| *                                                                                        | , ,                                                                                                                                                              | TEXAS                                                                                                                                                         | OFFICIAL W                                                                                                                              | OOD DEST                                                                                                                                     | ROYING IN                                                                                                                                                                  | ISECT RE                                                                                                                                           | PORT                                                                                                                          | P                                                                                           | age 1 of 2                                          |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-----------------------------------------------------|
| 5405                                                                                     | Sch                                                                                                                                                              | 2 mach                                                                                                                                                        | erLn                                                                                                                                    | H                                                                                                                                            | tousta                                                                                                                                                                     | r                                                                                                                                                  |                                                                                                                               | 7705                                                                                        | 4                                                   |
| ISUAL                                                                                    | Inspected Addre                                                                                                                                                  | iss<br>ION                                                                                                                                                    | g                                                                                                                                       | COPE OF INS                                                                                                                                  | City                                                                                                                                                                       |                                                                                                                                                    |                                                                                                                               | Zip Code                                                                                    | 10000                                               |
| This insp                                                                                | pection covers only                                                                                                                                              | the multi-family st                                                                                                                                           | ructure, primary dw                                                                                                                     | velling or place of                                                                                                                          | business. Shed                                                                                                                                                             | s, detached gar                                                                                                                                    | ages, lean-tos, fe                                                                                                            | nces, guest houses                                                                          | or any other                                        |
| This insp<br>not limite<br>removing<br>was not<br>Due to the<br>defacing<br>spackling    | pection is limited to<br>ed to (1) areas cor<br>g or defacing any p<br>t visible in or on to<br>he characteristics a<br>or removing parts<br>o, tape or other de | those parts of the<br>icealed by wall co-<br>part of the structur-<br>the structure(s) at<br>and behavior of var-<br>of the structure be<br>corative devices. | rerings, furniture, er<br>e(s) (including the s<br>time of inspection<br>tous wood destroyl<br>ing inspected. Pre<br>Damage that has be | e visible and acc<br>quipment and sto<br>surface appearar<br>is but which may<br>ing insects, it may<br>vious damage to<br>seen concealed or | essible at the time<br>ored articles and (<br>ace of the structur<br>or be revealed in the<br>young attempt of the property<br>of trim, wall surface<br>or repaired may no | e of the inspect<br>(2) any portion of<br>re). Inspection<br>the course of r<br>lossible to deter<br>e, etc., is frequent<br>to the visible except | of the structure in<br>does not cover<br>epair or replaces<br>mine the present<br>ntly repaired prior<br>ent by defecting the | e of infestation with<br>r to the inspection w                                              | ould necessitat<br>amage which<br>out<br>ith putty, |
| treatme                                                                                  | ing company can<br>nt; has rendered                                                                                                                              | not guarantee or<br>the pest(s) inacth                                                                                                                        | determine that wo                                                                                                                       | rk performed by                                                                                                                              | y a previous pes                                                                                                                                                           | t control comp                                                                                                                                     | any, as Indicate                                                                                                              | d by visual eviden                                                                          | ce of previou                                       |
| or builde                                                                                | evidence is report                                                                                                                                               | ed, it does not imp<br>an opinion regard                                                                                                                      | ly that damage sho<br>ing the degree of st                                                                                              | uld be repaired o                                                                                                                            | or replaced. Inspe<br>. Evaluation of d                                                                                                                                    | ectors of the ins<br>amage and any                                                                                                                 | pection company<br>corrective action                                                                                          | usually are not eng<br>should be performe                                                   | ineers<br>ed by a qualifie                          |
| If termite<br>inspecte<br>the struc<br>warranti<br>such info                             | e treatment (Includi<br>ed and proposed fo<br>clure(s) are covere<br>es should be provi<br>ormation to any pe                                                    | ing pesticides, bat<br>in treatment, label of<br>d by warranty, rend<br>ded by the party of<br>rson other than the                                            | of pesticides to be used appearance options and appearance options and appearance of contracting party.                                 | ) has been recon<br>used and complet<br>oproval by a cert<br>services to any p                                                               | nmended, the treate details of warra<br>fied applicator in<br>rospective buyers                                                                                            | aling company ranty (if any). At the termite cate s of the property                                                                                | nust provide a dia<br>a minimum, the v<br>gory. Information<br>. The inspecting                                               | agram of the structur<br>varranty must specif<br>or regarding treatmer<br>company has no du | ly which areas                                      |
| treatmer<br>There ar<br>recomm<br>evidence                                               | nt techniques and a<br>re some specific ga<br>ended if (1) there i<br>e of a prior treatme                                                                       | enewal options.<br>uidelines as to whe<br>s visible evidence<br>int.                                                                                          |                                                                                                                                         | or corrective treation in or on the s                                                                                                        | tment to be recor<br>structure, (2) there                                                                                                                                  | mmended. Con<br>e is visible evide                                                                                                                 | rective treatment<br>ence of a previous                                                                                       |                                                                                             |                                                     |
