

Transferee / Property Information

Transferee Name:	<u>Paul Love</u>	Street Address:	<u>1802 Hillcrest Dr</u>
City:	<u>Hermosa Beach</u>	State / Zip:	<u>CA / 90254</u>
Customer:	<u>Graebel Companies – GA</u>	File Number:	<u>APROA570015</u>
Customer Contact:	<u>Susan Pendziwater</u>	Report Date:	<u>7/3/2023</u>

Inspection Conditions

Date of Inspection:	<u>7/1/2023</u>	Time:	<u>11:00 am</u>
Weather:	<u>Overcast</u>	Temperature:	<u>69° Fahrenheit</u>
Occupied:	<u>Yes</u>	Parties Present:	<u>Homeowner</u>

General Stucco Information

Est. Age of Property: 34

Stucco Present on Home -

Type of Substrate:	<u>Wood, Lathe, Stucco</u>	Thickness of Stucco:	<u>1"</u>
Metal Lathe Present:	<u>Yes</u>		

Important Note:

The exterior of this home is clad with "Conventional" or "Hard Coat" stucco on the front, rear, left and right elevations. This type of stucco typically consists of a mixture of Portland cement or lime, sand and water, applied in one or more coats over rough masonry or frame structures. This is not an EIFS system. **AN EIFS MOISTURE INTRUSION SURVEY IS NOT REQUIRED.**

Stucco Information & Condition

Existence of Decorative Trim:	<u>No</u>
Type of Wall-Framing Present:	<u>Wood Framing</u>
Location of Stucco:	<u>Front, Left, Right and Rear</u>
Explanation:	<u>All sides</u>
Exterior Element Removed to Identify Stucco:	<u>Stucco Screed</u>
Description of Cross Sections/Layers / of System:	<u>Plywood, lathe, stucco</u>
Defects Present in the Stucco:	<u>No</u>
Recommendation for a Moisture Intrusion Inspection:	<u>No</u>

Comments / Recommendations:

No stucco repairs are necessary at this time.



Customer: Graebel Companies - GA
Attn: Susan Pendziwater
Date Inspected: 7/1/2023

Transferee:
Paul Love
1802 Hillcrest Dr
Hermosa Beach, CA 90254

Inspection Type: Stucco Identification
Inspection
Customer File Number: APROA570015
ReloOlogy Number: 102176

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



Front Elevation



Stucco



Customer: Graebel Companies - GA
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1802 Hillcrest Dr
Hermosa Beach, CA 90254

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



Stucco / Siding



Stucco Weep Screed



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

Worldwide ERC Relocation Property Assessment



Inspection Date: 7/1/2023

Inspection Completed for: Graebel Companies - GA
(720) 857-1500
3480 Preston Ridge Rd
Alpharetta, GA 30005
APROA570015

Transferee / Property Information: Paul Love
1802 Hillcrest Dr
Hermosa Beach, CA 90254

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 #: APROA570015 Client: Graebel Companies - GA
Contact: Susan Pendziwater Phone: Confidential Information Fax: Confidential Information
E-mail Address: susan.pendziwater@graebel.com
Client Address: 1802 Hillcrest Dr
City/State/Postal Code: Hermosa Beach, CA 90254
Transferee(s): Paul Love
Transferee Property Address: 1802 Hillcrest Dr
City/State/Postal Code: Hermosa Beach, CA 90254
Property Assessment Provider: ReloOlogy Inspection Management Services Job/File #: 102175
Provider Address: 501 Cambria Avenue
City/State/Postal Code: Bensalem, PA 19020
Contact: Amanda Higgins Phone: _____ Fax: _____
E-mail Address: Amanda.Higgins@Reloology.com
Date: 7/1/2023 Time: 11:00 am Weather: Overcast Temp: 67° F Estimated Age of Main Dwelling (yrs): 34
Parties Present at Time of Assessment: Homeowner Occupied: Yes No
Additions/Modifications: No Were Permits Obtained: _____ Explain: _____



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.**

	<i>Acceptable</i>	<i>Not Present</i>	<i>Not Assessed</i>	<i>Defective</i>	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 type="checkbox"/>	<input checked="" 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: At Eaves					
2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	#1 Concrete Tile	Approx. Age: Unk 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	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gutters	
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Downspouts and Extensions	

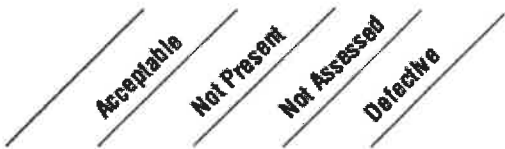
EXTERIOR SURFACES (ES)						
1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	#1 Stucco	
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	#2 Wood Siding	
3	<input type="checkbox"/>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

Client: Graebel Companies - GA

Client File #: APROA570015

RELOCATION PROPERTY ASSESSMENT
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PARTY OTHER THAN THE CLIENT

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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"/>	<input type="checkbox"/>	Garage <input type="checkbox"/> Carport <input checked="" type="checkbox"/> Attached <input type="checkbox"/> Detached
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Door Operation
3	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	Condition

STRUCTURES (S)						
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foundation: Poured Concrete
2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Beams
3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bearing Walls
4	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	Piers / Posts
6	<input checked="" type="checkbox"/>	<input 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"/>	<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"/>	<input type="checkbox"/>	Roof Framing
3	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	Ventilation
5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attic Fan
6	<input type="checkbox"/>	<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: Graebel Companies - GA

Client File #: APROA570015

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Panel
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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: Graebel Companies - GA	Client File #: APROA570015
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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: 10 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Additional Operation
6	<input type="checkbox"/>	<input checked="" 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: Fuel:
					Approx. Age: Design Life:
1a	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	System #1 Operation

Client: Graebel Companies - GA	Client File #: APROA570015
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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?: 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: Copper
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drain Pipes: Cast Iron
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 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: 5	Design Life: 10	
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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

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				

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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 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): <u>Amanda Higgins</u>	Date: <u>7/3/2023</u>

Client: Graebel Companies - GA

Client File #: APROA570015

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	Roof Type #1 Remarks: The roof was not walked due to height and design. The exact age of the roof was not determined. Further evaluation is recommended. Contact a roofer to evaluate the condition of the roof system.
Exterior Surfaces	Type #1 Condition Remarks: See separate Stucco ID report. Type #2 Condition Problem: The wood siding throughout the home is beginning to deteriorate. Corrective Action: Siding contractor to assess all wood siding around the home and repair / replace all affected areas of the siding as needed. Cost to be determined at the time of repairs.
Garage / Carports	Fire barrier between the house and garage complete Problem: The fire barrier between the house and garage is breached (damaged drywall on ceiling). Corrective Action: Contractor to complete the fire barrier between the house and garage.
Electrical	Panel Problem: An open knockout was observed in the sub panel. Corrective Action: Electrician to repair / certify the electrical system.
Heating Systems	Heat Exchanger Remarks: The heat exchanger was not assessed. This part of the unit cannot be visually assessed without disassembly of the unit.
Fireplace	Flue Remarks: Please Note: Only visual portions of the flue were assessed due to design.

