

**OKLAHOMA OFFICIAL TERMITE AND WOOD DESTROYING INSECT REPORT
(FORM ODAFF-1)**

THIS INSPECTION DOES NOT INCLUDE FUNGI WHICH INHABIT OR DESTROY WOOD OR OTHER CELLULOSE MATERIALS, HEALTH HAZARD MOLDS, OR STAIN FUNGI

SECTION I. ADDRESS OF PROPERTY

1A. Address of structures inspected: Street/Legal Description 302 Utica Ave City Tulsa Zip 74104

1B. Location of structures inspected (if different than address): _____

SECTION II. INSPECTING COMPANY INFORMATION

2A. Assured Home Inpsectors, LLC 2B. C9490
Name of Inspection Company ODAFF Business License Number

2C. 9548 E. 108Th St. S. Tulsa OK 74133 918-853-5113
Address of Inspection Company City State Zip Telephone Number

2D. Drew Sleezer 2E. 80564
Name of Inspector (Please Print) Certification Number of Inspector

SECTION III. PROPERTY INFORMATION

3A. All of the structures on the property listed in Section I were inspected EXCEPT the following: Detachd buildings.

3B. Owner/Seller (if known): _____ / _____

3C. Name of person purchasing report: Joe Weaver

3D. Capacity of person purchasing report: Buyer Agent Seller Other (specify: _____)

SECTION IV. TYPE OF CONSTRUCTION As determined by visual inspection are:

4A. Stem wall type: Brick Concrete Block Solid Concrete Other (specify: _____)

4B. Floor Type: Wood Concrete Slab Other (specify: _____)

4C. Area Under Floor: Crawl Space Basement Fill Other (specify: _____)

4D. Exterior Type: Wood Veneer Fiberboard Brick/Stone Stucco Aluminum/Vinyl Siding Concrete Block
Asbestos Slate EIFS

Other, include combinations (specify: _____)

4E. Pier Type: Wood Concrete Block Brick Solid Concrete
Other: (_____)

SECTION V. INACCESSIBLE OR VISUALLY OBSTRUCTED AREAS

5A. Are there any areas of the structure(s) inaccessible or visually obstructed: Yes No If "Yes", specify in 5B.

5B. Inaccessible or visually obstructed areas include:

- Un-floored or insulated attic areas Inadequate clearance in crawl space
- Interior of hollow walls, floors, ceilings Areas requiring tearing into or defacing to inspect
- Storage areas (specify: Closets Garages) Locked areas (specify: _____)
- Areas behind or beneath stoves, refrigerators, furniture, built in cabinets, insulation, or floor coverings
- Areas behind or under personal property

Other (specify: Exterior parts over 8' visual only, No probing. Wall coverings (i.e. paneling, wall paper, or texture) and previous repairs may inhibit/limit visual inspection.)

Comments: _____

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SECTION VI. CONDITIONS CONDUCTIVE

6A. Are there any visible conditions conducive to infestation by termites : Yes No. If "Yes" specify in 6B.

6B. Observed conditions conducive to infestation by termites or other wood destroying organisms include:

- Wood to ground contact (Symbol: C1)
- Stucco siding extending below grade (Symbol: C7)
- Remaining form board (Symbol: C2)
- Insufficient separation between soil and wood in crawl space (Symbol: C8)
- Excessive Moisture (Symbol: C3)
- Wood pile in contact with structure (Symbol: C9)
- Debris (wood or other cellulose material) under structure (Symbol: C4)
- Decks with wooden supports improperly based in contact with structure (Symbol: C10)
- Debris (wood or other cellulose material) around structure (Symbol: C5)
- Wooden parts resting on known cracked concrete (slab) or expansion joints (Symbol: C6)
- Dense foliage/shrubs in contact with structure (Symbol: C11)
- Other (specify: _____) (Symbol: C12)

6C. Location of conditions conducive to infestation by termites shall be shown on diagram in Section IX.

