

# Worldwide ERC Relocation Property Assessment

## IMPORTANT INFORMATION: Please Read Carefully

This document is a Property Assessment. It is not a buyer's home inspection.

This document should not be used in place of nor be mistaken for a general home inspection or specialty type inspection performed by a licensed or trades professional (e.g., professional home inspector, engineer, pest control operator, electrician, plumber, roofer or HVAC specialist, pool/spa specialist, etc.) This Property Assessment was prepared exclusively and for the sole use of the Client identified below (the "Client") under an established business-to-business relationship for the specific purposes of assisting with the relocation of an employee. It is not intended for use, nor is it to be relied upon, by any party other than the Client, including, but not limited to, buyers, sellers, lenders, real estate brokers/agents, and/or appraisers.

The Client may be required to provide this Property Assessment to other parties in order to comply with disclosure obligations under applicable federal, state and/or local law(s); however, no disclosure of this Property Assessment to other parties, including prospective buyers, shall be deemed to create or give rise to a duty of care or performance on the part of the Property Assessment Provider identified below or the Client toward such other parties. Accordingly, no party other than the Client may rely upon or be influenced by this Property Assessment when considering the property. The Property Assessment Provider identified below prepared this Property Assessment in accordance with Client directives and based it on findings gathered at the property address identified below and other property information sources.

| 1. GENERAL INFORMATION                           |  |                          |                |                                          |  |
|--------------------------------------------------|--|--------------------------|----------------|------------------------------------------|--|
| File #: 921530                                   |  | Client: Sirva Relocation |                |                                          |  |
| Contact: BRITTANY BANGS                          |  |                          |                |                                          |  |
| Address: 211 N Broadway, Ste 2200                |  |                          |                |                                          |  |
| City/State/Zip: St Louis, MO 63102               |  |                          |                |                                          |  |
| Transferee(s): Taylor Flores                     |  |                          |                |                                          |  |
| Address: 3830 Creekside Dr                       |  |                          |                |                                          |  |
| City/State/Zip: Waukesha WI 53189                |  |                          |                |                                          |  |
| Property Assessment Provider: GlobeSpec          |  |                          | File #: 921530 |                                          |  |
| Provider Address: 370 S Main Place               |  |                          |                |                                          |  |
| City/State/Zip: Carol Stream, IL 60188           |  |                          |                |                                          |  |
|                                                  |  |                          |                |                                          |  |
| Date: 09/22/2026                                 |  | Time: 08:00 a.m.         |                | Weather: Overcast                        |  |
|                                                  |  | Temp: 57                 |                | Estimated Age of Main Dwelling (yrs): 17 |  |
| Parties Present at Time of Assessment: Inspector |  |                          |                | Occupied: No                             |  |

## 2. PURPOSE AND SCOPE OF THE RELOCATION PROPERTY ASSESSMENT

To provide a professional opinion of a relocating employee's main dwelling and its immediate surrounding area in its "as is" condition, as of the date of assessment, limited to the definitions and guidelines as established by the Client and within this Property Assessment document.

## 3. OBJECTIVE OF THE RELOCATION PROPERTY ASSESSMENT

To provide the Client with data about a relocating employee's main dwelling and its immediate surrounding area, based on a visual assessment of items identified by category in this Property Assessment document.

#### 4. DEFINITION OF THE RELOCATION PROPERTY ASSESSMENT

A visual, non-invasive evaluation and status report of the items identified by category on the ensuing pages. The reporting of apparent defects (not cosmetic deficiencies) that call for corrective action is limited to three categories: 1) structure; 2) unsafe or hazardous conditions; and 3) inoperative systems or appliances.

1. **Structure:** A load-bearing member of a building (including, but not limited to, footings, foundation walls, posts, beams, floor joists, bearing walls, or roof framings), is defective if it has one or more of these characteristics:

- Abnormal cracking or splitting;
- Unusual settlement;
- Deterioration such as rot, or pest infestation damage;
- Improper alignment or structural integrity compromised by modification or abuse; or
- Other characteristics that affect the building's structural integrity.

