

JAN. 8. 2009 8:03PM

REMAX ADVANCED "H" pg 1 of 4

NO. 1305 P. 23

OFFICIAL GEORGIA WOOD INFESTATION INSPECTION REPORT

Company Name Duncan Exterminating, Inc.

License No. 95484 & 97192

Address 2277 Cleveland Hwy, Gainesville GA 30506

Telephone No. (706) 216-1908 (770) 538-6734

Date of Issuance 08/18/2008

Seller Loren & Michelle Funk

Inspector Phillips, Kenneth E.

File No. 5860 appW01-0135704

Purchaser(s) Loren & Michelle Funk

SCOPE OF INSPECTION

AN INSPECTION OF THE BELOW LISTED STRUCTURE(S) WAS PERFORMED BY A QUALIFIED INSPECTOR EMPLOYED BY THIS FIRM TO DETERMINE THE PRESENCE OR PREVIOUS PRESENCE OF AN INFESTATION OF THE LISTED ORGANISMS AND IS NOT INTENDED TO BE A STRUCTURAL REPORT. NEITHER IS THIS A WARRANTY AS TO ABSENCE OF WOOD DESTROYING ORGANISMS. THIS REPORT IS SUBJECT TO ALL CONDITIONS ENUMERATED ON THE REVERSE SIDE AND IS ISSUED WITHOUT WARRANTY OR GUARANTEE EXCEPT AS PROVIDED IN RULE 820-5-.03 OF THE RULES OF THE GEORGIA STRUCTURAL PEST CONTROL ACT OR SUBJECT TO ANY TREATMENT GUARANTEE SPECIFIED BELOW.

Main structure house only

Other structure (specify) none

Address of structure(s) 4830 Squirrel Creek Dr Gainesville GA 30506

Inspection reveals visible evidence of:

FINDINGS

	Active infestation		Previous infestation	
	Yes	No	Yes	No
Subterranean Termites		X	X	
Powder Post Beetles		X		X
Wood Boring Beetles		X		X
Dry wood Termites		X		X
Wood decaying fungus (not mold and mildew)		X		X

Were any areas of the structure obstructed or inaccessible? YES X NO

If yes, list these areas (see item 3 on reverse side of form)
Behind floor and wall coverings, insulation, etc. (See item #3 on the reverse side of this report).

The following conditions conducive to infestation for wood destroying organisms were found at the time of inspection. The location of these conditions conducive to infestation are indicated on the attached diagram:
Wood to earth contact at areas indicated on attached diagram. Crawls not vented on 4 sides.

Remarks / Additional Findings:
See attached copy of contract.

NOTE: IF VISIBLE EVIDENCE OF ACTIVE OR PREVIOUS INFESTATION IS REPORTED IT SHOULD BE ASSUMED THAT SOME DEGREE OF DAMAGE IS PRESENT AND A DIAGRAM (IDENTIFYING THE STRUCTURE(S) INSPECTED AND SHOWING THE LOCATION OF SUCH EVIDENCE MUST BE ATTACHED TO THIS FORM EVALUATION OF DAMAGE AND ANY CORRECTIVE ACTION SHOULD BE PERFORMED BY A QUALIFIED INSPECTOR IN THE BUILDING TRADE APPROVED BY THE PURCHASER AND LENDING AGENCY.

TREATMENT

The above described structure(s) was treated by this company as follows:

ORGANISM	TREATMENT DATE	CONTRACT EXPIRATION	TYPE TREATMENT (chemical barrier, bait, wood treatment)
Subterranean Termites	<u>04/11/2004</u>	<u>04/11/2009</u>	<u>Liquid soil treatment</u>
Powder Post Beetles	<u> </u>	<u> </u>	<u> </u>
Wood Boring Beetles	<u> </u>	<u> </u>	<u> </u>
Dry Wood Termites	<u> </u>	<u> </u>	<u> </u>
Wood Decaying Fungus	<u> </u>	<u> </u>	<u> </u>

The present treatment warranty (see) is:
 Transferable to any subsequent owner of the property upon payment of a fee on or before the expiration date
 Not transferable to any subsequent owner of the property
 The above structure(s) are not covered by a treatment contract with this company

This structure has a current Exception Form if issued by this company YES X NO
if Yes, a copy must be attached as part of this report

CERTIFICATION

This is to certify that neither I nor the company has had or contemplated having any interest in the property involved, nor is acting in any association with any party to the transaction.

