

Raintree Home Inspections, Inc.
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New Lisbon, IN 47366
(765) 332-2357
Cellular (765) 524-2436

Name: Allen Gregory
Address: _____
City: _____
State, Zip: _____

Property Location
405 S. OLIVE
FARMLAND

This is our report of a visual inspection of the readily accessible areas of this building, in accordance with the terms and conditions contained in the PRE-INSPECTION AGREEMENT, which is a part of this report and incorporated herein. Please read the REMARKS printed on each page and call us for an explanation of any aspect of this report, written or printed, which you do not fully understand.

Date of inspection: 12-31-04 Time: 10:00 Weather conditions: RAINY Outside temperature: 50 °F

PRE-INSPECTION AGREEMENT (PLEASE READ CAREFULLY)

The COMPANY agrees to conduct an inspection for the purpose of informing the CLIENT of major deficiencies in the condition of the property. The inspection and report are performed and prepared for the sole, confidential and exclusive use and possession of the CLIENT. The written report will only include the following:

- structural condition and basement
- electrical, plumbing, water heater, heating and cooling
- quality, condition and life expectancy of major systems
- kitchen and appliances
- general interior, including ceilings, walls, windows, insulation and ventilation
- general exterior, including roof, gutter, chimney, drainage, grading

It is understood and agreed that this inspection will be of readily accessible areas of the building and is limited to visual observations of apparent conditions existing only at the time of the inspection. Latent and concealed defects and deficiencies are excluded from the inspection; equipment, items, and systems will not be dismantled.

Maintenance and other items may be discussed, but they are not a part of our inspection. The report is not a compliance inspection or certification for past or present governmental codes or regulations of any kind.

The inspection and report do not address and are not intended to address the possible presence of or danger from any potentially harmful substances and environmental hazards, including but not limited to radon gas, lead paint, asbestos, mold, mildew, urea formaldehyde, toxic or flammable chemicals, and water and airborne hazards. Also excluded are inspections of and reports on swimming pools, wells, septic systems, security systems, central vacuum systems, water softeners, sprinkler systems, fire and safety equipment, and the presence or absence of rodents, termites and other insects.

The parties agree that the COMPANY, and its agents and employees, assume no liability or responsibility for the cost of repairing or replacing any unreported defect or deficiency, either current or arising in the future, or for any property damage, consequential damage or bodily injury of any nature. **THE INSPECTION AND REPORT ARE NOT INTENDED OR TO BE USED AS A GUARANTEE OR WARRANTY, EXPRESSED OR IMPLIED, REGARDING THE ADEQUACY, PERFORMANCE OR CONDITION OF ANY INSPECTED STRUCTURE, ITEM OR SYSTEM. COMPANY IS NOT AN INSURER OF ANY INSPECTED CONDITIONS.**

It is understood and agreed that should COMPANY and/or its agents or employees be found liable for any loss or damages resulting from a failure to perform any of its obligations, including but not limited to negligence, breach of contract, or otherwise, then the liability of COMPANY and/or its agents and employees shall be limited to a sum equal to the amount of the fee paid by the CLIENT for the inspection and report.

CLIENT and COMPANY agree that should a court of competent jurisdiction determine and declare that any portion of this Agreement is void, voidable or unenforceable, the remaining provisions and portions shall remain in full force and effect.

Acceptance and understanding of this agreement are hereby acknowledged:

Gary Paul 12-31-04 X [Signature]
Company Representative Date Client Date

Payment Record

Total Fee \$ _____ Paid by: Check Cash Visa MasterCard American Express Exp. Date: _____

Account No. _____ Name on Card: _____ Date: _____

Company Representative: _____

BUILDING ANALYSIS REPORT

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Summary

SUMMARY

List of electrical, mechanical and plumbing items not operating, roof leaks and major deficiencies:

TURN POWER ON - CHECK ALL ELECTRIC & HEAT -
REPAIR ELECTRIC AS NEEDED - CHECK PLUMBING
& REPAIR IF NEEDED
TREAT WHAT APPEARS TO BE MOLD

REPAIR ROOF - REPAIR CEILINGS
REPAIR WINDOWS & DOORS
HOUSE HAS BRICK DAMAGE
GUTTERS & DOWN SPOUTS NEED SOME WORK

METER BASE TO THE HOUSE HAS IMPROPER GROUND

Minor repairs during the first year of occupancy are estimated to be between \$ _____ and \$ _____
This estimated amount does not include costs listed above for correcting major deficiencies, roof leaks and items currently not operating.

