

Home Inspection ERC



Inspection Date: 6/27/2017

Inspection Completed for: Graebel Companies - CO
(770) 325-4790
16346 Airport Circle
Aurora, CO 80011
APRO247517

Transferee / Property Information: Harry Mckinley
48 Via Divertirse
San Clemente, CA 92673

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 #: APRO247517 Client: Graebel Companies - CO

Contact: Diana Lettieri Phone: Confidential Information Fax: Confidential Information

E-mail Address: dlettieri@graebel.com

Client Address: 48 Via Divertirse

City/State/Postal Code: San Clemente, CA 92673

Transferee(s): Harry Mckinley

Transferee Property Address: 48 Via Divertirse

City/State/Postal Code: San Clemente, CA 92673

Property Assessment Provider: ReloOlogy Inspection Management Services Job/File #: 43786

Provider Address: 501 Cambria Avenue

City/State/Postal Code: Bensalem, PA 19020

Contact: _____ Phone: _____ Fax: _____

E-mail Address: _____

Date: 6/27/2017 Time: 12:00 pm Weather: Clear Temp: 95° F Estimated Age of Main Dwelling (yrs): 12

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

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



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2. PURPOSE AND SCOPE OF THE RELOCATION PROPERTY ASSESSMENT

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

3. OBJECTIVE OF THE RELOCATION PROPERTY ASSESSMENT

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

4. DEFINITION OF THE RELOCATION PROPERTY ASSESSMENT

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

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

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

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

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

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

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

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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Walks
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stoops / Steps
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Patio
4	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grading
9	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exterior Surface Drain

ROOF (R)					
1	METHOD OF ASSESSMENT: Fron Ground				
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#1 Concrete Tile Approx. Age: 12 Design Life: 40
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 Central 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skylights
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chimney
10	ROOF WATER CONTROL				
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Gutters
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Downspouts and Extensions

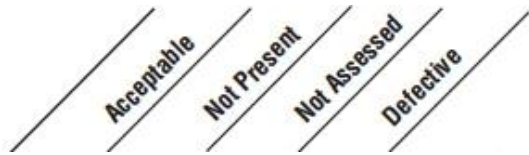
EXTERIOR SURFACES (ES)					
1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	#1 Stucco
2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#2
3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#3
4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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

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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 type="checkbox"/>	<input checked="" type="checkbox"/>	Door Operation
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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: Slab on Grade
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Piers / Posts
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor / Slab
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sheathing
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ventilation
5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attic Fan
6	<input type="checkbox"/>	<input checked="" 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: Graebel Companies - CO	Client File #: APRO247517
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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Moisture
2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Access
3	Evidence of water penetration? <input type="checkbox"/> Yes <input type="checkbox"/> No				

ELECTRICAL (E)

1					Amps: 200	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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Branch Circuits	
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Smoke Detector	
9	Electrical service adequately meets the needs of the dwelling? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

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Acceptable

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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: 12 Design Life: 20
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Additional: Forced Air Approx. Age: 12 Design Life: 20
2a	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Additional: Heat Pump Approx. Age: 12 Design Life: 15
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fuel(s): Natural Gas, Natural Gas, Electric
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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: 12 Design Life: 15
2					Type: Central Fuel: Electric Approx. Age: 12 Design Life: 15
3					Type: Central Fuel: Electric Approx. Age: 12 Design Life: 15
1a	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	System #1 Operation
2a	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	System #2 Operation
3a	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	System #3 Operation

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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?: Homeowner	
2	Sewage Service:	<input checked="" type="checkbox"/> Public	<input type="checkbox"/> Private	<input type="checkbox"/> Undetermined	How Verified?: Homeowner	
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: Copper	
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drain Pipes: ABS	
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vent Pipes	
7	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet	
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tub/Shower	
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exhaust Fan	
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sink	
13	WATER HEATER :		Approx. Age:	12	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Temperature/Pressure Relief Valve	
17	WATER HEATER :		Approx. Age:	12	Design Life:	10
18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Water Heater	
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exhaust System	
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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
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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	

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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Flue	

KITCHEN (K)						
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cooking Appliances	
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disposal	
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dishwasher	
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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: Graebel Companies - CO

Client File #: APRO247517

RELOCATION PROPERTY ASSESSMENT SUMMARY/COST ESTIMATE

Record on this summary page the corrective action(s) required for all items determined to be defective, including the estimated cost of repairs, and explain any items reported as "Not Assessed." As noted in Section 4 above, these estimates are not bids, nor intended to be used as such.

Section	Remarks
Roof	<p>Roof Type #1 Remarks: Further evaluation is recommended. The roof could not be walked / fully assessed due to height. Contact a roofer to evaluate the condition of the roof system.</p> <p>Gutters Problem: The gutter at the corner of the atrium leaks. Corrective Action: Contractor to repair / replace the leaking gutter.</p>
Exterior Surfaces	<p>Type #1 Condition Remarks: The stucco was not assessed - See separate report.</p> <p>Trim Remarks: See Above Type #1 Comments.</p>
Garage / Carports	<p>Door Operation Problem: A drop down stopper is improperly installed at the fire door. Corrective Action: Contractor to repair / correct the fire-rated garage door.</p>
Electrical	<p>Branch Circuits Problem: An improper plug expander and extension cord wiring were observed in the garage. Corrective Action: Electrician to repair / certify the electrical system.</p> <p>Smoke Detector Problem: A smoke detector is missing at the master suite and the smoke detectors are not the required 10-year battery units. Corrective Action: Contractor to install a smoke detector at the master suite and replace the smoke detectors.</p>