RMA

Buyer's Initials: _____ / _____

Section	Remarks
Additional Comments	Other Remarks: The sprinkler system was not assessed.

Transferee(s): Transferee Property Address: City/State/Postal Code:	Paul Love 1802 Hillcrest Dr Hermosa Beach, CA 90254
---------------------------------------------------------------------------	-----------------------------------------------------------

*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 - GA	Client File #: APROA570015
--------------------------------	----------------------------

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: _____ / _____

Customer: Graebel Companies - GA
Attn: Susan Pendziwater
Date Inspected: 7/1/2023

Transferee:
Paul Love
1802 Hillcrest Dr
Hermosa Beach, CA 90254

Inspection Type: Worldwide ERC Relocation
Property Assessment
Customer File Number: APROA570015
ReloOlogy Number: 102175

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



Front Elevation



Address



Side Elevation



Roof

Buyer's Initials: _____ / _____



ReloOlogy Inspection Management Services, LLC

501 Cambria Avenue, Bensalem, PA 19020
215.604.1580

www.ReloOlogy.com

Customer: Graebel Companies - GA
Attn: Susan Pendziwater
Date Inspected: 7/1/2023

Transferee:
Paul Love
1802 Hillcrest Dr
Hermosa Beach, CA 90254

Inspection Type: Worldwide ERC Relocation
Property Assessment
Customer File Number: APROA570015
ReloOlogy Number: 102175

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



Roof



Chimney



Example of Deteriorating Wood Siding



Example of Deteriorating Wood Siding

Buyer's Initials: _____ / _____

Customer: Graebel Companies - GA
Attn: Susan Pendziwater
Date Inspected: 7/1/2023

Transferee:
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Hermosa Beach, CA 90254

Inspection Type: Worldwide ERC Relocation
Property Assessment
Customer File Number: APROA570015
ReloOlogy Number: 102175

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Kitchen



Oven



Living Room



Fireplace

Buyer's Initials: _____ / _____

Customer: Graebel Companies - GA

Attn: Susan Pendziwater

Date Inspected: 7/1/2023

Transferee:

Paul Love

1802 Hillcrest Dr

Hermosa Beach, CA 90254

Inspection Type: Worldwide ERC Relocation

Property Assessment

Customer File Number: APROA570015

ReloOlogy Number: 102175

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Bedroom



Bedroom



Bathroom



Attic

Buyer's Initials: _____ / _____

Customer: Graebel Companies - GA
Attn: Susan Pendziwater
Date Inspected: 7/1/2023

Transferee:
Paul Love
1802 Hillcrest Dr
Hermosa Beach, CA 90254

Inspection Type: Worldwide ERC Relocation
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Attic



Heating Equipment



Heating Equipment



Bedroom

Buyer's Initials: _____ / _____

Customer: Graebel Companies - GA
Attn: Susan Pendziwater
Date Inspected: 7/1/2023

Transferee:
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Hermosa Beach, CA 90254

Inspection Type: Worldwide ERC Relocation
Property Assessment
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ReloOlogy Number: 102175

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Bedroom



Water Heater



Sprinkler Controls



Garage

Buyer's Initials: _____ / _____

Transferee / Property Information

Transferee Name:	Paul Love	Street Address:	1802 Hillcrest Dr
City:	Hermosa Beach	State / Zip:	CA / 90254
Customer:	Graebel Companies – GA	File Number:	APROA570015
Customer Contact:	Susan Pendziwater	Report Date:	7/3/2023

Inspection Conditions

Date of Inspection:	7/1/2023	Time:	11:00 am
Weather:	Overcast	Temperature:	69° Fahrenheit
Occupied:	Yes	Parties Present:	Homeowner

General Stucco Information

Est. Age of Property: 34

Stucco Present on Home -

Type of Substrate:	Wood, Lathe, Stucco	Thickness of Stucco:	1"
Metal Lathe Present:	Yes		

Important Note:

The exterior of this home is clad with "Conventional" or "Hard Coat" stucco on the front, rear, left and right elevations. This type of stucco typically consists of a mixture of Portland cement or lime, sand and water, applied in one or more coats over rough masonry or frame structures. This is not an EIFS system. **AN EIFS MOISTURE INTRUSION SURVEY IS NOT REQUIRED.**

Stucco Information & Condition

Existence of Decorative Trim:	No
Type of Wall-Framing Present:	Wood Framing
Location of Stucco:	Front, Left, Right and Rear
Explanation:	All sides
Exterior Element Removed to Identify Stucco:	Stucco Screed
Description of Cross Sections/Layers / of System:	Plywood, lathe, stucco
Defects Present in the Stucco:	No
Recommendation for a Moisture Intrusion Inspection:	No

Comments / Recommendations:

No stucco repairs are necessary at this time.



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Customer: Graebel Companies - GA
Attn: Susan Pendziwater
Date Inspected: 7/1/2023

Transferee:
Paul Love
1802 Hillcrest Dr
Hermosa Beach, CA 90254

Inspection Type: Stucco Identification
Inspection
Customer File Number: APROA570015
ReloOlogy Number: 102176

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



Front Elevation



Stucco



ReloOlogy Inspection Management Services, LLC

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215.604.1580

www.ReloOlogy.com

Customer: Graebel Companies - GA
Attn: Susan Pendziwater
Date Inspected: 7/1/2023

Transferee:
Paul Love
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Hermosa Beach, CA 90254

Inspection Type: Stucco Identification
Inspection
Customer File Number: APROA570015
ReloOlogy Number: 102176

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



Stucco / Siding



Stucco Weep Screed

Customer: Graebel Companies - GA
Attn: Susan Pendziwater
Date Inspected: 7/1/2023

Transferee:
Paul Love
1802 Hillcrest Dr
Hermosa Beach, CA 90254

Inspection Type: Worldwide ERC Relocation
Property Assessment
Customer File Number: APROA570015
ReloOlogy Number: 102175