[Signature]
Signature of Designated Certified Operator

Signature of Purchaser or Legal Representative acknowledging receipt of report

Copies to: Purchaser Mortgagee Realtor X Seller

Revised 10/05 - Replace all previous editions

694

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JAN. 8. 2009 8:03PM

REMAX ADVANCED "H"

JACK WALDRIP RE

PAGE 23/26

NO. 1305 P. 24

pg 2 of 4

5860

DUNCAN EXTERMINATING COMPANY

3277 Cleveland Highway
Gainesville, GA 30508
Phone 536-6794 or 1-800-564-8734

TERMITE OR PEST CONTROL SERVICE AGREEMENT

Date: 4-9-94

Person to Contact: Bonnie Fulgham

Pest to be Controlled—List each one:

Eastern Sub. Termites
Include Formicid Termites

Areas to be serviced:

Single Dwelling

Service Date: 4-11-94

Name: Bonnie Fulgham
First Middle Last

Billing Address: 1430 Samuel St
Number Street

City: Gainesville Ga 30506
State Zip Code

Service Address: Same
Number Street

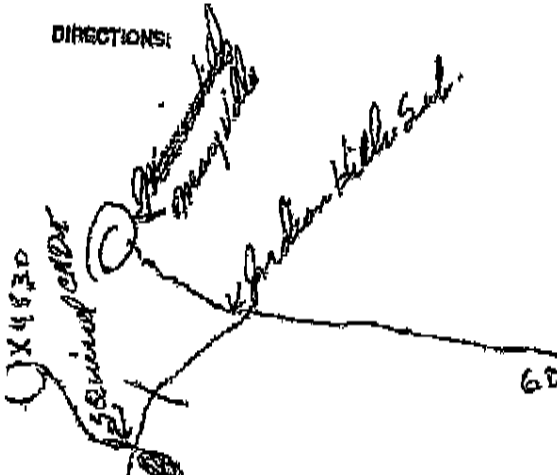
City: Same State Zip Code

Home Phone: 536-1291

Office Phone:

DUNCAN CO. agrees to provide service in accordance with the terms outlined above or more often if deemed necessary to effect control of the above-listed pests. This contract is for an initial term of one year and shall continue thereafter, or until terminated by either party. Any modification to this structure without notification to and proper treatment by DUNCAN CO. results in this contract being null and void. This Company is not responsible for any damage to the structure or its contents unless otherwise specified. CUSTOMER agrees to make the premises available for service and to accept such service as stated.

DIRECTIONS:



PEST CONTROL:

Initial Service Charge	\$
Monthly Charge Thereafter	\$
Annual Contract Amount	\$
Year-in-Advance Discount	\$
Total Remitted	\$

TERMITE:

Total Charge	\$ <u>450.00</u>
Renewal Fee	\$ <u>75.00</u>	
Amount Remitted	\$ <u>450.00</u>

Representative: [Signature]

Duncan Exterminating Company L.P.C.O. #57192

Accepted By: Bonnie P. Fulgham
Title

Re-inspected annually. DUNCAN reserves the right to adjust the renewal fee after the fourth year.

You, the buyer, may cancel this transaction at any time prior to midnight of the third business day after date of this transaction.

LBC JAC MJ

JAN. 8. 2009 8:04PM

REMAX ADVANCED "H" "pg 3 of 4"

JACK WALDRIP RE

PAGE 24/26

1291 02/2/2009 13:26

Longstreet Clinic

770-535-7448

NO. 1305 P. 25

P. 2

Wood Destroying Organisms

Chapter 020-4

GEORGIA STRUCTURAL PEST CONTROL COMMISSION - EXCEPTION FORM II

For pre-construction treatments - This form may only be completed by the property owner after the closing of a final loan

NOTICE TO PROPERTY OWNERS - DO NOT SIGN THIS DOCUMENT UNTIL YOU HAVE READ AND SIGNED 'CONDITIONS GOVERNING THE USE OF THE FORM II'. THESE 'CONDITIONS' MUST BE CONSIDERED PART OF THIS DOCUMENT. YOU MUST RECEIVE A COPY OF THIS REPORT AND SUPPORTING GRAPHS.