List of some important items not at present defective or in need of repair or replacement, but may be within the next 3 years:

Item	Estimated Price Range
Add 4" to 6" of Attic insulation	\$1.00 to \$150 SF

Remarks

POWER IS OFF - ELECTRIC HEAT - YOU COULD
HAVE DAMAGED WATER LINES WHEN THE
WATER IS TURNED ON - COULD NOT CHECK
WATER - HEAT OR ELECTRIC
HOUSE APPEARS TO HAVE SIGNIFICANT MOLD
PRESENT - HOUSE APPEARS SOLID BUT SEEMS A LOT OF WORK

This report consists of 20 pages. The following pages cover in greater detail the items which are a part of this inspection. Additional recommendations may also be found on the following pages.

STRUCTURAL

Structural and Basement

TYPE OF BUILDING	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Duplex <input type="checkbox"/> Rowhouse/Townhouse <input type="checkbox"/> Multi-Unit <input type="checkbox"/> _____ <input type="checkbox"/> Gable roof <input type="checkbox"/> Shed <input checked="" type="checkbox"/> Hip <input type="checkbox"/> Gambrel <input type="checkbox"/> Mansard <input type="checkbox"/> Flat <input type="checkbox"/> _____
STRUCTURE	Foundation: <input type="checkbox"/> Poured concrete <input checked="" type="checkbox"/> Brick <input type="checkbox"/> Brick <input type="checkbox"/> Brick & Block <input type="checkbox"/> _____ Posts/Columns: <input type="checkbox"/> Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood <input type="checkbox"/> Concrete <input type="checkbox"/> Not visible Floor structure: _____ _____ Wall structure: <u>2x4</u> _____ Roof structure: <u>2x6</u> _____ Water damage: <input checked="" type="checkbox"/> Some signs <input checked="" type="checkbox"/> Extensive <input type="checkbox"/> None observed Signs of abnormal condensation: <input type="checkbox"/> Some signs <input type="checkbox"/> Extensive <input type="checkbox"/> None observed <input type="checkbox"/> No major structural defects noted - in normal condition for its age

Remarks: SIGNIFICANT BRICK DAMAGE - SOME MOISTURE STAINS IN THE ATTIC

BASEMENT (OR LOWER LEVEL)

BASEMENT	<input type="checkbox"/> Full <input type="checkbox"/> Partial <input checked="" type="checkbox"/> None <input type="checkbox"/> Slab on grade Walls: <input type="checkbox"/> Open <input type="checkbox"/> Closed Ceiling: <input type="checkbox"/> Open <input type="checkbox"/> Closed <input type="checkbox"/> Limited visibility due to extensive basement storage
FLOOR	<input type="checkbox"/> Concrete <input type="checkbox"/> Dirt <input type="checkbox"/> _____ <input type="checkbox"/> Satisfactory <input type="checkbox"/> Resilient tile <input type="checkbox"/> Sheet goods <input type="checkbox"/> Carpeting <input type="checkbox"/> _____ <input type="checkbox"/> N/A
FLOOR DRAIN	<input type="checkbox"/> Tested <input type="checkbox"/> Not tested <input type="checkbox"/> Water observed in trap <input type="checkbox"/> Satisfactory <input type="checkbox"/> French drain <input type="checkbox"/> N/A
SUMP PUMP	<input type="checkbox"/> Tested <input type="checkbox"/> Not tested <input type="checkbox"/> Water observed in crock <input type="checkbox"/> Satisfactory Pipes: <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Plastic <input type="checkbox"/> _____ <input type="checkbox"/> N/A
BASEMENT DAMPNESS	<input type="checkbox"/> Some signs <input type="checkbox"/> Extensive <input type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> Not known <input type="checkbox"/> None observed
CRAWL SPACE	<input checked="" type="checkbox"/> Readily accessible <input type="checkbox"/> Not readily accessible <input checked="" type="checkbox"/> Not inspected <input type="checkbox"/> Satisfactory <input type="checkbox"/> Conditions inspected Method: _____ <input type="checkbox"/> N/A Floor: <input type="checkbox"/> Concrete <input checked="" type="checkbox"/> Dirt <input type="checkbox"/> _____ <input type="checkbox"/> Wood to earth contact Dampness: <input type="checkbox"/> Some signs <input checked="" type="checkbox"/> Extensive <input type="checkbox"/> None observed <input type="checkbox"/> Vapor barrier <input type="checkbox"/> Insulation <input type="checkbox"/> Ventilation