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



Breach in Fire Barrier in Garage



Gas Meter



Sub Panel with Open Knockout

Transferee / Property Information

Transferee Name:	Paul Love	Street Address:	1802 Hillcrest Dr
City:	Hermosa Beach	State / Zip:	CA, 90254
Customer:	Graebel Companies - GA	File Number:	APROA570015
Customer Contact:	Susan Pendziwater	Report Date:	7/18/2023

Inspection Conditions

Date of Inspection:	7/11/2023	Time:	12:00 pm
Weather:	Sunny	Temperature:	79° F
Occupied:	Yes	Parties Present:	Homeowner

General Roof Information

Number of Roofs Present at Property: 1

Roof #1 -

Material Used:	Clay Tiles	Age:	Unk
Design Life:	50	Est. Remaining Life:	13
Roof Layers:	1	Exceeds Local Requirements:	No

Explain:

Overall Condition: Defective

Remarks:

Broken and slid tiles were observed throughout the roof surface. A missing tile was observed at the ridge cap. Exposed nails were observed over entire stretch of ridge cap tiles and throughout the roof. The cap sheet is cracked and rotted plywood was observed at the underlayment throughout the roof. Also, wood rot was observed at the fascia.

Corrective Action:

Qualified contractor to repair / replace the broken / slid tiles, install tiles where missing, repair / seal the exposed nails, repair / replace the underlayment and plywood, and repair / replace the fascia.

Flashing Condition:

Defective

Remarks:

Raised flashing and worn sealant was observed at the roof.

Corrective Action:

Qualified contractor to repair / replace the flashing. Cost is included in Overall Condition of Roof #1 above.

Leaks Present?

No

Remarks:

Corrective Action:

Hail Damage Present?

No

Explain:

Roof Insurable for Minimum of 5 years?

No

Remarks:

Transferee / Property Information

Transferee Name:	Paul Love	Street Address:	1802 Hillcrest Dr
City:	Hermosa Beach	State / Zip:	CA, 90254
Customer:	Graebel Companies - GA	File Number:	APROA570015
Customer Contact:	Susan Pendziwater	Report Date:	7/18/2023

Additional Roof Conditions

Ventilation:		Acceptable
Remarks:		
Corrective Action:		
Attic Fan:		Not Present
Remarks:		
Corrective Action:		
Gutters:		Acceptable
Remarks:		
Corrective Action:		
Downspouts:		Acceptable
Remarks:		
Corrective Action:		
Vents / Boots:		Defective
Remarks:	Raised boots and worn sealant was observed at the vents.	
Corrective Action:	Qualified contractor to repair / replace the boots and vents. Cost is included in Overall Condition of Roof #1 above.	
Skylights:		Not Present
Remarks:		
Corrective Action:		

Comments / Recommendations:

Please note: Oriental Japanese clay tile is special order and takes approximately 9 months to ship from Japan so a tile relay may not be possible in which case another new roof system will need to be installed.



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Customer: Graebel Companies - GA
Attn: Susan Pendziwater
Date Inspected: 7/11/2023

Transferee:
Paul Love
1802 Hillcrest Dr
Hermosa Beach, CA 90254

Inspection Type: Roof Inspection
Customer File Number: APROA570015
ReloOlogy Number: 102241

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



Front Slope



Back Slope

Customer: Graebel Companies - GA
Attn: Susan Pendziwater
Date Inspected: 7/11/2023

Transferee:
Paul Love
1802 Hillcrest Dr
Hermosa Beach, CA 90254

Inspection Type: Roof Inspection
Customer File Number: APROA570015
ReloOlogy Number: 102241

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



Cracked Tile



Shifted And Cracked Tile

Customer: Graebel Companies - GA
Attn: Susan Pendziwater
Date Inspected: 7/11/2023

Transferee:
Paul Love
1802 Hillcrest Dr
Hermosa Beach, CA 90254

Inspection Type: Roof Inspection
Customer File Number: APROA570015
ReloOlogy Number: 102241

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



Cracked Tile



Broken / Slid Tile

Customer: Graebel Companies - GA
Attn: Susan Pendziwater
Date Inspected: 7/11/2023

Transferee:
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1802 Hillcrest Dr
Hermosa Beach, CA 90254

Inspection Type: Roof Inspection
Customer File Number: APROA570015
ReloOlogy Number: 102241

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Slid Tile With Missing Nail



Popped Nails On Ridge Cap Tiles

Customer: Graebel Companies - GA
Attn: Susan Pendziwater
Date Inspected: 7/11/2023

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Inspection Type: Roof Inspection
Customer File Number: APROA570015
ReloOlogy Number: 102241

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Missing Ridge Cap Tile



Popped Slid Rake Tile Exposing Capsheet Underlayment And Wood Rot Plywood

Customer: Graebel Companies - GA
Attn: Susan Pendziwater
Date Inspected: 7/11/2023

Transferee:
Paul Love
1802 Hillcrest Dr
Hermosa Beach, CA 90254

Inspection Type: Roof Inspection
Customer File Number: APROA570015
ReloOlogy Number: 102241

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



Wood Rot



Popped Nail

Customer: Graebel Companies - GA
Attn: Susan Pendziwater
Date Inspected: 7/11/2023

Transferee:
Paul Love
1802 Hillcrest Dr
Hermosa Beach, CA 90254

Inspection Type: Roof Inspection
Customer File Number: APROA570015'
ReloOlogy Number: 102241

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



Slid Shifted Tiles



Downspout Front Of House

Customer: Graebel Companies - GA
Attn: Susan Pendziwater
Date Inspected: 7/11/2023

Transferee:
Paul Love
1802 Hillcrest Dr
Hermosa Beach, CA 90254

Inspection Type: Roof Inspection
Customer File Number: APROA570015
ReoOlogy Number: 102241

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



Wood Rot Shiplap And Fascia Board



Downspout Back Of House

Customer: Graebel Companies - GA
Attn: Susan Pendziwater
Date Inspected: 7/11/2023

Transferee:
Paul Love
1802 Hillcrest Dr
Hermosa Beach, CA 90254

Inspection Type: Roof Inspection
Customer File Number: APROA570015
ReloOlogy Number: 102241

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



Slid Rake Tiles And Wood Rot At Fascia Board



Slid Tile

Customer: Graebel Companies - GA

Attn: Susan Pendziwater

Date Inspected: 7/11/2023

Transferee:

Paul Love

1802 Hillcrest Dr

Hermosa Beach, CA 90254

Inspection Type: Roof Inspection

Customer File Number: APROA570015

ReloOlogy Number: 102241

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



Gutter

WOOD DESTROYING PESTS AND ORGANISMS INSPECTION REPORT

Building No. 1802	Street Hillcrest Dr	City Hermosa Beach	ZIP 90254	Date of Inspection 07/07/2023	Number of Pages 6
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All City Termite
 5805 Polaris Ct
 Mira Loma CA 91752
 (310) 796-0822
 allcity@allcitytermite.net

Report # : 10552
 Registration # : PR 2130
 Escrow # :
 CORRECTED REPORT

Ordered by:	Property Owner and/or Party of Interest: Homeowner 1802 Hillcrest Dr Hermosa Beach CA 90254	Report sent to:
-------------	------------------------------------------------------------------------------------------------------	-----------------

COMPLETE REPORT
 LIMITED REPORT
 SUPPLEMENTAL REPORT
 REINSPECTION REPORT

GENERAL DESCRIPTION: TWO STORY SINGLE FAMILY HOME, ATTACHED GARAGE	Inspection Tag Posted: Kitchen Sink
	Other Tags Posted:

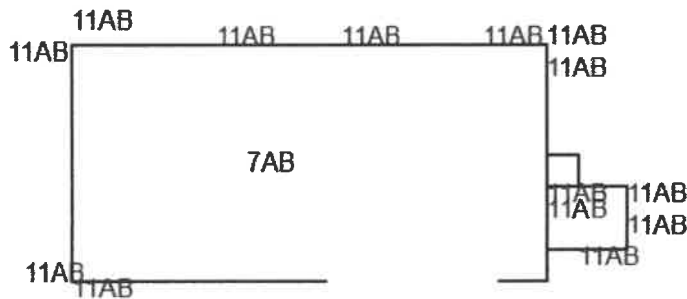
An inspection has been made of the structure(s) shown on the diagram in accordance with the Structural Pest Control Act. Detached porches, detached steps, detached decks and any other structures not on the diagram were not inspected.

Subterranean Termites
 Drywood Termites
 Fungus / Dryrot
 Other Findings
 Further Inspection

If any of the above boxes are checked, it indicates that there were visible problems in accessible areas. Read the report for details on checked items.

Diagram Not To Scale

see re-inspect report for work completed



Inspected By: Corey Gerritse State License No. FR45195 Signature: _____

You are entitled to obtain copies of all reports and completion notices on this property reported to the Structural Pest Control Board during the preceding two years. To obtain copies contact: Structural Pest Control Board, 2005 Evergreen Street, Suite 1500, Sacramento, California, 95815-3831.

NOTE: Questions or problems concerning the above report should be directed to the manager of the company. Unresolved questions or problems with services performed may be directed to the Structural Pest Control Board at (916) 561-8708, (800) 737-8188 or www.pestboard.ca.gov. 43M-41 (Rev. 04/2015)

ALL CITY TERMITE

Page 2 of 6 inspection report

1802	Hillcrest Dr	Hermosa Beach	CA	90254
Address of Property Inspected		City	State	ZIP
07/07/2023	10552			
Date of Inspection	Corresponding Report No.	Escrow No.		

A. Certain areas are recognized by the industry as inaccessible and/or for other reasons not inspected. These included but are not limited to: inaccessible and/or insulated attics or portions thereof, attics with less than 18" clear crawl space, the interior of hollow walls, spaces between floor or porch deck and the ceiling below, areas where there is no access without defacing or tearing out lumber, masonry or finished work; areas behind stoves, refrigerators or beneath floor coverings, furnishings, areas where encumbrances and storage, conditions or locks make inspection impractical, portions of the subarea concealed or made inaccessible by ducting or insulation, area beneath wood floors over concrete, and areas concealed by heavy vegetation. Areas or timbers around eaves, (second story or above) that cannot be reached without the use of extension ladder. They were visually inspected from ground level only. Although we make visual examinations, we do not deface or probe window/door frames or decorative trims. Unless otherwise specified in this report, we do not inspect fences, sheds, dog houses, detached patios, detached wood decks, wood retaining walls or wood walkways. We assume no responsibility for work done by anyone else, for damage to structure or contents during inspection, or for infestation, infection, adverse conditions or damage undetected due to inaccessible or non-disclosure by owner/agent/tenant.

B. Slab floor construction has become more prevalent in recent years. Floor covering may conceal cracks in the slab that will allow infestation to enter. Infestations in the walls may be concealed by plaster so that a diligent inspection may not disclose the true condition. These areas are not practical to inspect because of health hazards, damage to the structure; or inconvenience. They were not inspected unless described in this report. We recommend further inspection if there is any question about the above noted areas. Ref: Structural Pest Control Act, Article 6, Section 8516(b), paragraph 1990(i). Amended effective March 1, 1974. Inspection is limited to disclosure of wood destroying pests or organisms as set forth in the Structural Pest Control Act, Article 6, Section 8516(b), Paragraph 1990-1991.

C. A re-inspection will be performed, if requested within four (4) months from date of original inspection, on any corrective work that we are regularly in the business of performing. If CERTIFICATION is required, then any work performed by others must be CERTIFIED by them. There is a re-inspection fee.

D. This company is not responsible for work completed by others, recommended or not, including by Owner. Contractor bills should be submitted to Escrow as certification of work completed by others.

E. The exterior surface of the roof was not inspected. If you want the water tightness of the roof determined, you should contact a roofing contractor who is licensed by the Contractor's State License Board.

F. TESTING

F. Second story stall showers are inspected but not water tested unless there is evidence of leaks in ceiling below. Ref: Structural Pest Control Rules and Regulations, Sec. 8516G. Sunken or below grade showers or tubs are not water tested due to their construction.

G. During the course of/ or after opening walls or any previously concealed areas, should any further damage or infestation be found, a supplementary report will be issued. Any work completed in these areas would be at Owner's direction and additional expense.

H. During the process of treatment or replacement it may be necessary to drill holes through ceramic tiles or other floor coverings; These holes will then be sealed with concrete. We will exercise due care but assume no responsibility for cracks, chipping or other damage to floor coverings. We do not re-lay carpeting.

I. We assume no responsibility for damage to any Plumbing, Gas or Electrical lines, etc., in the process of pressure treatment of concrete slabs or replacement of concrete or structural timbers.