CONDITIONS GOVERNING THE USE OF THE FORM II

- 1. The Form II, Exception to the Minimum Treatment Standards, is intended to be used ONLY in situations where it is not possible or practical to meet the minimum treatment standards established by the Georgia Structural Pest Control Commission.
2. The Form II is not to be used in lieu of the minimum treatment standards, nor is it to be used to verify any agency of government that used destroying organisms work has been completed.
3. By signing this document the property owner acknowledges that the property identified will not receive a complete minimum treatment.
4. Each 'no' must be explained in detail in the area provided on the form in this document or in a separate sheet of paper.
5. All sections of this document must be filled out completely.

Name of Company: Duplex Exterminating Company
Address of Company: 3277 Cleveland Hwy Gainesville GA 30506
Owner of Property: Carol & Michelle Frank
Address of Structure Treated: 4830 Spinnaker Creek Dr, Gainesville GA 30504
Phone Number of Property Owner: 678 672 6147

Indicate with a check mark those items that do not meet the minimum treatment standards.

SECTION ONE - TERMITE CONTROL

Soil Treatments - Note: For deficient post-construction soil treatments and pre-construction soil treatments, only items #1, 2 and 5 are applicable.

Table with columns for 'Type of Treatment', 'Check One', and 'Date Job Completed'. Includes items 1-10 for soil treatment checks.

Non Soil Treatments, Device, Belt or Heating System - Note: All items pertain to both post-construction and pre-construction applications.

Table with columns for 'Date Job Completed', 'YES', and 'NO'. Includes items 1-4 for non-soil treatment checks.

SECTION TWO - POWDER POST BEETLES

Table with columns for 'Date Job Completed', 'YES', and 'NO'. Includes items 1-2 for powder post beetle checks.

SECTION THREE - WOOD DESTROYING FUNGI

Table with columns for 'Date Job Completed', 'YES', and 'NO'. Includes items 1-2 for wood destroying fungi checks.

Explain in detail what areas of the structure do not meet treatment standards and why it is not possible to meet these treatment standards. Also attach a graph illustrating the areas that were not treated to minimum standards.

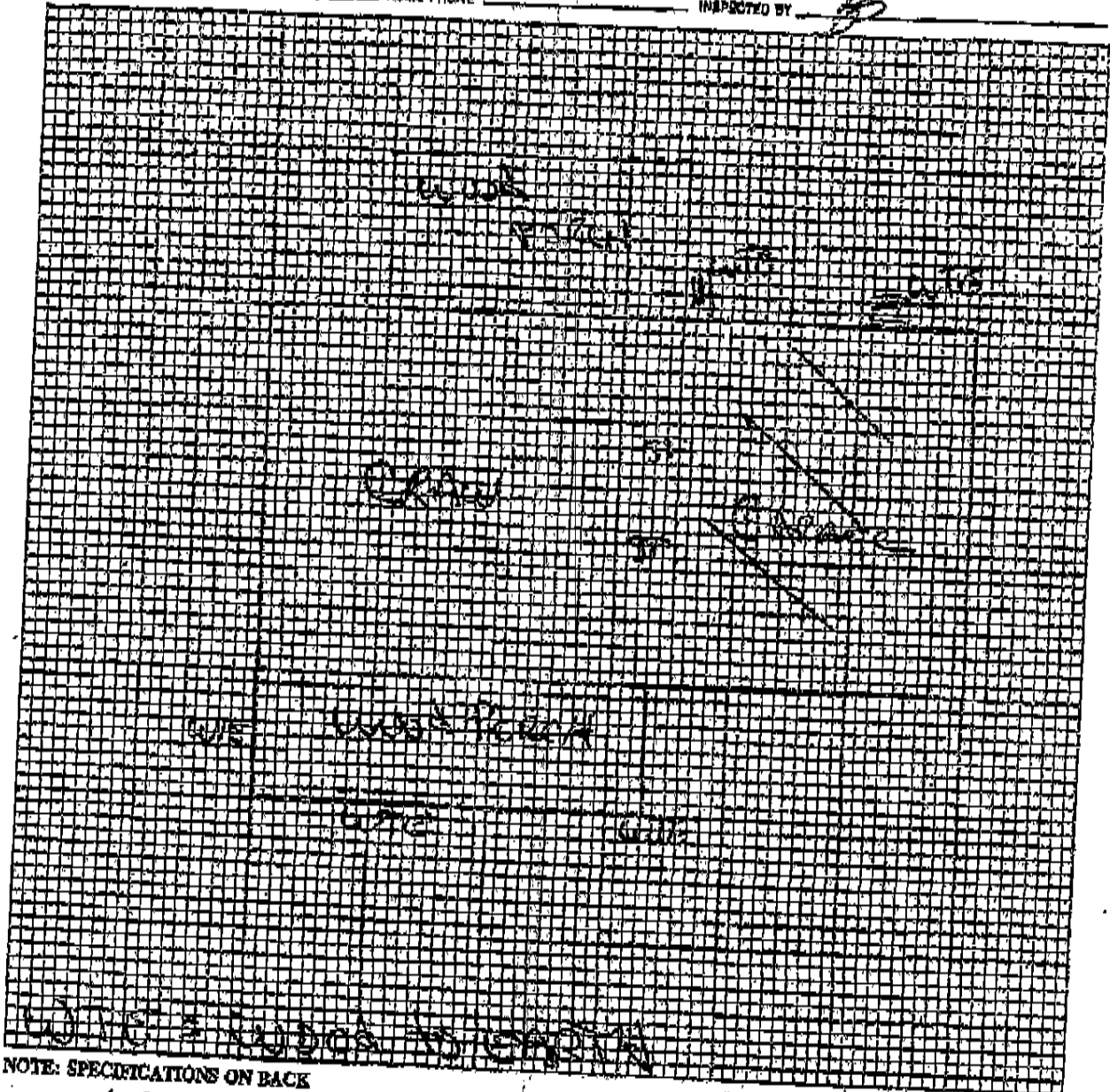
Signature of Property Owner: Timothy Loren Frank
Signature of DCO: [Signature]
Date: SEPT 2, 2008