Remarks: CRAWL SPACE HAD TOO MUCH WATER AND MUD IN IT FROM THE RAIN & SNOW MELT - NOT INSPECTED

HEATING

HEATING SYSTEM	Fuel: <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Electric <input type="checkbox"/> _____ <input type="checkbox"/> Forced air furnace (see page 6) <input type="checkbox"/> Gravity hot water boiler <input type="checkbox"/> Forced hot water boiler <input type="checkbox"/> Steam boiler <input type="checkbox"/> _____ <input type="checkbox"/> Radiant heat <input checked="" type="checkbox"/> Electric baseboard <input type="checkbox"/> Heat pump (see page 6) No. 1 Capacity: _____ Age: _____ Yrs. No. 2 Capacity: _____ Age: _____ Yrs. No. 3 Capacity: _____ Age: _____ Yrs. When turned on by thermostat: <input type="checkbox"/> Fired <input type="checkbox"/> Did not fire	<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A								
FUEL SUPPLY	<input type="checkbox"/> Oil tank in basement <input type="checkbox"/> Buried <input type="checkbox"/> _____ <input type="checkbox"/> Public gas supply <input type="checkbox"/> Tank <input checked="" type="checkbox"/> Electricity <input type="checkbox"/> _____ Fuel supply shutoff location: _____									
HEAT EXCHANGER	<input type="checkbox"/> Partially observed: <input type="checkbox"/> Not visible, enclosed combustion <input type="checkbox"/> Have condition checked before settlement (see page 6)	<input checked="" type="checkbox"/> N/A								
HEAT DISTRIBUTION	<input type="checkbox"/> Radiators <input type="checkbox"/> Convectors <input checked="" type="checkbox"/> Baseboard convectors <input type="checkbox"/> Radiant Pipes: <input type="checkbox"/> Galvanized <input type="checkbox"/> Copper <input type="checkbox"/> Black iron <input type="checkbox"/> Pipes not visible <input type="checkbox"/> Ductwork Heat source in each room: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A								
HUMIDIFIER	<input type="checkbox"/> Atomizer <input type="checkbox"/> Evaporator <input type="checkbox"/> Steam <input type="checkbox"/> Not functioning <input type="checkbox"/> Not tested	<input checked="" type="checkbox"/> N/A								
FILTER	<input type="checkbox"/> Washable <input type="checkbox"/> Disposable <input type="checkbox"/> Electronic <input type="checkbox"/> Electrostatic	<input checked="" type="checkbox"/> N/A								
SUPPLEMENTARY HEAT	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Location</th> <th style="width: 50%;">Type</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Location	Type	_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory
Location	Type									
_____	_____									
_____	_____									
_____	_____									
Remarks: <i>POWER IS NOT ON - COULD NOT CHECK THE HEATERS</i>										

Heating and Cooling

COOLING

COOLING	<input type="checkbox"/> Cooling system integral with heating system <input type="checkbox"/> Central air <input type="checkbox"/> Room units <input type="checkbox"/> Heat pump <input type="checkbox"/> Through-wall <input type="checkbox"/> Electric compressor <input type="checkbox"/> Gas chiller <input type="checkbox"/> Air filter <input type="checkbox"/> Air handler <input type="checkbox"/> Thermostat No. 1 Condensing Unit Capacity: _____ Age: _____ Yrs. No. 2 Condensing Unit Capacity: _____ Age: _____ Yrs. No. 3 Condensing Unit Capacity: _____ Age: _____ Yrs. <input type="checkbox"/> Tested <input type="checkbox"/> Not tested (see page 6) <input type="checkbox"/> Ductwork <input type="checkbox"/> Window units not tested	<input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> N/A
Remarks:		