2. **Unsafe or Hazardous Conditions:** Any item that is identified as a safety defect or a hazard, the presence or absence of which would be dangerous. Suspected, visible friable asbestos is to be reported. Unless directed by the Client, the reporting of the possible presence of lead-based paint, urea-formaldehyde foam insulation, radon, electromagnetic radiation, toxic wastes, molds or fungus, and any other environmental or indoor air pollutants are outside the scope of this Property Assessment.)

3. **Inoperative Systems and Appliances:** Any installed systems or built-in appliances that do not operate properly or perform their intended function in response to normal use.

Unless directed by the Client, the following areas are outside the scope of this assessment: (i) cosmetic deficiencies; (ii) deferred maintenance items; (iii) the condition of on-site waste and water systems; (iv) the condition of underground fuel storage tanks; (v) the quality of the water supply; (vi) geological hazards such as floods, erosion, earthquakes, landslides, mudslides and volcanoes; and, (vii) governmental or lender requirements. Furthermore, this Property Assessment is not a representation of compliance or noncompliance with federal, state, or local government regulations and codes (e.g., building codes, zoning ordinances, energy efficiency ratings, addition or remodeling permits, etc).

Estimated costs to correct items identified in this Property Assessment as defective and/or items that may require attention are not bids and do not give rise to performance obligations on the part of the Property Assessment Provider. The Property Assessment Provider is not engaged in the business of providing repair, renovation or improvement services; as such, the Property Assessment Provider has not and cannot determine the actual cost of any repairs, renovations or improvements that may be advised or desired. The cost estimates reflect national, state and/or local cost averages as derived from the review of cost estimator manuals and other information sources by the Property Assessment Provider; all cost estimates should be followed by firm quotes or bids from qualified, reputable contractors.

#### 5. PROCEDURAL GUIDELINES FOR THE RELOCATION PROPERTY ASSESSMENT

1. Contact the transferee for an appointment within 1 working day after accepting an assignment. If the transferee cannot be reached, contact the Client.

2. Assess the property within 3 working days after accepting the assignment unless the transferee delays the process. Contact the Client with the verbal report within 1 day of assessing the property. If the Property Assessment cannot be completed in the required time frame, or if the property assessor will be unavailable to discuss the assignment after completion, it should not be accepted.

3. Send completed copies of the typewritten assessment within 3 working days from the date of assessing the property.

4. Ask the transferee (or the Client if the transferee is unavailable) if there have been any room additions, conversions or structural improvements made since the date of purchase. Attach a copy of building permits, city approvals, etc., if available.

5. Call the Client immediately after leaving the property if an evaluation of defects, noted in the Property Assessment, is inconclusive and requires additional assessing.

6. Present a professional and courteous manner. Property assessors are amongst the few representatives of the Client visible to the relocating employee.

7. Feel free to discuss the transferee's general questions about the assessment process. Any specific questions regarding the assessment, however, should be referred to the Client.

8. Include a photograph whenever necessary to facilitate the Client's understanding of a defective item.

## STATUS DEFINITIONS

For each category, when applicable, rate the status of each item by checking the box as follows:

|    |
|----|
| AC |
| NP |
| NA |
| DE |

= **Acceptable:** The item is performing its intended function as of the date of the assessment.

= **Not Present:** The item does not exist in the structure being assessed.

= **Not Assessed:** The item was not assessed because of inaccessibility or seasonal impediments.

= **Defective:** The item is either: structurally unsound; unsafe or hazardous; or inoperative, as defined on page one.

*Important, If any item is rated as 'Defective,' or 'Not Assessed' a comment in the corresponding 'Remarks' column is required.*