J. When a fumigation is recommended we will exercise all due care but assume no responsibility for damage to Shrubbery, Trees, plants, TV Antennas or Roofs. A FUMIGATION NOTICE will be left with, or mailed to the Owner of this property, or his designated Agent. Occupant must comply with instructions contained in Fumigation Notice. During fumigation and aeration, the possibility of burglary exists as it does any time you leave your home. Therefore, we recommend that you take any steps that you feel necessary to prevent any damage to your property. We also recommend that you contact your insurance agent and verify that you have insurance coverage to protect against any loss, damage or vandalism to your property. The company does not provide any onsite security except as required by state or local ordinance and does not assume any responsibility for care and custody of the property in case of vandalism, breaking or entering.

K. Your termite report and clearance will cover EXISTING infestation or infection which is outlined in this report. If Owner of property desires coverage of any new infestation it would be advisable to obtain a Control Service Policy which would cover any new infestation for the coming year.

L. If you should have any questions regarding this report, please call or come by our office any weekday between 8:00 a.m. and 5:00 p.m.

M. I agree to pay reasonable attorney's fees if suit is required by this COMPANY to enforce any terms of this contract, together with the costs of such action, whether or not suit proceeds to judgment.

ALL CITY TERMITE

Page 3 of 6 inspection report

1802	Hillcrest Dr	Hermosa Beach	CA	90254
Address of Property Inspected		City	State	ZIP
07/07/2023	10552			
Date of Inspection	Corresponding Report No.	Escrow No.		

N. The total amount of this contract is due and payable upon completion of work unless otherwise specified. A finance charge computed at a Monthly rate of 1.5% of the unpaid balance (annual percentage rate of 18%) will be added to all accounts past due.

O. If this report is used for escrow purposes then it is agreed that this inspection report and Completion, if any, is part of the ESCROW TRANSACTION. However, if you received written or verbal instructions from any interested parties involved

in this escrow (agents, principals, etc.) to not pay our invoice at close of escrow, you are instructed by us not to use these documents to satisfy any conditions or terms of your escrow for purposes of closing the escrow. Further, you are instructed to return all of our documents and the most current mailing address you have on file for the property owner.

P. Owner/agent/tenant acknowledges and agrees that inspection of the premises will not include any type of inspection for the presence or non-presence of asbestos and that this report will not include any findings or opinions regarding the presence or non-presence of asbestos in, upon or about the premises, we recommend that you contact a contractor specifically licensed to engage in asbestos related work. Further, should we discover the presence of asbestos during our inspection of the premises or should our inspection of the premises cause a release of asbestos dust or particles, owner/agent/tenant shall be solely responsible for the cleanup, removal and disposal of the asbestos and the cost thereof. Owner/agent/tenant hereby agrees to waive any and all claims against this Company which are in any way related to the presence of asbestos on the premises and further agrees to indemnify and hold this company harmless from any and all claims of any nature asserted by any third party, including this Company's employees, which is in any way related to the presence of asbestos on the premises.

Q. There may be health related issues associated with the findings reflected in this report. We are not qualified to and do not render an opinion concerning any such health issues. The inspection reflected by this report was limited to the visible and accessible areas only. Questions concerning health related issues, which may be associated with the findings or recommendations reflected in this report, the presence of mold, the release of mold spores concerning indoor air quality should be directed to a Certified Industrial Hygienist. THIS COMPANY IS NOT RESPONSIBLE FOR MOLD AND OR MILDEW. YOU MUST CONTACT A LICENSED CONTRACTOR IS THAT FIELD FOR EVALUATION.

ALL CITY TERMITE

Page 4 of 6 inspection report

1802	Hillcrest Dr	Hermosa Beach	CA	90254
Address of Property Inspected		City	State	ZIP
07/07/2023	10552			
Date of Inspection	Corresponding Report No.	Escrow No.		

SECTION I CONTAINS ITEMS WHERE THERE IS EVIDENCE OF ACTIVE INFESTATION, INFECTION OR CONDITIONS THAT HAVE RESULTED IN OR FROM INFESTATION OR INFECTION.

SECTION II ITEMS ARE CONDITIONS DEEMED LIKELY TO LEAD TO INFESTATION OR INFECTION BUT WHERE NO VISIBLE EVIDENCE OF SUCH WAS FOUND.

FURTHER INSPECTION ITEMS ARE DEFINED AS RECOMMENDATIONS TO INSPECT AREA(S) WHICH DURING THE ORIGINAL INSPECTION DID NOT ALLOW THE INSPECTOR ACCESS TO COMPLETE HIS INSPECTION AND CANNOT BE DEFINED AS SECTION I OR II.

7. ATTIC SPACES

7A - Section I

Evidence of drywood termite infestation noted.

RECOMMENDATION:

Fumigation with active ingredient Sulfuryl Fluoride and Chloropicrin. This is guaranteed for 100% extermination of drywood termites.

A TWO YEAR LIMITED WARRANTY ON THE FUMIGATION DONE BY THIS COMPANY, GIVEN UPON NOTICE OF COMPLETION.

7B - Section I

Drywood termite pellets noted in designated area.

RECOMMENDATION:

Cover or remove drywood termite pellets in designated area.

11. OTHER - EXTERIOR

11A - Section I

Evidence of drywood termite infestation noted.

RECOMMENDATION:

Fumigation with active ingredient Sulfuryl Fluoride and Chloropicrin. This is guaranteed for 100% extermination of drywood termites.

A TWO YEAR LIMITED WARRANTY ON THE FUMIGATION DONE BY THIS COMPANY, GIVEN UPON NOTICE OF COMPLETION.

11B - Section I

DRYWOOD TERMITE AND ROT DAMAGE NOTED TO: FASCIA, TRIM AND SIDING.

RECOMMENDATION:

Remove and replace with new material as needed, primer *only*.

NOTE: If during the course of our work additional damage is found a supplemental report will be issued and additional costs will be given at that time.

Timbers which are not structurally weakened will be repaired with a wood filler. Painting not included.

*Not done
see work auth. \$1675
for fume*

*✓ done - including finish painting
* see pd. invoice*

ALL CITY TERMITE

Page 5 of 6 inspection report

1802	Hillcrest Dr	Hermosa Beach	CA	90254
Address of Property Inspected		City	State	ZIP
07/07/2023		10552		
Date of Inspection		Corresponding Report No.		Escrow No.

