

INVOICE 131356 Dated 9/12/2011

Ace Exterminating Co., Inc.

Po Box 787
Joelton, TN 37080
615-876-7185

Site Ref No. 68332
688 Pinnacle Hill Rd
Kingston Springs, TN 37082-9210

DENNIS CARLSON - ESTATE TRUSTEE
688 Pinnacle Hill Rd
Kingston Springs, TN 37082-9210

Account # 68332
Lic#: 41465
Purchase order

DESCRIPTION	INVOICE	DISCOUNT	TAX	PAYMENT	AMOUNT DUE
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For service at: Dennis Carlson - Estate Trustee - (Seller) 688 Pinnacle Hill Rd Kingston

Termite Letter	\$25.00	\$0.00	\$0.00	\$0.00	\$25.00
				Total Payment Amount:	\$0.00

PLEASE REMIT \$25.00

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Acc. 68332 DENNIS CARLSON - ESTATE TRUSTEE
INVOICE 131356 Dated 9/12/2011
PLEASE REMIT \$25.00

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

Amt. Paid _____

Check/Card # _____

Exp. Date _____

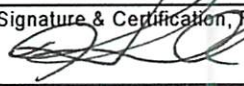
Signature _____

Email _____

Comments _____

Wood Destroying Insect Inspection Report Notice: Please read important consumer information on page 2.

Section 1. General Information Inspection Company, Address & Phone Ace Exterminating Co., Inc. P.O. Box 787 Joelton, TN 37080	41465	Date of Inspection 9/12/11
	Address of Property Inspected 688 Pinnacle Hill Rd. Kingston Springs, TN 37082	

Inspector's Name, Signature & Certification, Registration or Lic. # Kevin Rollins  #5041	Structure(s) Inspected 1 Single Family Home
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Section II. Inspection Findings This report is indicative of the condition of the above identified structure(s) on the date of inspection and is not to be construed as a guarantee or warranty against latent, concealed, or future infestations or defects. Based on a careful visual inspection of the readily accessible areas of the structure(s) inspected:

A. No visible evidence of wood destroying insects was observed

B. Visible evidence of wood destroying insects was observed as follows:

1. Live insects (description and location) _____

2. Dead insects, insect parts, frass, shelter tubes, exit holes, or staining (description and location) Staining on foundation from previous shelter tubes.

3. Visible damage from wood destroying insects was noted as follows (description and location) _____

NOTE: This is not a structural damage report. If box B above is checked, it should be understood that some degree of damage including hidden damage, may be present. If any questions arise regarding damage indicated by this report, it is recommended that the buyer or any interested parties contact a qualified structural professional to determine the extent of damage and the need for repairs.

Yes No It appears that the structure(s) or a portion thereof may have been previously treated. Visible evidence of possible previous treatment. Drill marks in foundation. Also Sentricon stations around perimeter.

The inspecting company can give no assurances with regard to work done by other companies. The company that performed the treatment should be contracted for information on treatment and any warranty or service agreement which may be in place.

Section III. Recommendations

No treatment recommended: (Explain if Box B in Section 11 is checked) No active termites found at inspection.

Recommend treatment for the control of _____

Section IV. Obstructions and Inaccessible Areas

The following areas of the structure(s) inspected were obstructed or inaccessible:

Basement

Crawlspace 13 5-11-24 hanging insulation

Main Level 1,3,4,6,13 10

Attic

Garage

Exterior 11-13-16-17

Porch 11-13

Addition

Other _____

The inspector may write out obstructions or use the following optional key:	
1. Fixed ceiling	13. Only visual access
2. Suspended ceiling	14. Cluttered condition
3. Fixed wall covering	15. Standing water
4. Floor covering	16. Dense vegetation
5. Insulation	17. Exterior siding
6. Cabinets or shelving	18. Window wall covers
7. Stored items	19. Wood pile
8. Furnishings	20. Snow
9. Appliances	21. Unsafe conditions
10. No access or entry	22. Rigid foam board
11. Limited access	23. Synthetic stucco
12. No access beneath	24. Duct work, plumbing and/or wiring

Section V. Additional Comments and Attachments (these are an integral part of the report)

Inspection certificate and or treatment must be paid on or before closing or inspection report is invalid.