Comments: _____

SECTION VII. EVIDENCE OF ACTIVITY OR DAMAGE BY TERMITES/EVIDENCE OF PREVIOUS INFESTATION OR TREATMENT

7A. ACTIVITY:

(1) Is there visible evidence of termite ACTIVITY? Yes No. If "Yes" specify in (2)

(2) Visible evidence of termite ACTIVITY includes:

- Live Termites (Symbol: T1)
- Termite frass (pellets) (Symbol: T3)
- Exit Holes (Symbol: T5)
- Termite Tubes (Symbol: T2)
- Winged Adults (Symbol: T4)

(3) Location of evidence of termite ACTIVITY shall be shown on diagram in Section IX.

Comments: Right side rear bedroom window sill

7B. DAMAGE:

(1) Is there visible evidence of termite DAMAGE? Yes No. If "Yes" specify in (2)

(2) Visible evidence of termite DAMAGE includes: (specify: _____)

_____ (Symbol: TD)

(3) Location of evidence of termite DAMAGE shall be shown on diagram in Section IX.

Comments: _____

7C. Is there evidence of previous infestation, previous treatment or managed baiting system? Yes No. If "Yes" specify location of infestation, type of treatment, location of the treatment and name of the company if available: _____

Drill marks. No information on treating company or date. _____ (Symbol: T6)

SECTION VIII. EVIDENCE OF ACTIVITY OR DAMAGE BY WOOD DESTROYING INSECTS OTHER THAN TERMITES

8. ACTIVITY: (Note: 8.A. does not include Wood Rot Fungi)

(1) Is there visible evidence of ACTIVITY of wood destroying insects OTHER than termites? Yes No. If "Yes" specify in (2), (3), and (4).

(2) Type of OTHER wood destroying insects ACTIVITY:

Insect (specify type: _____) (Symbol: IA)

(3) Evidence of ACTIVITY of insects noted in (2), above (Specify evidence, such as "live carpenter ants" _____)

(4) Location of evidence of ACTIVITY listed in (2) above shall be shown on diagram in Section IX.

Comments: _____

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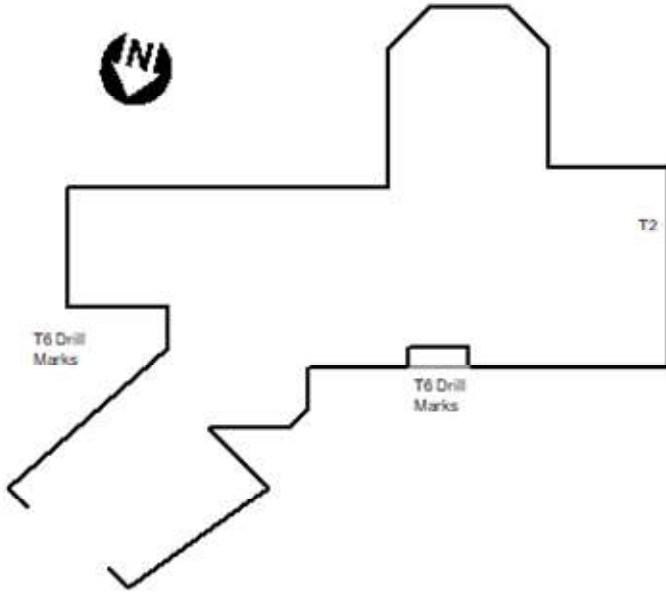
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SECTION IX. DIAGRAM OF STRUCTURE(S) INSPECTED

Use this diagram to show the location and types of conditions conducive, activity, or damage reported in Sections VI, VII, and VIII. Employ the symbols shown in those sections (such as C1, T1, IA, and ID) that are the same as the symbols shown below the diagram.