PESTICIDES ARE THE PRODUCTS ALL CITY TERMITE CO., INC USES TO CONTROL THE TARGET PEST LISTED IN YOUR INSPECTION. PESTICIDES MAKE A BETTER LIFE FOR ALL OF US. THEY HELP CONTROL DISEASE CARRIERS THUS PROTECTING YOUR HEALTH AND PROPERTY, YOUR ALL CITY TERMITE CO., INC TECHICIAN IS A STATE CERTIFIED APPLICATOR AND IS CONSTANTLY BEING UPGRADED BY OUR TRAINNING SESSIONS. IF YOU HAVE ANY QUESTIONS PLEASE CALL THE FOLLOWING NUMBER 310-796-0822

STATE LAW REQUIRES THAT YOU BE GIVEN THE FOLLOWING INFORMATION CAUTION PESTICIDES ARE TOXIC CHEMICALS. STRUCTURAL PEST CONTROL COMPANIES ARE REGISTERED AND REGULATED BY THE STRUCTURAL PEST CONTROL BOARD, AND APPLY PESTICIDES WHICH ARE REGISTERED AND APPROVED FOR USE BY CALIFORNIA DEPARTMENT OF PESTICIDE REGULATION AND THE UNITED STATES ENVIRONMENTAL PROTECTION AGENCY. REGISTRATION IS GRANTED WHEN THE STATE FINDS THAT BASED ON EXISTING SCIENTIFIC EVIDENCE THERE ARE NOT APPRECIABLE RISKS IF PROPER USE CONDITIONS ARE FOLLOWED OR THAT THE RISKS ARE OUTWEIGHED BY THE BENEFITS. THE DEGREE OF RISK DEPENDS UPON THE DEGREE OF EXPOSURE, SO EXPOSURE SHOULD BE MINIMIZED.

IF WITHIN 24 HOURS FOLLOWING APPLICATION YOU EXPERIENCE SYMPTOMS SIMILAR TO COMMON SEASONAL ILLNESS COMPARABLE TO THE FLU, CONTACT YOUR PHYSICIAN OR POISON CONTROL CENTER (800) 876-4766 AND YOUR ALL CITY TERMITE CO., INC OPERATOR IMMEDIATLY.

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Los Angeles.....800-427-8700/ ORANGE COUNTY 714-834-7700

FOR APPLICATION INFORMATION- The County Agriculture Commissioner

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San Bernadino County.....909-387-2105

San Diego County.....858-694-8980

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1418 Howe Avenue, Suite 18, Sacramento, CA 95825-3204...800-737-8188

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TERMITICIDE USED AND THE ACTIVE INGREDIENTS

- DEMON MAX (Cypermethrin 0.50%)
- INVADER HPX (2-(1-methylethoxy) phenyl methylcarbamate)
- DRIONE (Pyrethrins, Piperoyl Butoxide, Technical, Amorphous Silica Gel)
- TIM BOR (Disodium octaborate tetrahydrate, 98%)
- TERMIDOR SC (Fipronil:5-amino-1-(2,6-dichloro-4(trifluoromethyl) phenyl)-4-(1R, S,)-(trifluoromethyl)sulfinyl) -1 -H-pyrazole-3-carbonitrile 9.1%) - Dragnet Ft Termiticed. Permethrin 36.8%
- Cy-Kick Cyfluthrin 0.1%
- Phanmen (clorfenapyr: 4-broms-2-(4-clorophenly-1-(exhoxymethyl) 5-trifluoromethyl)-1H-pyrrole-3-carbonitrile

ARTICLE 2.5 Pesticides 8538

(a) A registered structural pest control company shall provide the owner, or owner's agent, and tenant of the premises for which the work is to be done with clear written notice which contains the following statements and information using works with common and everyday meaning:

(1) The pest to be controlled.

(2) The pesticide or pesticides proposed to be used, and the active ingredient or ingredients..

(3) "State law requires that you be given the following information:CAUTION--PESTICIDES ARE TOXIC CHEMICALS. Structural Pest Control Companies are registered and regulated by the California Department of Pesticide Regulation and the United States Environmental Protection Agency. Registration is granted when the state finds that, based on existing scientific evidence, there are no appreciable risks if proper use conditions are followed or that the risks are outweighed by the benefits. The degree of risk depends upon the degree or exposure, so exposure should be minimized.

ALL CITY TERMITE

Page 6 of 6 inspection report

1802	Hillcrest Dr	Hermosa Beach	CA	90254
Address of Property Inspected		City	State	ZIP
07/07/2023	10552			
Date of Inspection	Corresponding Report No.		Escrow No.	

"If within 24 hours following application you experience symptoms similar to common seasonal illness comparable to the flu, contact your physician or poison control centers(THIS STATEMENT SHALL BE MODIFIED TO INCLUDE ANY OTHER SYMPTOMS OF OVER EXPOSURE WHICH ARE NOT TYPICAL OF INFLUENZA.)

WOOD DESTROYING PESTS AND ORGANISMS INSPECTION REPORT

Building No.
1802

Street
Hillcrest Dr

City
Hermosa Beach

ZIP
90254

Date of Inspection
08/01/2023

Number of Pages
6



All City Termite
5805 Polaris Ct
Mira Loma CA 91752
(310) 796-0822
allcity@allcitytermite.net

Report # : 10592
Registration # : PR 2130
Escrow # :
 CORRECTED REPORT

Ordered by:

Property Owner and/or Party of Interest:
Homeowner
1802 Hillcrest Dr
Hermosa Beach CA 90254

Report sent to:

COMPLETE REPORT LIMITED REPORT SUPPLEMENTAL REPORT REINSPECTION REPORT

GENERAL DESCRIPTION:

TWO STORY SINGLE FAMILY HOME, ATTACHED GARAGE

Inspection Tag Posted:
Kitchen Sink
Other Tags Posted:

An inspection has been made of the structure(s) shown on the diagram in accordance with the Structural Pest Control Act. Detached porches, detached steps, detached decks and any other structures not on the diagram were not inspected.

Subterranean Termites Drywood Termites Fungus / Dryrot Other Findings Further Inspection

If any of the above boxes are checked, it indicates that there were visible problems in accessible areas. Read the report for details on checked items.

Diagram Not To Scale

SEE ORIGINAL REPORT

Inspected By: Corey Gerritse State License No. FR45195 Signature: _____

You are entitled to obtain copies of all reports and completion notices on this property reported to the Structural Pest Control Board during the preceding two years. To obtain copies contact: Structural Pest Control Board, 2005 Evergreen Street, Suite 1500, Sacramento, California, 95815-3831.

NOTE: Questions or problems concerning the above report should be directed to the manager of the company. Unresolved questions or problems with services performed may be directed to the Structural Pest Control Board at (916) 561-8708, (800) 737-8188 or www.pestboard.ca.gov.