Attachments Inspection graph and specifications sheet

Signature of Seller(s) or Owner(s) if refinancing. Seller acknowledges that all information regarding W.D.I. infestation, damage, repair, and treatment history has been disclosed to the buyer. X	Signature of Buyer. The undersigned hereby acknowledges receipt of a copy of both page 1 and page 2 of this report and understands the information reported. X
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- Perimeter Plus Treatment
- Termite Bait Stations
- Complete Termite Drill Out
- Pretreatment
- Spot Treatment
- Retreatment



Exterminating, Inc.

P.O. Box 787
Joelton, TN 37080

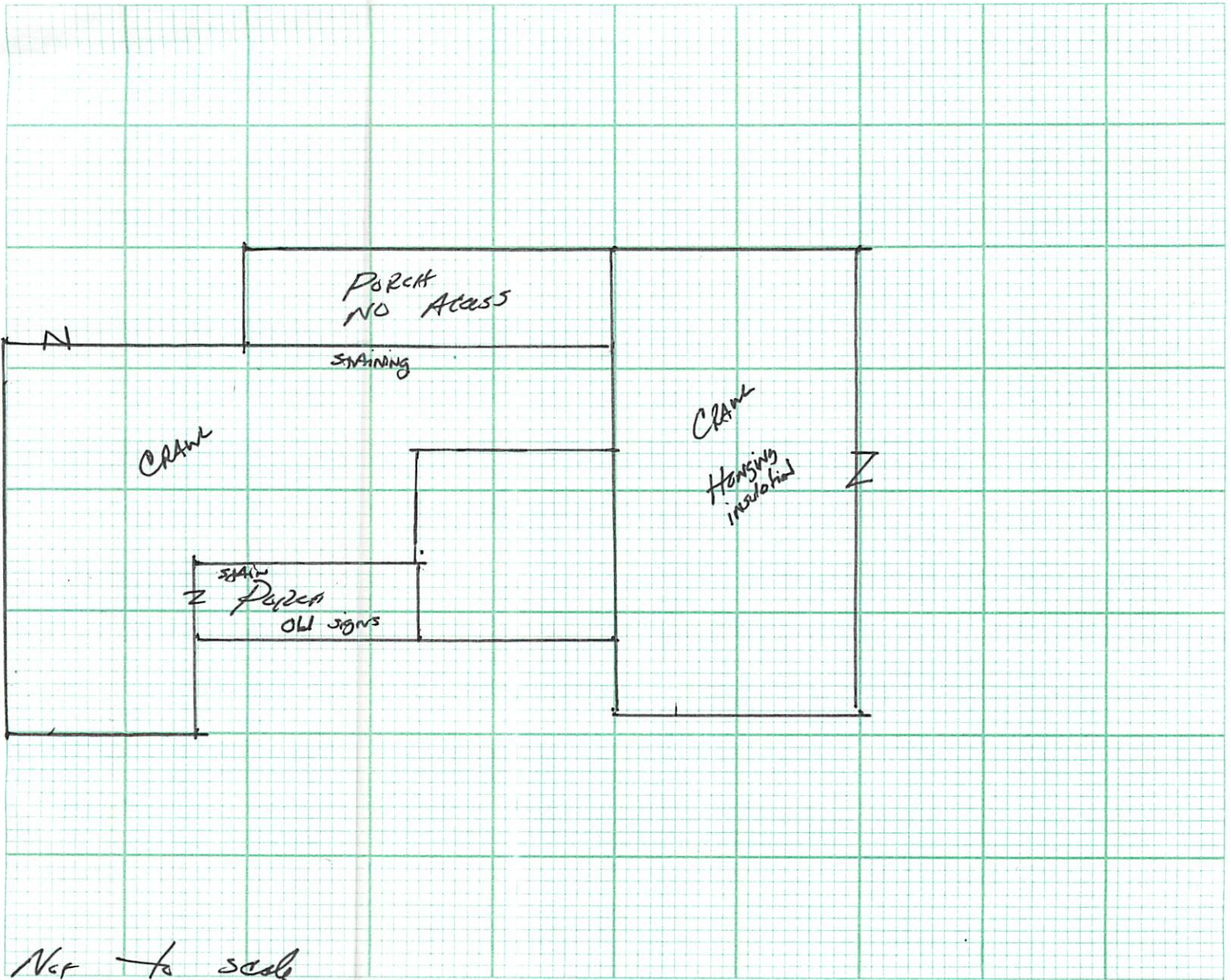
(615) 876-7185

- Fungus Treatment
- Moisture Barrier
- Temp. Control Vents
- Floor Support
- Repair
- Deep Wells

