WOOD DESTROYING PESTS INSPECTION REPORT

№ 696242

Firm (PCO) PROGRESSIVE PEST MANAGEMENT License No. 5625 Inspection Date 8-17-2026

Address PO BOX 50117,RENO,NV 89513 Inspection Time 8:30AM

Address of Property Inspected 1700 SANDPOINT CIR RENO (City) 89509 (Zip Code)

Inspection Ordered by RALPH KERSTEN FHA/VA/Escrow or Mortgage No N/A

Inspection Report Sent to RALPH KERSTEN

Owner's Name and Address KERSTEN LIVING TRUST, 1700 SANDPOINT CIR, RENO, NV 89509

This inspection was made only to determine VISIBLE evidence of the presence or absence of noted organisms. It is made only in those areas of noted structures which were readily accessible and visible. Inspection has been made in the areas in which infestations are most likely to occur.

No inspection was made in inaccessible areas which might require breaking into, breaking apart, dismantling, removal or moving of an object, including but not limited to moldings, floor coverings, siding, ceilings, floors, furniture, appliances, and/or personal possessions.

THIS IS NOT A STRUCTURAL DAMAGE REPORT, neither is it a WARRANTY as to the absence of wood-destroying organisms. The report is not to be construed to constitute a guarantee against future infestations, but is indicative of the condition of the premises ON THE DATE OF THE INSPECTION. This report is NOT intended to determine the presence of organisms which may be detrimental to human health.

☒ This is not a structural damage report. ☒ This is not a guarantee against future infestations.
☒ This is not a mold inspection report.
☒ This is not a structural soundness report. **(Structural soundness should be determined by a qualified building expert.)**

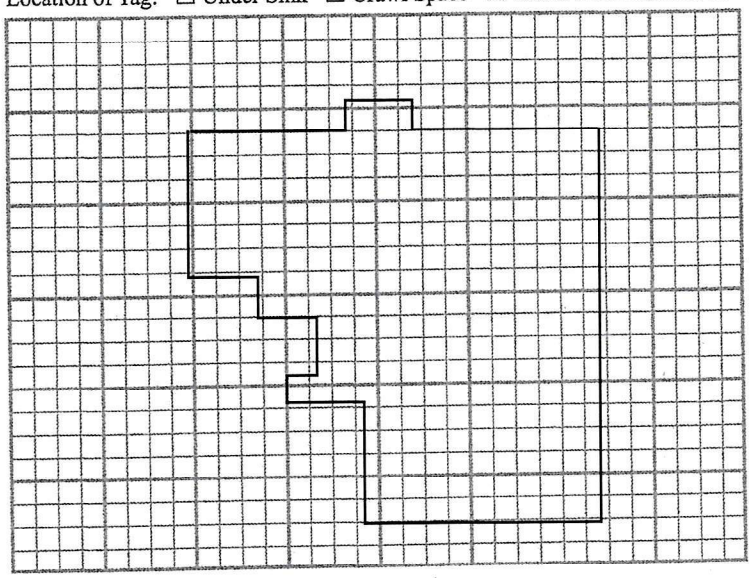
Neither I nor the company for which I am acting have had, presently have, or contemplate having any interest in the property. I do further state that neither I nor the company for which I am acting is financially associated in any way with or related to any party to this transaction.

ANDREW TILLEY (Type or Print Name of Inspector) 502053 (Inspector License No.) (Signature of Inspector)

INFESTATION: (See diagram and explanation below.)

	Evidence of		Active	Inactive
	No	Yes		
Termites	☒	☐	☐	☐
Other Wood-destroying Insects	☒	☐	☐	☐
Wood-destroying Fungi	☒	☐	☐	☐

Location of Tag: ☐ Under Sink ☐ Crawl Space ☐ Other: _____



CONDITIONS CONDUCIVE TO INFESTATION:

	Yes	No
Earth-Wood Contacts	☐	☒
Faulty Grades	☐	☒
Insufficient Ventilation	☐	☒
Excessive Moisture	☐	☒
Cellulose Debris	☐	☒

(See back for definition of infestation and conditions conducive to infestation)

GRAPH EXPLANATIONS:

ALL VIOLATIONS FROM REPORT 696199 HAVE BEEN CLEARED.

CLEAR REPORT

Scale ..... (optional)

Treatment Date ..... Area Treated .....

Product Used ..... EPA Registration No. .....

I have received the original or a legible copy of this form.

..... (Signature of Purchaser) ..... (Date)

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