| recomm<br>correctiv<br>instance<br>alteration<br>have any                                | ended. The buyer<br>re measures can v<br>as where the inspe-<br>n may be in some                                                                                 | and seller should<br>ary greatly in cost<br>ctor will recommen<br>instances the most<br>this, you may conti                                                   | be aware that there<br>and effectiveness a<br>d correction of the o<br>t economical metho<br>act the inspector in                       | may be a variet<br>and may or may r<br>conducive condit<br>and to correct cond                                                               | y of different strat<br>not require the ser<br>ions by either me<br>ducive conditions.                                                                                     | tegies to correct<br>rvices of a licen<br>chanical afterat<br>. If this inspecti                                                                   | the conducive co<br>sed pest control of<br>ion or cultural cha<br>on report recomm                                            |                                                                                             | y be<br>eatment and y                               |
| B&P 1                                                                                    | ERMITE INS                                                                                                                                                       | PECTIONS                                                                                                                                                      |                                                                                                                                         | 1B.                                                                                                                                          |                                                                                                                                                                            | 11706                                                                                                                                              |                                                                                                                               |                                                                                             |                                                     |
|                                                                                          | Inspection Compa<br>WESTHEIM                                                                                                                                     |                                                                                                                                                               | Y #736                                                                                                                                  | KATY                                                                                                                                         | SPCS                                                                                                                                                                       | S Business Lice                                                                                                                                    | nse Number<br>77450                                                                                                           | (281) 808-                                                                                  | 5488                                                |
| BREN                                                                                     | of Inspection Com<br>T.A. MUSSEF                                                                                                                                 | A JOHNNY E                                                                                                                                                    | BAKER                                                                                                                                   | City                                                                                                                                         | State<br>1E. Certif                                                                                                                                                        | lied Applicator 2                                                                                                                                  | Zip (check one)                                                                                                               | Telephone                                                                                   | No.                                                 |
| Name of                                                                                  | Inspector (Please                                                                                                                                                | Print)                                                                                                                                                        | ·                                                                                                                                       | and the same                                                                                                                                 |                                                                                                                                                                            |                                                                                                                                                    | <u> </u>                                                                                                                      |                                                                                             |                                                     |
| Case Nu                                                                                  | mber (VA/FHA/Oti                                                                                                                                                 | ner)                                                                                                                                                          |                                                                                                                                         | 3                                                                                                                                            | Inshe                                                                                                                                                                      | 51117<br>ection Date                                                                                                                               |                                                                                                                               |                                                                                             |                                                     |
| (Under ti<br>structure(s) liste                                                          | /ARDED TO: Title<br>the Structural Pest<br>and below were insp                                                                                                   | Control regulations<br>ected in accordance                                                                                                                    | only the purchase                                                                                                                       | nspection proced                                                                                                                             | required to recei                                                                                                                                                          | ive a copy)<br>the Texas Depa                                                                                                                      |                                                                                                                               | ure Structural Pest (                                                                       | Control Servic                                      |
|                                                                                          |                                                                                                                                                                  |                                                                                                                                                               | tached garages an                                                                                                                       | 4.9456                                                                                                                                       |                                                                                                                                                                            |                                                                                                                                                    |                                                                                                                               |                                                                                             |                                                     |
| Were any areas<br>fer to Part B & C                                                      | of the property obs                                                                                                                                              | structed or inaccession) if "Yes" specif                                                                                                                      | sible? Yes y in 6B.                                                                                                                     | No 🗅                                                                                                                                         |                                                                                                                                                                            | abutting structu                                                                                                                                   |                                                                                                                               | K                                                                                           |                                                     |
