type="checkbox"/> TREATMENT	32366 W San Lorenzo		
	MARICOPA AZ		
CHEMICALS USED	AMOUNT	%	EPA NUMBER
DESCRIPTION / REMARKS		AMOUNT	
B- S-C. Ray Peery Estate			
WARNING: Pesticides can be harmful. Keep children and pets away from pesticides application until dry, dissipated or aerated. For more information call (520) 316-0502			
SERVICED BY R	LIC. NO. 060968	TOTAL	58.00
CUSTOMER SIGNATURE			

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SERVICE REPORT

68540