Evidence of Activity or Damage by Wood Destroying Insects Other Than Termites
 IA: Insect Activity ID: Insect Damage
 OA: Other Activity OD: Other Damage

Evidence of Termite Activity or Damage:
 T1: Live Termites T5: Exit Holes
 T2: Termite Tubes T6: Evidence of previous infestation or treatment
 T3: Termite Frass (pellets) TD: Termite Damage
 T4: Winged Adults

Conditions Conducive:
 C1: Wood to ground contact C7: Stucco siding extending below Grade
 C2: Remaining form boards C8: Insufficient separation between soil and wood in crawl space
 C3: Excessive moisture C9: Wood pile in contact with structure
 C4: Debris under structure C10: Decks in contact with structure
 C5: Debris around structure C11: Dense foliage/shrubs in contact with structure
 C6: Wooden parts resting on known cracked concrete (slab) or expansion joints C12: Other _____

Comments: _____

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SECTION X. RECOMMENDATION FOR TREATMENT OR FOR CORRECTION OF CONDITIONS CONDUCTIVE

10A. Is a recommendation made for treatment for termites or other wood destroying insects or for corrections of conditions conducive to infestation? Yes No. If "Yes", specify in 10B.

10B. Type of recommendation:

(1) Remedial (Evidence of Insect(s) Activity) Treatment. Yes No. If "Yes" specify:

(a) Insects to be treated for:

Termites

Wood destroying insects other than termite. (Specify type: _____)

(b) Basis for recommendation:

Presence of live termites (listed in 7A(2) or of other live wood destroying insects listed in Section 8A(3)).

Evidence of previous infestation (listed in Sections VII or VIII) and no visible evidence of an adequate treatment to address it.

Other (specify: _____)

(c) Treatment to be performed by a company licensed by the Oklahoma Department of Agriculture, Food & Forestry

(2) Preventative (No Evidence of Insect(s) Activity) treatment. Yes No. If "Yes", specify insect(s) to be treated for in (a) and basis for recommendation in (b). Preventative Treatments are recommendations not requirements of the inspection.

(a) Insects to be treated for:

Termites

Wood destroying insects other than termite. (specify type: _____)

(b) Basis for recommendation: Substantial conditions conducive to infestation referred to in Section VI of this form. (Specify: _____)

(NOTE: These conditions must be substantial.)

(c) Treatment to be performed by a company licensed by the Oklahoma Department of Agriculture, Food & Forestry

(3) Correction of conditions conducive: Yes No. If "Yes", specify in (a) and (b).

(a) Conditions conducive listed in 6.B. _____

(b) Corrective measures recommended: _____

SECTION XI. ADDITIONAL COMMENTS:

Decking, fencing, and landscaping materials are not addressed in this inspection.

SECTION XII. ATTACHMENTS: List all attachments: See home inspection report for pictures.

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SECTION XIII. STATEMENT OF INSPECTOR

I performed the inspection of the property(ies) referenced above and believe this report to be true and complete.

13A. Notice of Inspection was posted at or near: Electric Breaker Box Water Heater Beneath Kitchen Sink Bath Trap
13B. Date Posted: 1/5/2022 13C. Signature of Inspector: Drew Sheerer 13D. Date of Signature: 1/5/2022

SECTION XIV. DISTRIBUTION OF COPIES

Report forwarded to: Title Co. or Mortgagee Purchaser of Service Seller Agent Buyer Inspecting Company
(Under ODAFF regulations, only the purchaser of the service and inspecting company are required to receive a copy.)

SECTION XV. STATEMENT OF SELLER

The Seller hereto agrees that all known property history information regarding activity of wood destroying insects, damage from wood destroying insects, and treatment history including whether the structures are currently the subject of an active service agreement for termite or other wood destroying insect(s) treatment has been disclosed to the Buyer.

Signature of Seller of Property or their Designee

Date

SECTION XVI. STATEMENT OF BUYER

I have received the original or a legible copy of this report and all attachments. I have read and understand any Recommendations made. My signature and/or my Closing on this property hereby acknowledge and accept the terms of this report. The Report urges me to obtain the opinion of a qualified building expert regarding any and all damages and defects on the property.

[Signature]
Signature of Purchaser of Property or their Designee

1/5/2022

Date

SECTION XVII. STATEMENT OF PURCHASER OF SERVICE

The undersigned hereby acknowledges receipt of a copy of this report.

[Signature]
Signature of Purchaser of Service

1/5/2022

Date

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