| k<br>Grade Too High<br>er                                                                |                                                                                                                                                                  | avv Foliage                                                                                                                                                   | Slab J<br>Eaves<br>ATTIC (PART                                                                                                          | loints Q                                                                                                                                     | Crawl Space<br>Weepholes                                                                                                                                                   |                                                                                                                                                    | 0                                                                                                                             |                                                                                             |                                                     |
| fer to Part J, Sco<br>Conducive Cond                                                     | ucive to wood dest<br>ope of Inspection)<br>litions include but a<br>und structure (K)                                                                           | If "Yes" specify in are not limited to:  Wood to Footing t                                                                                                    | 7B.  Ground Contact (Goo low or soil line to                                                                                            | oo high (L)                                                                                                                                  | Wood Rot                                                                                                                                                                   |                                                                                                                                                    | A                                                                                                                             | Heavy Foli                                                                                  | Moisture (J) Ciage (N) C                            |
| nter box abutting<br>ufficient ventilation                                               | ,                                                                                                                                                                | Wood Pi Other (C                                                                                                                                              | le in Contact with S                                                                                                                    |                                                                                                                                              | Wooden In                                                                                                                                                                  | ence in Contact                                                                                                                                    | with the Structur                                                                                                             | e(h) u                                                                                      |                                                     |
| Subterranean Te<br>Drywood Termite<br>Formosan Termi<br>Carpenter Ants<br>Other Wood Des | es<br>ites                                                                                                                                                       | in or on the struct                                                                                                                                           | иге:                                                                                                                                    | Active Infer                                                                                                                                 | station<br>No De<br>No De<br>No De<br>No De<br>No De                                                                                                                       | Previous<br>Yes C<br>Yes C<br>Yes C<br>Yes C<br>Yes C                                                                                              | Infestation<br>No 2<br>No 2<br>No 2<br>No 2                                                                                   | Previous 7<br>Yes 4<br>Yes 0<br>Yes 0<br>Yes 0<br>Yes 0                                     | No Q<br>No A<br>No A<br>No A<br>No A                |
| Specify:                                                                                 | igns of previous tre                                                                                                                                             | patment (including                                                                                                                                            | pesticides, baits, ex                                                                                                                   | xisting treatment                                                                                                                            | stickers or other                                                                                                                                                          | methods) identi                                                                                                                                    | fied: ////                                                                                                                    | ( holes                                                                                     |                                                     |
| .Visible evidence                                                                        | e of:                                                                                                                                                            | 8                                                                                                                                                             | _has been observ                                                                                                                        | ed in the followin                                                                                                                           | g areas:                                                                                                                                                                   | 0                                                                                                                                                  |                                                                                                                               |                                                                                             |                                                     |
| here is visible ev                                                                       | ridence of active or                                                                                                                                             | previous infestation                                                                                                                                          | on, it must be noted<br>Part D, E & F, Sco                                                                                              | . The type of ins                                                                                                                            | sect(s) must be lis                                                                                                                                                        | sted in the first b                                                                                                                                | lank and all ident                                                                                                            | ified infested areas                                                                        | of the property                                     |
|                                                                                          |                                                                                                                                                                  |                                                                                                                                                               | nsed and Regul                                                                                                                          | ated by the To                                                                                                                               |                                                                                                                                                                            |                                                                                                                                                    | ture                                                                                                                          | (                                                                                           | M                                                   |

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| "Yes,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          |         |             |              |           |        |        | - Carrier |             |               |       |        |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |        |                | - 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| L.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| inder                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| out the latest                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |         |             |              |           | oper   |        |           |             |               | , -3  | -      | and the second lives | - Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, wh |                 | -      | - Contractions | -          | -      |       | Date   |       |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |       |       |          |       |       |       |        |       |        |        |       |        |         |

From: Brent or Patty Musser <a href="mailto:bptermite@yahoo.com">bptermite@yahoo.com</a>
To: Monica Greene <a href="mailto:smooth">monicag1956@aol.com</a>

Subject: Re: 5405 Schumacher Lane

Date: Mon, Apr 3, 2017 9:48 pm

Termidor has been tested to last up to 15 years. It's the best product out there right now.

You should be good.

**Brent** 

From: Monica Greene <monicag1956@aol.com>

To: bptermite@yahoo.com

Sent: Monday, April 3, 2017 5:58 PM Subject: 5405 Schumacher Lane

Hi,

Termite treatment was done in sept 2009 by termite control inc the termitcide used was called termidor sc and was applied in a concentration of .06%

do you know how long this lasts?

thank you for your assistance!!!

Monica Greene H/F: 713.532.5272 C: 281.799.9133