PLUMBING AND BATHROOM

WATER SERVICE ENTRANCE PIPE	Water supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (see page 8) <input type="checkbox"/> Not known Pipe: <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Brass <input type="checkbox"/> Plastic <input type="checkbox"/> Lead <input type="checkbox"/> Unknown Main shutoff location: _____	<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A
PIPES	<input checked="" type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Brass <input type="checkbox"/> Plastic <input type="checkbox"/> Unknown Water flow: <input type="checkbox"/> Tested <input type="checkbox"/> Not tested Leaks: <input type="checkbox"/> Some signs <input type="checkbox"/> None observed Cross connections: _____ <input type="checkbox"/> None observed Hose bibbs: <input type="checkbox"/> Operating <input type="checkbox"/> Frost free <input type="checkbox"/> Not tested (see page 8)	<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A
DRAIN/WASTE/VENT	Drain/Waste/Vent Pipes: <input checked="" type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Brass <input type="checkbox"/> Plastic <input type="checkbox"/> Lead <input type="checkbox"/> Cast iron <input type="checkbox"/> Unknown <input type="checkbox"/> Slow drain <input type="checkbox"/> Leaks <input type="checkbox"/> None observed Waste disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private (see page 8) <input type="checkbox"/> Not known	
WATER HEATER	<input type="checkbox"/> Gas <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Integral with heating system <input type="checkbox"/> In line system Fuel cutoff location: _____ Capacity: <u>50</u> Gal. Ample for _____ people Age: <u>5 to 8</u> Yrs. <input checked="" type="checkbox"/> Pressure relief valve <input checked="" type="checkbox"/> Extension	<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A

Remarks:

WATER & POWER IS NOT ON

BATHROOM NO. 1 Location: <u>MAIN</u>	BATHROOM NO. 2 Location: <u>BED ROOM</u>
<input checked="" type="checkbox"/> Built in tub <input type="checkbox"/> Leg tub <input type="checkbox"/> Stall shower <input type="checkbox"/> Whirlpool <input checked="" type="checkbox"/> Toilet <input type="checkbox"/> Bidet <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Vanity <input type="checkbox"/> Fan <input type="checkbox"/> Window Shower wall: <input type="checkbox"/> Ceramic tile <input checked="" type="checkbox"/> Fiberglass Room floor: <input type="checkbox"/> Ceramic tile <input type="checkbox"/> Resilient <input checked="" type="checkbox"/> <u>CARPET</u> Leaks: <input type="checkbox"/> Some signs <input type="checkbox"/> None observed <input type="checkbox"/> Satisfactory	<input type="checkbox"/> Built in tub <input type="checkbox"/> Leg tub <input type="checkbox"/> Stall shower <input type="checkbox"/> Whirlpool <input type="checkbox"/> Toilet <input type="checkbox"/> Bidet <input checked="" type="checkbox"/> Lavatory <input type="checkbox"/> Vanity <input type="checkbox"/> Fan <input type="checkbox"/> Window Shower wall: <input type="checkbox"/> Ceramic tile <input type="checkbox"/> Fiberglass Room floor: <input type="checkbox"/> Ceramic tile <input type="checkbox"/> Resilient <input checked="" type="checkbox"/> <u>CARPET</u> Leaks: <input type="checkbox"/> Some signs <input type="checkbox"/> None observed <input type="checkbox"/> Satisfactory
BATHROOM NO. 3 Location: _____	BATHROOM NO. 4 Location: _____
<input type="checkbox"/> Built in tub <input type="checkbox"/> Leg tub <input type="checkbox"/> Stall shower <input type="checkbox"/> Whirlpool <input type="checkbox"/> Toilet <input type="checkbox"/> Bidet <input type="checkbox"/> Lavatory <input type="checkbox"/> Vanity <input type="checkbox"/> Fan <input type="checkbox"/> Window Shower wall: <input type="checkbox"/> Ceramic tile <input type="checkbox"/> Fiberglass Room floor: <input type="checkbox"/> Ceramic tile <input type="checkbox"/> Resilient Leaks: <input type="checkbox"/> Some signs <input type="checkbox"/> None observed <input type="checkbox"/> Satisfactory	<input type="checkbox"/> Built in tub <input type="checkbox"/> Leg tub <input type="checkbox"/> Stall shower <input type="checkbox"/> Whirlpool <input type="checkbox"/> Toilet <input type="checkbox"/> Bidet <input type="checkbox"/> Lavatory <input type="checkbox"/> Vanity <input type="checkbox"/> Fan <input type="checkbox"/> Window Shower wall: <input type="checkbox"/> Ceramic tile <input type="checkbox"/> Fiberglass Room floor: <input type="checkbox"/> Ceramic tile <input type="checkbox"/> Resilient Leaks: <input type="checkbox"/> Some signs <input type="checkbox"/> None observed <input type="checkbox"/> Satisfactory
BATHROOM NO. 5 Location: _____	BATHROOM NO. 6 Location: _____
<input type="checkbox"/> Built in tub <input type="checkbox"/> Leg tub <input type="checkbox"/> Stall shower <input type="checkbox"/> Whirlpool <input type="checkbox"/> Toilet <input type="checkbox"/> Bidet <input type="checkbox"/> Lavatory <input type="checkbox"/> Vanity <input type="checkbox"/> Fan <input type="checkbox"/> Window Shower wall: <input type="checkbox"/> Ceramic tile <input type="checkbox"/> Fiberglass Room floor: <input type="checkbox"/> Ceramic tile <input type="checkbox"/> Resilient Leaks: <input type="checkbox"/> Some signs <input type="checkbox"/> None observed <input type="checkbox"/> Satisfactory	<input type="checkbox"/> Built in tub <input type="checkbox"/> Leg tub <input type="checkbox"/> Stall shower <input type="checkbox"/> Whirlpool <input type="checkbox"/> Toilet <input type="checkbox"/> Bidet <input type="checkbox"/> Lavatory <input type="checkbox"/> Vanity <input type="checkbox"/> Fan <input type="checkbox"/> Window Shower wall: <input type="checkbox"/> Ceramic tile <input type="checkbox"/> Fiberglass Room floor: <input type="checkbox"/> Ceramic tile <input type="checkbox"/> Resilient Leaks: <input type="checkbox"/> Some signs <input type="checkbox"/> None observed <input type="checkbox"/> Satisfactory