RBC

TUF MJ

JAN. 8. 2009 8:04PM REMAX ADVANCED exhibit # 44770-536-6734 PG # NO. 13056 P. 26

OWNER'S NAME Bonnie Fuchman OCCUPANT
TREATING ADDRESS 1230 Sp... Rd CITY GAINESVILLE STATE _____ DATE 5-13-08
BUSINESS PHONE _____ HOME PHONE _____ INSPECTED BY [Signature] ZIP _____



NOTE: SPECIFICATIONS ON BACK

Scale Used: 1-1 Well: Yes No How close to house? _____ ft.
CONSTRUCTION TYPE: BASEMENT SLAB CRAWL

A CAREFUL VISUAL INSPECTION OF READILY ACCESSIBLE AREAS OF THIS PROPERTY INDICATES EVIDENCE OF ACTIVE OR PREVIOUS INFESTATION AS FOLLOWS:

- A. VISIBLE EVIDENCE OF WOOD-DESTROYING ORGANISMS WAS OBSERVED. NO CONTROL MEASURES WERE PERFORMED.
- B. VISIBLE EVIDENCE OF WOOD-DESTROYING ORGANISMS WAS OBSERVED. PROPER CONTROL MEASURES WERE PERFORMED.
- C. VISIBLE EVIDENCE OF ACTIVE OR PREVIOUS INFESTATION EXISTS AS CHECKED BELOW: (NOTE: A DETAILED WRITTEN DESCRIPTION OF THE LOCATION OF THE INFESTATION SUCH AS FLOOR JOIST, SILL, SIDING, ETC. MUST BE GIVEN.)

ACTIVE PREVIOUS

- SUBTERRANEAN TERMITES _____
- POWDER POST BEETLES _____
- WOOD BORING BEETLES _____
- DRY WOOD TERMITES _____
- WOOD DECAYING FUNGUS _____

- KEYS:
- ST - SUBTERRANEAN TERMITES
 - PPB - POWDER POST BEETLES
 - WB - WOOD BORING BEETLES
 - DT - DRY WOOD TERMITES
 - F - WOOD DECAYING FUNGUS

ALTHOUGH THE SCOPE OF THIS INSPECTION INDICATES THAT IT IS NOT TO BE A REPORT OF ANY DAMAGE WHATSOEVER, IT SHOULD BE EMPHASIZED THAT EVIDENCE OF INFESTATION MAY BE SYNONYMOUS WITH DAMAGE.

L.S. [Signature]