Buyer's Initials: _____ / _____

Section	Remarks
Heating Systems	Carbon Monoxide Detector Problem: Carbon monoxide (CO) detectors are required but missing in the home. Corrective Action: Contractor to install CO detectors in the home as required by the state.
Plumbing	Heat Exchanger Remarks: The heat exchanger was not assessed. This part of the unit cannot be assessed without disassembly of the unit.
Fireplace	Water Heater Problem: The seismic straps at both water heaters are improperly installed over the insulation blanket (required to be installed directly on the water heater). Corrective Action: Plumber to repair / replace the seismic straps.
Additional Comments	Water Heater #2 Problem: See Above Water Heater Comments. Corrective Action: See Above Water Heater Comments.
Additional Comments	Flue Remarks: Please Note: Only visual portions of the flue were assessed due to design.
Additional Comments	Other Remarks: The sprinkler was not assessed - See separate report. Also, the fountain and solar equipment were not assessed (beyond the scope of an ERC assessment).

Transferee(s): Transferee Property Address: City/State/Postal Code:	Harry Mckinley 48 Via Divertirse San Clemente, CA 92673
---------------------------------------------------------------------------	---------------------------------------------------------------

*Estimated cost 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 ReloOlogy Inspection Management Services, LLC. Estimates are not provided in localities where prohibited.

Client: Graebel Companies - CO	Client File #: APRO247517
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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: _____ / _____

Customer: Graebel Companies - CO

Attn: Diana Lettieri

Date Inspected: 6/27/2017

Transferee:

Harry Mckinley

48 Via Divertirse

San Clemente, CA 92673

Inspection Type: Home Inspection ERC

Customer File Number: APRO247517

ReloOlogy Number: 43786

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



Front Elevation



Left Side Elevation



Right Side Elevation / A/C Units



Rear Elevation

Buyer's Initials: _____ / _____

Customer: Graebel Companies - CO

Attn: Diana Lettieri

Date Inspected: 6/27/2017

Transferee:

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San Clemente, CA 92673

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Electric Panel



A/C Unit



Rear



Atrium

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48 Via Divertirse

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Atrium



Atrium Fireplace



Leak at Atrium Gutter



Detached Patio

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San Clemente, CA 92673

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Chimney



Roof



Roof



Improper Expander & Extension Cord in Garage

Customer: Graebel Companies - CO

Attn: Diana Lettieri

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48 Via Divertirse

San Clemente, CA 92673

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Electric Sub-Panel



Water Heaters - Improper Seismic Strap Installation



Improper Drop Down Stopper at Garage Door



Living Room Fireplace

Customer: Graebel Companies - CO

Attn: Diana Lettieri

Date Inspected: 6/27/2017

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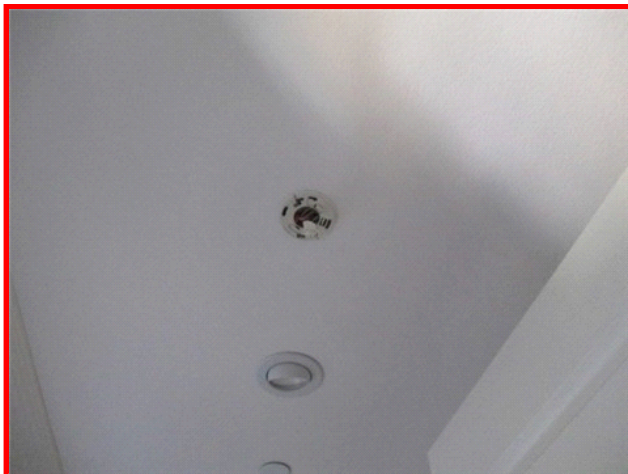
***** Note: pictures with a RED border indicate a potential hazard, problem or defect *****



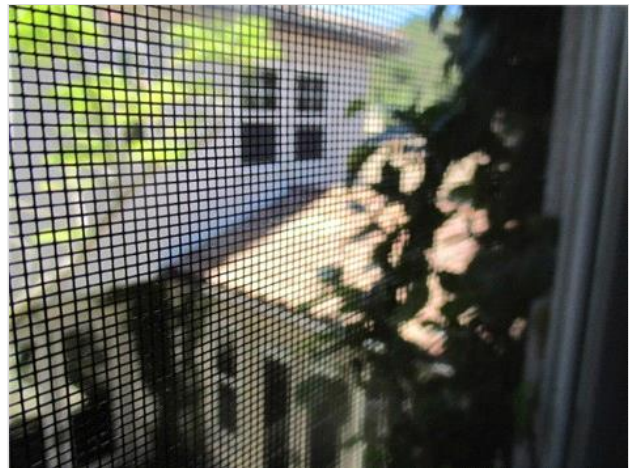
Family Room Fireplace



Master Fireplace



Missing Smoke Detector at Master Suite



Roof

Customer: Graebel Companies - CO

Attn: Diana Lettieri

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Attic



Attic



Heating Equipment



Heating Equipment

Customer: Graebel Companies - CO

Attn: Diana Lettieri

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Attic