Remarks:

APPEARS TO HAVE MOLD PRESENT IN THE BATH ROOM

Plumbing and Bathroom

ELECTRICAL

SERVICE ENTRANCE CABLE	Capacity: <u>200</u> Amps <u>240</u> Volts Service line entrance: <input checked="" type="checkbox"/> Overhead <input type="checkbox"/> Underground <input type="checkbox"/> Raceway Conductor material: <input type="checkbox"/> Copper <input checked="" type="checkbox"/> Aluminum	<input checked="" type="checkbox"/> Satisfactory
MAIN PANEL BOX	Location: <u>GARAGE ROOM</u> <input type="checkbox"/> Grounded <input checked="" type="checkbox"/> Bonded <u>200</u> Amps <input type="checkbox"/> Fuses <input checked="" type="checkbox"/> Circuit Breakers <input type="checkbox"/> Subpanel Location: _____ Capacity of Main Disconnect: <u>200</u> Amps	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> N/A
CIRCUITS AND CONDUCTORS	Quantity: <input type="checkbox"/> Ample Branch wiring: <input checked="" type="checkbox"/> Copper <input type="checkbox"/> Aluminum Wiring method: <input checked="" type="checkbox"/> Romex <input type="checkbox"/> BX <input type="checkbox"/> Knob and tube <input type="checkbox"/> Raceway <input type="checkbox"/> Conduit <input checked="" type="checkbox"/> Overfused circuit <input type="checkbox"/> Double tap breaker GFCI: <input type="checkbox"/> Exterior <input type="checkbox"/> Garage <input checked="" type="checkbox"/> Kitchen _____ Bathroom(s)	<input type="checkbox"/> Satisfactory
OUTLETS AND FIXTURES	<input type="checkbox"/> Random testing <input type="checkbox"/> Reversed polarity <input type="checkbox"/> Open ground <input type="checkbox"/> Smoke detectors absent	<input type="checkbox"/> Satisfactory
Remarks: <u>OPEN JUNCTION BOX IN ATTIC - RECEPTICAL & PLUGS IN THE KITCHEN SHOULD BE MOUNTED TO THE WALL OR FLOOR</u> <u>HOUSE IS WIRED ON A 2 WIRE SYSTEM - NO GFCI RECEPTICALS COMMON FOR ITS AGE - RUNNING SAUCE IN 220V WATER HEATER LINE</u> <u>CAN NOT CHECK</u>		
KITCHEN AND APPLIANCES		
CABINETS AND COUNTERTOP	<u>DOOR FRONTS ARE DAMAGED & MISSING</u>	<input type="checkbox"/> Satisfactory
SINK	Plumbing leaks: <input type="checkbox"/> Some signs <input type="checkbox"/> None observed Disposal: <input type="checkbox"/> Operating <input type="checkbox"/> Not operating Age: _____ Yrs.	<input type="checkbox"/> Satisfactory
DISHWASHER	<input type="checkbox"/> Operating <input type="checkbox"/> Not operating Age: _____ Yrs. <input type="checkbox"/> Air gap or high loop	<input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> N/A
RANGE/OVEN	<input type="checkbox"/> Range <input type="checkbox"/> Operating <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Electric Age: _____ Yrs. <input type="checkbox"/> Wall oven <input type="checkbox"/> Operating <input type="checkbox"/> Gas <input type="checkbox"/> Electric Age: _____ Yrs. <input type="checkbox"/> Cooktop <input type="checkbox"/> Operating <input type="checkbox"/> Gas <input type="checkbox"/> Electric Age: _____ Yrs.	<input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> N/A
REFRIGERATOR	#1 <input type="checkbox"/> Operating <input type="checkbox"/> Frost free <input type="checkbox"/> Icemaker Age: _____ Yrs. #2 <input type="checkbox"/> Operating <input type="checkbox"/> Frost free <input type="checkbox"/> Icemaker Age: _____ Yrs.	<input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> N/A
OTHER APPLIANCES	_____ <input type="checkbox"/> Operating Age: _____ Yrs. _____ <input type="checkbox"/> Operating Age: _____ Yrs.	<input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> N/A