43M-41 (Rev. 04/2015)

ALL CITY TERMITE

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1802 Hillcrest Dr

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Escrow No.

A. Certain areas are recognized by the industry as inaccessible and/or for other reasons not inspected. These included but are not limited to: inaccessible and/or insulated attics or portions thereof, attics with less than 18" clear crawl space, the interior of hollow walls, spaces between floor or porch deck and the ceiling below, areas where there is no access without defacing or tearing out lumber, masonry or finished work; areas behind stoves, refrigerators or beneath floor coverings, furnishings, areas where encumbrances and storage, conditions or locks make inspection impractical, portions of the subarea concealed or made inaccessible by ducting or insulation, area beneath wood floors over concrete, and areas concealed by heavy vegetation. Areas or timbers around eaves, (second story or above) that cannot be reached without the use of extension ladder. They were visually inspected from ground level only. Although we make visual examinations, we do not deface or probe window/door frames or decorative trims. Unless otherwise specified in this report, we do not inspect fences, sheds, dog houses, detached patios, detached wood decks, wood retaining walls or wood walkways. We assume no responsibility for work done by anyone else, for damage to structure or contents during inspection, or for infestation, infection, adverse conditions or damage undetected due to inaccessible or non-disclosure by owner/agent/tenant.

B. Slab floor construction has become more prevalent in recent years. Floor covering may conceal cracks in the slab that will allow infestation to enter. Infestations in the walls may be concealed by plaster so that a diligent inspection may not disclose the true condition. These areas are not practical to inspect because of health hazards, damage to the structure; or inconvenience. They were not inspected unless described in this report. We recommend further inspection if there is any question about the above noted areas. Ref: Structural Pest Control Act, Article 6, Section 8516(b), paragraph 1990(i). Amended effective March 1, 1974. Inspection is limited to disclosure of wood destroying pests or organisms as set forth in the Structural Pest Control Act, Article 6, Section 8516(b), Paragraph 1990-1991.

C. A re-inspection will be performed, if requested within four (4) months from date of original inspection, on any corrective work that we are regularly in the business of performing. If CERTIFICATION is required, then any work performed by others must be CERTIFIED by them. There is a re-inspection fee.

D. This company is not responsible for work completed by others, recommended or not, including by Owner. Contractor bills should be submitted to Escrow as certification of work completed by others.

E. The exterior surface of the roof was not inspected. If you want the water tightness of the roof determined, you should contact a roofing contractor who is licensed by the Contractor's State License Board.

F. TESTING

F. Second story stall showers are inspected but not water tested unless there is evidence of leaks in ceiling below. Ref: Structural Pest Control Rules and Regulations, Sec. 8516G. Sunken or below grade showers or tubs are not water tested due to their construction.

G. During the course of/ or after opening walls or any previously concealed areas, should any further damage or infestation be found, a supplementary report will be issued. Any work completed in these areas would be at Owner's direction and additional expense.

H. During the process of treatment or replacement it may be necessary to drill holes through ceramic tiles or other floor coverings; These holes will then be sealed with concrete. We will exercise due care but assume no responsibility for cracks, chipping or other damage to floor coverings. We do not re-lay carpeting.

I. We assume no responsibility for damage to any Plumbing, Gas or Electrical lines, etc., in the process of pressure treatment of concrete slabs or replacement of concrete or structural timbers.

J. When a fumigation is recommended we will exercise all due care but assume no responsibility for damage to Shrubbery, Trees, plants, TV Antennas or Roofs. A FUMIGATION NOTICE will be left with, or mailed to the Owner of this property, or his designated Agent. Occupant must comply with instructions contained in Fumigation Notice. During fumigation and aeration, the possibility of burglary exists as it does any time you leave your home. Therefore, we recommend that you take any steps that you feel necessary to prevent any damage to your property. We also recommend that you contact your insurance agent and verify that you have insurance coverage to protect against any loss, damage or vandalism to your property. The company does not provide any onsite security except as required by state or local ordinance and does not assume any responsibility for care and custody of the property in case of vandalism, breaking or entering.

K. Your termite report and clearance will cover EXISTING infestation or infection which is outlined in this report.

If Owner of property desires coverage of any new infestation it would be advisable to obtain a Control Service Policy which would cover any new infestation for the coming year.

L. If you should have any questions regarding this report, please call or come by our office any weekday between 8:00 a.m. and 5:00 p.m.

M. I agree to pay reasonable attorney's fees if suit is required by this COMPANY to enforce any terms of this contract, together with the costs of such action, whether or not suit proceeds to judgement.

ALL CITY TERMITE

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N. The total amount of this contract is due and payable upon completion of work unless otherwise specified. A finance charge computed at a Monthly rate of 1.5% of the unpaid balance (annual percentage rate of 18%) will be added to all accounts past due.

O. If this report is used for escrow purposes then it is agreed that this inspection report and Completion, if any, is part of the ESCROW TRANSACTION. However, if you received written or verbal instructions from any interested parties involved

in this escrow (agents, principals, etc.) to not pay our invoice at close of escrow, you are instructed by us not to use these documents to satisfy any conditions or terms of your escrow for purposes of closing the escrow. Further, you are instructed to return all of our documents and the most current mailing address you have on file for the property owner.

P. Owner/agent/tenant acknowledges and agrees that inspection of the premises will not include any type of inspection for the presence or non-presence of asbestos and that this report will not include any findings or opinions regarding the presence or non-presence of asbestos in, upon or about the premises, we recommend that you contact a contractor specifically licensed to engage in asbestos related work. Further, should we discover the presence of asbestos during our inspection of the premises or should our inspection of the premises cause a release of asbestos dust or particles, owner/agent/tenant shall be solely responsible for the cleanup, removal and disposal of the asbestos and the cost thereof. Owner/agent/tenant hereby agrees to waive any and all claims against this Company which are in any way related to the presence of asbestos on the premises and further agrees to indemnify and hold this company harmless from any and all claims of any nature asserted by any third party, including this Company's employees, which is in any way related to the presence of asbestos on the premises.

Q. There may be health related issues associated with the findings reflected in this report. We are not qualified to and do not render an opinion concerning any such health issues. The inspection reflected by this report was limited to the visible and accessible areas only. Questions concerning health related issues, which may be associated with the findings or recommendations reflected in this report, the presence of mold, the release of mold spores concerning indoor air quality should be directed to a Certified Industrial Hygienist. THIS COMPANY IS NOT RESPONSIBLE FOR MOLD AND OR MILDEW. YOU MUST CONTACT A LICENSED CONTRACTOR IS THAT FIELD FOR EVALUATION.