### LOTS & GROUNDS (LG)

|    |                                                                                                                |                               |  |
|----|----------------------------------------------------------------------------------------------------------------|-------------------------------|--|
| 1  | <input checked="" type="radio"/> AC <input type="radio"/> NP <input type="radio"/> NA <input type="radio"/> DE | Walks                         |  |
| 2  | <input checked="" type="radio"/> AC <input type="radio"/> NP <input type="radio"/> NA <input type="radio"/> DE | Stoops/Steps                  |  |
| 3  | <input checked="" type="radio"/> AC <input type="radio"/> NP <input type="radio"/> NA <input type="radio"/> DE | Patio                         |  |
| 4  | <input type="radio"/> AC <input checked="" type="radio"/> NP <input type="radio"/> NA <input type="radio"/> DE | Deck/balcony                  |  |
| 5  | <input checked="" type="radio"/> AC <input type="radio"/> NP <input type="radio"/> NA <input type="radio"/> DE | Porch                         |  |
| 6  | <input type="radio"/> AC <input checked="" type="radio"/> NP <input type="radio"/> NA <input type="radio"/> DE | Retaining walls               |  |
| 7  |                                                                                                                | <b>SURFACE WATER CONTROL:</b> |  |
| 8  | <input checked="" type="radio"/> AC <input type="radio"/> NP <input type="radio"/> NA <input type="radio"/> DE | Grading                       |  |
| 9  | <input checked="" type="radio"/> AC <input type="radio"/> NP <input type="radio"/> NA <input type="radio"/> DE | Swales                        |  |
| 10 | <input type="radio"/> AC <input checked="" type="radio"/> NP <input type="radio"/> NA <input type="radio"/> DE | Basement stairwell drain      |  |
| 11 | <input type="radio"/> AC <input checked="" type="radio"/> NP <input type="radio"/> NA <input type="radio"/> DE | Window wells                  |  |
| 12 | <input type="radio"/> AC <input checked="" type="radio"/> NP <input type="radio"/> NA <input type="radio"/> DE | Exterior surface drain        |  |

### ROOF (R)

|    |                                                                                                                |                                                              |                               |
|----|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------|
| 1  |                                                                                                                | Method of Assessment: Walked on roof                         |                               |
| 2  | <input type="radio"/> AC <input type="radio"/> NP <input type="radio"/> NA <input checked="" type="radio"/> DE | #1 <b>Asphalt-Worn, deteriorating shingles with granular</b> | Aprx. Age: 17 Des Life: 15-20 |
| 3  | <input type="radio"/> AC <input checked="" type="radio"/> NP <input type="radio"/> NA <input type="radio"/> DE | #2                                                           | Aprx. Age: Des Life:          |
| 4  | <input type="radio"/> AC <input checked="" type="radio"/> NP <input type="radio"/> NA <input type="radio"/> DE | #3                                                           | Aprx. Age: Des Life:          |
| 5  | <input type="radio"/> AC <input checked="" type="radio"/> NP <input type="radio"/> NA <input type="radio"/> DE | #4                                                           | Aprx. Age: Des Life:          |
| 6  | <input type="radio"/> AC <input checked="" type="radio"/> NP <input type="radio"/> NA <input type="radio"/> DE | #5                                                           | Aprx. Age: Des Life:          |
| 7  | <input checked="" type="radio"/> AC <input type="radio"/> NP <input type="radio"/> NA <input type="radio"/> DE | Flashing                                                     |                               |
| 8  | <input type="radio"/> AC <input checked="" type="radio"/> NP <input type="radio"/> NA <input type="radio"/> DE | Skylights                                                    |                               |
| 9  | <input type="radio"/> AC <input checked="" type="radio"/> NP <input type="radio"/> NA <input type="radio"/> DE | Chimney                                                      |                               |
| 10 |                                                                                                                | <b>ROOF WATER CONTROL</b>                                    |                               |
| 11 | <input checked="" type="radio"/> AC <input type="radio"/> NP <input type="radio"/> NA <input type="radio"/> DE | Gutters                                                      |                               |
| 12 | <input checked="" type="radio"/> AC <input type="radio"/> NP <input type="radio"/> NA <input type="radio"/> DE | Downspouts & extensions                                      |                               |

**R-2 loss-Impact damaged shingles**

### EXTERIOR SURFACE (ES)

|   |                                                                                                                |                                                                           |  |
|---|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|--|
| 1 | <input type="radio"/> AC <input type="radio"/> NP <input type="radio"/> NA <input checked="" type="radio"/> DE | #1 <b>Cement composition siding (Manufacturer Unknown)-Cracked siding</b> |  |
| 2 | <input type="radio"/> AC <input checked="" type="radio"/> NP <input type="radio"/> NA <input type="radio"/> DE | #2                                                                        |  |
| 3 | <input type="radio"/> AC <input checked="" type="radio"/> NP <input type="radio"/> NA <input type="radio"/> DE | #3                                                                        |  |
| 4 | <input type="radio"/> AC <input type="radio"/> NP <input type="radio"/> NA <input checked="" type="radio"/> DE | Trim <b>Rotted wood trim at front porch support post</b>                  |  |
| 5 | <input checked="" type="radio"/> AC <input type="radio"/> NP <input type="radio"/> NA <input type="radio"/> DE | Fascia                                                                    |  |
| 6 | <input checked="" type="radio"/> AC <input type="radio"/> NP <input type="radio"/> NA <input type="radio"/> DE | Soffits                                                                   |  |
| 7 | <input type="radio"/> AC <input type="radio"/> NP <input type="radio"/> NA <input checked="" type="radio"/> DE | Windows <b>Window balance detached at left side window in dining room</b> |  |