FLOOR COVERING	<input type="checkbox"/> Resilient tile <input checked="" type="checkbox"/> Sheet goods <input type="checkbox"/> Ceramic <input type="checkbox"/> Wood <input type="checkbox"/> Laminate <input type="checkbox"/> _____	<input checked="" type="checkbox"/> Satisfactory
VENTILATION	<input checked="" type="checkbox"/> Exhaust fan <input checked="" type="checkbox"/> Ductless <input type="checkbox"/> Vented to outside <input checked="" type="checkbox"/> Filter <input checked="" type="checkbox"/> Light <u>NO POWER ON</u>	<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A
CLOTHES WASHER	<input type="checkbox"/> Operating Age: _____ Yrs. <input type="checkbox"/> Not tested	<input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> N/A
CLOTHES DRYER	<input type="checkbox"/> Operating <input type="checkbox"/> Gas <input type="checkbox"/> Electric Age: _____ Yrs. <input type="checkbox"/> Not tested Vented to: _____	<input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> N/A
Remarks:		
<u>ELECTRIC & WATER IS SHUT OFF.</u>		

Electrical and Kitchen

INTERIOR

FLOORS	<input checked="" type="checkbox"/> Hardwood <input type="checkbox"/> Softwood <input type="checkbox"/> Plywood <input type="checkbox"/> Wall-to-Wall Carpet <input type="checkbox"/> Resilient <input type="checkbox"/> Laminate <input type="checkbox"/> _____ <input type="checkbox"/> Not visible	<input type="checkbox"/> Satisfactory
WALLS	<input checked="" type="checkbox"/> Plaster <input type="checkbox"/> Drywall <input checked="" type="checkbox"/> Wood <input type="checkbox"/> Masonry <input type="checkbox"/> _____ <i>SOME MINOR DAMAGE - (NORMAL)</i>	<input type="checkbox"/> Satisfactory
CEILINGS	<input checked="" type="checkbox"/> Plaster <input type="checkbox"/> Drywall <input type="checkbox"/> Wood <input type="checkbox"/> _____ <i>SOME CRACKS & DAMAGE - RELATIVELY MINOR</i>	<input type="checkbox"/> Satisfactory
STAIRS/RAILINGS	<input type="checkbox"/> Balcony <input type="checkbox"/> Stairs <input type="checkbox"/> Railings	<input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> N/A
FIREPLACE	<input type="checkbox"/> Flue liner <input type="checkbox"/> Partially observed <input type="checkbox"/> Damper <input type="checkbox"/> Operating <input type="checkbox"/> Not operating <input type="checkbox"/> Metal pre-fab <input type="checkbox"/> Free-standing <input type="checkbox"/> Wood stove <input type="checkbox"/> Pellet stove <input type="checkbox"/> Gas <input type="checkbox"/> Operating <input type="checkbox"/> Not operating <input type="checkbox"/> Clean chimney before use	<input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> N/A
DOORS (INSIDE)	<i>SOME MISSING - SOME HAVE DAMAGE SOME JUST NEED ADJUSTMENT</i>	<input type="checkbox"/> Satisfactory
WINDOWS AND SKYLIGHTS	<input type="checkbox"/> Double hung <input type="checkbox"/> Single hung <input type="checkbox"/> Casement <input type="checkbox"/> Awning <input checked="" type="checkbox"/> Sliding <input checked="" type="checkbox"/> Fixed <input checked="" type="checkbox"/> Wood <input type="checkbox"/> Vinyl or aluminum clad wood <input checked="" type="checkbox"/> Vinyl <input checked="" type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input checked="" type="checkbox"/> Insulated glass <input type="checkbox"/> Single pane glass <input type="checkbox"/> Roof windows and skylights <input checked="" type="checkbox"/> Moisture stains <input type="checkbox"/> Extensive	<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A