OWNER'S NAME _____ OCCUPANT _____ DATE 9-12-11
 TREATING ADDRESS 688 Pinnacle Hill Rd. CITY Kingsman Springs STATE TN ZIP 37082
 BUSINESS PHONE _____ HOME PHONE _____ INSPECTED BY [Signature]

WE HAVE ON THIS DATE COMPLETED AN INSPECTION OF THE STRUCTURE(S) INDICATED ABOVE. OUR FINDINGS ARE AS FOLLOWS:

- | | |
|--|--|
| <input type="checkbox"/> No evidence of termites found in structure | <input type="checkbox"/> Evidence of termite infestation in debris |
| <input type="checkbox"/> Live termite activity in debris under structure | <input checked="" type="checkbox"/> Evidence of termite infestation found in structure |
| <input type="checkbox"/> Live termites now active in structure | <input checked="" type="checkbox"/> Moisture Reading 1. LR <u>10</u> 2. LF <u>22</u> 3. CR <u>20</u> |
| <input type="checkbox"/> Damage resulting from termites found | 4. CF <u>22</u> 5. RR <u>22</u> 6. RF <u>22</u> |
| <input type="checkbox"/> Minor damage visible | <input type="checkbox"/> Excessive dampness |
| <input type="checkbox"/> Medium damage visible | <input type="checkbox"/> Wood rot |
| <input type="checkbox"/> Extensive damage visible | <input type="checkbox"/> Powder post beetles |
| | <input type="checkbox"/> Rodents |
| | <input checked="" type="checkbox"/> Fungus |
| | <input type="checkbox"/> Ants |



CODE

Electricity Yes No

XXXX Infested area - termites
 ✓✓✓ Damaged area - termites

++++ Repairs needed
 0000 Damage other than termites

Water Yes No

TREATMENT SPECIFICATIONS

- | | |
|--|--|
| <input type="checkbox"/> 1. Install ___ termite bait stations | <input type="checkbox"/> 13. Rod and trench soil adjacent to inside foundation wall |
| <input type="checkbox"/> 2. Trench and treat soil adjacent to outside foundation wall | <input type="checkbox"/> 14. Drill concrete block foundation and treat voids in wall |
| <input type="checkbox"/> 3. Treat voids of 2nd brick foundation by drilling through mortar joints at 16" intervals | <input type="checkbox"/> 15. Remove cellulose debris from under building |
| <input type="checkbox"/> 4. Drill concrete slab at doorjamb | <input type="checkbox"/> 16. Treat soil in crawl |
| <input type="checkbox"/> 5. Drill and treat the soil beneath concrete slab, porches or patios | <input type="checkbox"/> 17. Scrape insulation off foundation <input type="checkbox"/> 4" on top or <input type="checkbox"/> 4" on bottom or <input type="checkbox"/> both |
| <input type="checkbox"/> 6. Short rod underneath slab | <input type="checkbox"/> 18. Treat infested wood members |
| <input type="checkbox"/> 7. Expansion joint treatment | <input type="checkbox"/> 19. Treat ___ floor joists ___ sill ___ sub flooring ___ box header for powder post beetles ___ fungus |
| <input type="checkbox"/> 8. Plug drill holes in slab and brick | <input type="checkbox"/> 20. Treat under structure with wood preservative for fungus |
| <input type="checkbox"/> 9. Rod or trench fence and treat | <input type="checkbox"/> 21. Install vapor ground cover |
| <input type="checkbox"/> 10. Trench and treat deck posts | <input type="checkbox"/> 22. Install _____ automatic vents |
| <input type="checkbox"/> 11. Drill and treat voids of piers and chimney bases | <input type="checkbox"/> 23. Install _____ deep vent walls |
| <input type="checkbox"/> 12. Remove all visible termite tubes | <input type="checkbox"/> 24. Plug carpenter bee holes |

Additional specifications and comments _____