**ES-1 Holes in siding-Loose siding-Siding in contact with concrete steps at rear**

**ES-4 Damaged vinyl trim at front left & left rear corners of house**

### GARAGE / CARPORTS (G/C)

|   |                                                                                                                                                                            |                                                     |                                          |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|------------------------------------------|
| 1 | <input checked="" type="radio"/> Garage <input type="radio"/> No Garage <input checked="" type="radio"/> Attached <input type="radio"/> Detached <input type="radio"/> N/A |                                                     |                                          |
| 2 | <input checked="" type="radio"/> AC <input type="radio"/> NP <input type="radio"/> NA <input type="radio"/> DE                                                             | Door Operation                                      |                                          |
| 3 | <input checked="" type="radio"/> AC <input type="radio"/> NP <input type="radio"/> NA <input type="radio"/> DE                                                             | Automatic Door Opener                               |                                          |
| 4 | <input type="radio"/> AC <input type="radio"/> NP <input type="radio"/> NA <input checked="" type="radio"/> DE                                                             | Condition (Structural, roof, electrical, slab, etc) | <b>Suspected fungal growth on garage</b> |

**GC-4 attic access cover panel**

Relocation Property Assessment 2007, Worldwide ERC / Employee Relocation Council -This report was prepared for the exclusive use of a relocation company and the seller's employer. This report is not intended as a substitute for a prospective purchaser of the subject property obtaining their own inspection from an independent inspector of their choice. This report is neither assignable to nor assumable by any third party and should not be relied upon by any party other than the relocation company and/or seller. This report is neither a representation of lender requirements nor is it a representation of the marketability or insurability of this property

**Sirva Relocation / # 921530 / Name: Flores /**

Purchaser(s) Initials: /

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## Item

## Remarks

**STRUCTURE (S) - (Non-Viewable & Hidden structural components are excluded from this report)**

|   |                                                                                                                |                  |                                                                 |
|---|----------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------------------|
| 1 | <input type="radio"/> AC <input type="radio"/> NP <input type="radio"/> NA <input checked="" type="radio"/> DE | Foundation       | <b>Cracks at rear exterior foundation wall</b>                  |
| 2 | <input checked="" type="radio"/> AC <input type="radio"/> NP <input type="radio"/> NA <input type="radio"/> DE | Beams            |                                                                 |
| 3 | <input checked="" type="radio"/> AC <input type="radio"/> NP <input type="radio"/> NA <input type="radio"/> DE | Bearing Walls    |                                                                 |
| 4 | <input type="radio"/> AC <input type="radio"/> NP <input type="radio"/> NA <input checked="" type="radio"/> DE | Joists / Trusses | <b>Notched engineered floor joists in basement at left side</b> |
| 5 | <input checked="" type="radio"/> AC <input type="radio"/> NP <input type="radio"/> NA <input type="radio"/> DE | Piers / Posts    |                                                                 |
| 6 | <input checked="" type="radio"/> AC <input type="radio"/> NP <input type="radio"/> NA <input type="radio"/> DE | Floor / Slab     |                                                                 |
| 7 | <input type="radio"/> AC <input type="radio"/> NP <input type="radio"/> NA <input type="radio"/> DE            | Hand Rails       |                                                                 |