Remarks: FLOORS ARE badly WORN - NEED REFINISHED
 SEVERAL WINDOWS ARE DAMAGED - SOME ROTTED
 AND SOME HAVE DAMAGED THERMO SEALS - SLIDING
 PATIO DOOR HITS A DAMAGED THERMO SEAL -
 CEILING DAMAGE AT BOTH FRONT & BACK ENTRANCES

ATTIC

ACCESS	How inspected: <u>FROM ACCESS</u> <input type="checkbox"/> Not inspected <input type="checkbox"/> Stairs <input type="checkbox"/> Pulldown <input checked="" type="checkbox"/> Scuttlehole <input type="checkbox"/> No access	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> N/A
MOISTURE STAINS	<input checked="" type="checkbox"/> Some signs <input type="checkbox"/> Extensive <input type="checkbox"/> None observed <input type="checkbox"/> Condensation	
STORAGE	<input type="checkbox"/> Heavy <input type="checkbox"/> Light <input type="checkbox"/> Floored <input checked="" type="checkbox"/> NOT floored <input type="checkbox"/> No storage	
INSULATION	Type: <u>CELLULOSE</u> Average Inches: <u>6 5/8"</u> Installed in: <input type="checkbox"/> Rafters <input checked="" type="checkbox"/> Floor Approx. R Rating: <u>2.8</u> <input type="checkbox"/> Vapor retarder	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> N/A
VENTILATION	<input type="checkbox"/> Window(s) <input type="checkbox"/> Attic fan <input type="checkbox"/> Whole house fan <input type="checkbox"/> Turbine <input type="checkbox"/> Ridge vent <input checked="" type="checkbox"/> Soffit vent <input checked="" type="checkbox"/> Roof vent(s) <input type="checkbox"/> Gable end louvers	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> N/A

Remarks: Attic has some damaged ROOF SHEATHING -
 SOME MOISTURE STAINS - ATTIC HAS WHAT APPEARS
 TO BE MOLD PRESENT - you should add insulation
 TO MEET today's STANDARD - OK when built
 Bath Room Exhaust Fan TERMINATES IN THE ATTIC

Interior and Attic

ROOFING SYSTEM

ROOF COVERING	Location: _____ Materials: <u>Asphalt/Fiberglass</u> Age: <u>15 to 20</u>	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory
	Front: <u>FRONT ENTRANCE</u> Material: <u>MEPKI</u>	
	How inspected: <u>FROM ROOF</u>	
	Roof leaks: <input type="checkbox"/> Some signs <input checked="" type="checkbox"/> Extensive <input type="checkbox"/> None observed	
FLASHING	<input type="checkbox"/> Aluminum <input checked="" type="checkbox"/> Galvanized <input type="checkbox"/> Copper <input type="checkbox"/> Rubberized membrane	<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A
GUTTERS AND DOWNSPOUTS	<input type="checkbox"/> Aluminum <input checked="" type="checkbox"/> Galvanized <input type="checkbox"/> Copper <input type="checkbox"/> Vinyl <input type="checkbox"/> Wood Extensions: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>MOST RUN TO DRAINS</u>	<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A
Remarks: <u>ROOF HAS SHINGLES BLOWN OFF - LEAKS OVER BACK SUN ROOM & FRONT ENTRANCE - NEEDS IMMEDIATE REPAIR - ROOF NEARING END OF LIFE - MAY HAVE 5 YRS. IF KENT REPAIRED</u> <u>DOWN SPOUTS AND GUTTERS NEED REPAIR</u>		