ALL CITY TERMITE

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SECTION I CONTAINS ITEMS WHERE THERE IS EVIDENCE OF ACTIVE INFESTATION, INFECTION OR CONDITIONS THAT HAVE RESULTED IN OR FROM INFESTATION OR INFECTION.

SECTION II ITEMS ARE CONDITIONS DEEMED LIKELY TO LEAD TO INFESTATION OR INFECTION BUT WHERE NO VISIBLE EVIDENCE OF SUCH WAS FOUND.

FURTHER INSPECTION ITEMS ARE DEFINED AS RECOMMENDATIONS TO INSPECT AREA(S) WHICH DURING THE ORIGINAL INSPECTION DID NOT ALLOW THE INSPECTOR ACCESS TO COMPLETE HIS INSPECTION AND CANNOT BE DEFINED AS SECTION I OR II.

This is a reinspection report to original report dated 07/07/2023, report #10552.

11. OTHER - EXTERIOR

11A - Notes

NOTE: Reinspection on item 11B, work was completed in a workman like manner on 7/31/2023. Please see original report for any remaining items that have or have not been completed.

ALL CITY TERMITE

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1802	Hillcrest Dr	Hermosa Beach	CA	90254
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08/01/2023		10592		
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- INVADER HPX (2-(1-methylethoxy) phenyl methylcarbamate)
- DRIONE (Pyrethrins, Piperoyl Butoxide, Technical, Amorphous Silica Gel)
- TIM BOR (Disodium octaborate tetrahydrate, 98%)
- TERMIDOR SC (Fipronil:5-amino-1-(2,6-dichloro-4(trifluoromethyl) phenyl)-4-(1R, S,)-(trifluoromethyl)sulfinyl) -1 -H-pyrazole-3-carbonitrile 9.1%) - Dragnet Ft Termiticed. Permethrin 36.8%
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All City Termite
 5805 Polaris Ct
 Mira Loma CA 91752
 (310) 796-0822
 allcity@allcitytermite.net

WORK AUTHORIZATION

Report #: 10552

No work will be performed until a signed copy of this agreement has been received.

Address of Property : 1802 Hillcrest Dr
 City: Hermosa Beach
 State/ZIP: CA 90254

The inspection report of the company dated, **07/07/2023** is incorporated herein by reference as though fully set forth. The company is authorized to proceed with the work outlined in the items circled below from the Termite Inspection Report for the property inspected, for a total sum of \$ _____. This total amount is due and payable within 30 days from completion repair work and/or chemical application.

CUSTOMER INFORMATION 1) The total amount of this contract is due and payable upon completion of the work listed above unless otherwise specified. Only

the work specified in the contract is being done at this time due to owners wishes. ANY WORK PERFORMED AGAINST AN EXISTING TITLE ESCROW WILL BE THE FINANCIAL RESPONSIBILITY OF THE PARTY ORDERING THE INSPECTION REPORT, IN THE EVENT OF A CANCELLED TITLE ESCROW. 2) Work completed (LABOR) by operator shall be guaranteed for a period of one year from completion. Toilet plumbing (parts supplied by this firm), showers, floors or any measures for the control of moisture are guaranteed for (30) days only. Chemical treats are guaranteed for one year. Only the areas treated are guaranteed. 3) Customer agrees to hold company harmless for any damage which may occur to plant life, wiring, trees, vines, pets, tile roofs, plumbing leaks, or changes beyond control of the company which may occur during the performance of this work. In case of non-payment by owner, reasonable attorney's fees and costs of collection shall be paid by the owner, whether suit be filed or not. A SERVICE CHARGE OF 1-1/2 PERCENT, PER MONTH WILL BE CHARGED ON ALL BALANCES OVER (30) DAYS. THE 1-1/2 PERCENT, PER MONTH, EQUALS 18 PERCENT PER ANNUM ON THE UNPAID BALANCES. 4) Any additional damage found while work is being performed will be supplemented by a report as to additional findings and costs. Any work completed in these areas would be at the Owner's direction and additional expense. 5) All repairs performed by others must be re-inspected by OUR COMPANY before a CERTIFICATION will be issued. We do not guarantee work completed by others. Any repairs completed by others must be guaranteed in writing and submitted to OUR COMPANY before a CERTIFICATION will be issued. This firm does not make statements concerning workmanship. Workmanship is only determinable by those paying for or receiving those services. 6) If at the time of repairs to decks, the damage is found to be more extensive, a Supplemental report will be given along with a bid for any other corrections that maybe necessary. 7) A re-inspection of specific items on the report or of any other conditions pertaining to this structure can redone at an ADDITIONAL COST PER TRIP. The re-inspection must be done within (4) months of the original inspection. 8) Our inspectors are not equipped with 40 ft. ladders therefore all two story building will not be inspected at the eaves unless requested. 9) MOLD DISCLAIMER: There may be health related issues associated with the structural repairs reflected in the inspection report referenced by this work authorization contract. These health issues include but are not limited to the possible release of mold spores during the course of repairs. We are not qualified to and do not render any opinion concerning such healthiness or any special precautions. Any questions concerning health issues or any special precautions to be taken prior to or during the course of such repairs should be directed to a Certified Industrial Hygienist before any such repairs are undertaken. By executing this work authorization contract, customer acknowledges that he or she has been advised of the forgoing and has had the opportunity to consult with a qualified professional. 10) NOTICE TO PROPERTY OWNERS : (Section 7018 of the California Contractors License Law, Business & Professional Code Div. 3, Chap. 9) Provides under the Mechanic's Lien Law any contractor, subcontractor, laborer, supplier or other person who helps to improve your property but is not paid for his work or supplies has a right to enforce a claim against your property. This means that, after a court hearing, your property could be sold by the court officer and the proceeds of the sale used to satisfy the indebtedness. This can happen even if you have paid your own contractor in full, if the subcontractor, laborer, or supplier remains-unpaid. ** NOTE **: Inspection fee is billed separately above any work costs.

ITEMS

Prefix	Section I	Section II	Further Inspection	Other
7A — Fume →	1,675.00	0.00	0.00	0.00
7B not complete	N/C	0.00	0.00	0.00
11A	SEE 7A	0.00	0.00	0.00
11B — complete →	1,695.00	0.00	0.00	0.00
Total:	3,370.00	0.00	0.00	0.00

GRAND TOTAL: 3,370.00

Property Owner: _____ Date: _____ Inspected By: _____ Date: _____

Owner's Agent: _____ Date: _____