Finished areas limited view and access to structural components

**ATTIC (A)**

|   |                                                                                                                |                                |                                                                                         |
|---|----------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------------------------------------|
| 1 |                                                                                                                | Method of Assessment:          | Entered main attic - Viewed from access garage attic                                    |
| 2 | <input checked="" type="radio"/> AC <input type="radio"/> NP <input type="radio"/> NA <input type="radio"/> DE | Roof Framing                   |                                                                                         |
| 3 | <input checked="" type="radio"/> AC <input type="radio"/> NP <input type="radio"/> NA <input type="radio"/> DE | Sheathing                      |                                                                                         |
| 4 | <input checked="" type="radio"/> AC <input type="radio"/> NP <input type="radio"/> NA <input type="radio"/> DE | Ventilation                    |                                                                                         |
| 5 | <input type="radio"/> AC <input checked="" type="radio"/> NP <input type="radio"/> NA <input type="radio"/> DE | Attic Fan                      |                                                                                         |
| 6 | <input type="radio"/> AC <input checked="" type="radio"/> NP <input type="radio"/> NA <input type="radio"/> DE | Whole House Fan                |                                                                                         |
| 7 |                                                                                                                | Evidence of water penetration? | <input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> N/A |

**A-7 Water stains/suspected fungal growth on roof framing and sheathing in main attic**

A-1 Limited view due to insulation, lack of a complete catwalk, distance and design

**BASEMENT (B)**

|   |                                                                                                                |                                |                                                                                         |
|---|----------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------------------------------------|
| 1 | <input checked="" type="radio"/> AC <input type="radio"/> NP <input type="radio"/> NA <input type="radio"/> DE | Sump Pump:                     |                                                                                         |
| 2 | <input checked="" type="radio"/> AC <input type="radio"/> NP <input type="radio"/> NA <input type="radio"/> DE | Floor                          |                                                                                         |
| 3 | <input checked="" type="radio"/> AC <input type="radio"/> NP <input type="radio"/> NA <input type="radio"/> DE | Heat                           |                                                                                         |
| 4 |                                                                                                                | Evidence of water penetration? | <input checked="" type="radio"/> No <input type="radio"/> Yes <input type="radio"/> N/A |

**The basement is partially finished with no secondary form of egress**

**CRAWL SPACE (CS)**

Not Applicable

**ELECTRICAL (E)**

|   |                                                                                                                |                                                                                            |                                                                          |
|---|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| 1 |                                                                                                                | Amps: 200                                                                                  | Volts: 120/240                                                           |
| 2 | <input checked="" type="radio"/> AC <input type="radio"/> NP <input type="radio"/> NA <input type="radio"/> DE | Service Cable                                                                              |                                                                          |
| 3 | <input checked="" type="radio"/> AC <input type="radio"/> NP <input type="radio"/> NA <input type="radio"/> DE | Panel                                                                                      |                                                                          |
| 4 | <input type="radio"/> AC <input type="radio"/> NP <input type="radio"/> NA <input checked="" type="radio"/> DE | Branch Circuits                                                                            | <b>No outlets at rear &amp; right walls in finished area of basement</b> |
| 5 | <input checked="" type="radio"/> AC <input type="radio"/> NP <input type="radio"/> NA <input type="radio"/> DE | Ground                                                                                     |                                                                          |
| 6 | <input checked="" type="radio"/> AC <input type="radio"/> NP <input type="radio"/> NA <input type="radio"/> DE | Wire Conductor                                                                             |                                                                          |
| 7 | <input checked="" type="radio"/> AC <input type="radio"/> NP <input type="radio"/> NA <input type="radio"/> DE | GFI                                                                                        |                                                                          |
| 8 | <input type="radio"/> AC <input type="radio"/> NP <input type="radio"/> NA <input checked="" type="radio"/> DE | Smoke Detector                                                                             | <b>Combination smoke/carbon monoxide detectors inoperative on main</b>   |
| 9 |                                                                                                                | Is the size of the incoming electrical service adequate to meet the needs of the dwelling? | Yes                                                                      |