EXTERIOR

EXTERIOR DOORS	<u>BACK DOOR HAS LOCK INSTALLED WRONG</u> <u>DOORS ALSO HAVE DAMAGED TRIM & SEALS</u>	<input type="checkbox"/> Satisfactory
WINDOWS AND SKYLIGHTS	<u>WINDOWS ON BACK PORCH/SUN ROOM ARE ROTTED & DAMAGED</u>	<input checked="" type="checkbox"/> Satisfactory
EXTERIOR WALL COVERING	Location: _____ Materials: <u>BRICK</u>	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> Satisfactory
EXTERIOR TRIM	<input checked="" type="checkbox"/> Eaves <input type="checkbox"/> Fascia <input checked="" type="checkbox"/> Soffits <input type="checkbox"/> Rake <input type="checkbox"/> Signs of deterioration <input type="checkbox"/> Extensive <input type="checkbox"/> None observed	<input type="checkbox"/> Satisfactory
CHIMNEY	<input type="checkbox"/> Brick <input type="checkbox"/> Metal <input type="checkbox"/> Block <input type="checkbox"/> _____ <input type="checkbox"/> In chase <input type="checkbox"/> Flue liner partially observed <input type="checkbox"/> Clean before use	<input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> N/A
GARAGE/CARPORT	<input type="checkbox"/> Garage <input type="checkbox"/> Carport <input type="checkbox"/> Attached <input type="checkbox"/> Detached <input type="checkbox"/> Door operator <input type="checkbox"/> Operating <input type="checkbox"/> Safety reverse	<input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> N/A
PORCH	Floor: <input type="checkbox"/> Wood <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> _____ <input type="checkbox"/> Railing/Guardrail	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> N/A

Remarks: BRICK HAS A LOT OF DAMAGE ON IT
PLYWOOD ON SOFFIT NEEDS SOME MINOR REPAIR

Roofing System and Exterior

GROUNDS

GRADING	General grading, slope and drainage (see pages 4 and 16): Grading and slope at house wall (within 5 feet from building) <i>You will need to Add some fill</i>	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> N/A
SIDEWALK AND WALKWAY	<input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Flagstone <input type="checkbox"/> _____	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> N/A
DRIVEWAY	<input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Asphalt <input type="checkbox"/> Gravel <input type="checkbox"/> Brick <input type="checkbox"/> _____	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> N/A
WINDOW WELLS	<input type="checkbox"/> Metal <input type="checkbox"/> Brick <input type="checkbox"/> Concrete <input type="checkbox"/> _____	<input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> N/A
RETAINING WALL	<input type="checkbox"/> Brick <input type="checkbox"/> Block <input type="checkbox"/> Stone <input type="checkbox"/> Timber <input type="checkbox"/> _____	<input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> N/A
TREES AND SHRUBBERY		<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> N/A
FENCING	<input type="checkbox"/> Metal <input checked="" type="checkbox"/> Wood <input type="checkbox"/> Plastic <input type="checkbox"/> _____ <i>FAIR Condition</i>	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> N/A
Remarks:		
DECK/BALCONY	<input type="checkbox"/> Signs of deterioration <input type="checkbox"/> Extensive <input type="checkbox"/> None observed <input type="checkbox"/> On grade <input type="checkbox"/> Raised <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Handrail	<input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> N/A
PATIO/TERRACE	<input type="checkbox"/> Concrete <input type="checkbox"/> Brick <input checked="" type="checkbox"/> Flagstone <input type="checkbox"/> _____	<input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> N/A
STEPS TO BUILDING	Landing: <input type="checkbox"/> Concrete/Masonry <input type="checkbox"/> Wood <input type="checkbox"/> _____ Steps: <input type="checkbox"/> Concrete/Masonry <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> _____ Handrails: <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> _____	<input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> N/A
OUTBUILDINGS	Not inspected	
Remarks:		

Grounds