**E-8 Floor and in front right bedroom**

A representative number of outlets were tested throughout the house

| Item                       | Remarks                                                       |
|----------------------------|---------------------------------------------------------------|
| <b>HEATING SYSTEM (HS)</b> |                                                               |
| 1                          | Primary: Forced air                                           |
| 2                          | Approx Age: 4                                                 |
| 3                          | Design Life 15-20                                             |
| 4                          | Additional:                                                   |
| 5                          | Fuel: Natural gas                                             |
| 6                          | Approx. Age                                                   |
| 7                          | Design Life                                                   |
| 8                          | Primary Operation                                             |
| 9                          | Additional Operation                                          |
| 10                         | Draft Control                                                 |
| 11                         | Exhaust System                                                |
| 12                         | Distribution HVAC duct with water stains and rust in basement |
| 13                         | Fuel Tank Lines CSST gas lines are bonded/grounded            |
| 14                         | Thermostat                                                    |
| 15                         | Blower                                                        |
| 16                         | Humidifier                                                    |
| 17                         | Heat Exchanger Sealed chamber not visible by design           |
| 18                         | Pressure Relief Valve (s)                                     |
| 19                         | Circulator Pump                                               |

|                                     |                                                |
|-------------------------------------|------------------------------------------------|
| <b>AIR CONDITIONING SYSTEM (AC)</b> |                                                |
| 1                                   | Type: Central air                              |
| 2                                   | Fuel: Electric-R410A                           |
| 3                                   | Approx. Age 4                                  |
| 4                                   | Design Life: 15                                |
| 5                                   | System Outdoor ambient air too cool to operate |

|                     |                                                                                                                   |
|---------------------|-------------------------------------------------------------------------------------------------------------------|
| <b>PLUMBING (P)</b> |                                                                                                                   |
| 1                   | Water Source: <input checked="" type="radio"/> Public <input type="radio"/> Private <input type="radio"/> Unknown |
| 2                   | How verified? Disclosure                                                                                          |
| 3                   | Sewage Svc: <input checked="" type="radio"/> Public <input type="radio"/> Private <input type="radio"/> Unknown   |
| 4                   | How verified? Disclosure                                                                                          |
| 5                   | Water Service On? <input checked="" type="radio"/> Yes <input type="radio"/> No                                   |
| 6                   | Water Pipes PEX/CPVC                                                                                              |
| 7                   | Drain Pipes PVC-Active leak at drain pipe in basement - Fitting is cracked                                        |
| 8                   | Vent Pipes PVC                                                                                                    |
| 9                   | Laundry Tub                                                                                                       |
| 10                  | Laundry Tub Pump                                                                                                  |
| 11                  | Water Pressure                                                                                                    |
| 12                  | Toilet                                                                                                            |
| 13                  | Tub / Shower Broken drain stopper at upstairs hall bath tub                                                       |
| 14                  | Exhaust Fan                                                                                                       |
| 15                  | Sink                                                                                                              |
| 16                  | WATER HEATER: Approx. Age (yrs): 3                                                                                |
| 17                  | Approx. Design Life (yrs): 12-15                                                                                  |
| 18                  | Water Heater                                                                                                      |
| 19                  | Exhaust System                                                                                                    |
| 20                  | Temperature / Pressure Relief Valve Reduced size drain installed at bottom of drain                               |

**Note 1 The exterior clothes dryer vent cover is not a minimum of 12 inches above grade**

**Note 2 The water treatment system is excluded from this report.**

**Note 3 The storage shed is excluded from this report. It is unknown if the shed has any utilities.**

This report excludes any hidden moisture penetration and damage within the wall cavities.

|                                     |  |
|-------------------------------------|--|
| <b>ON SITE SEWAGE DISPOSAL (SD)</b> |  |
| Not Applicable                      |  |

| Item            | Remarks |
|-----------------|---------|
| <b>WELL (W)</b> |         |

Not Applicable

|                               |
|-------------------------------|
| <b>POOL AND HOT TUB (P/T)</b> |
|-------------------------------|

|   |                                                                                                                |            |              |               |
|---|----------------------------------------------------------------------------------------------------------------|------------|--------------|---------------|
| 1 |                                                                                                                | Pool Type  | Above ground | Hot Tub Type: |
| 2 | <input type="radio"/> AC <input type="radio"/> NP <input checked="" type="radio"/> NA <input type="radio"/> DE | Pool       | Winterized   |               |
| 3 | <input type="radio"/> AC <input type="radio"/> NP <input checked="" type="radio"/> NA <input type="radio"/> DE | Deck/Apron |              |               |
| 4 | <input type="radio"/> AC <input type="radio"/> NP <input checked="" type="radio"/> NA <input type="radio"/> DE | Heater     |              |               |
| 5 | <input type="radio"/> AC <input type="radio"/> NP <input checked="" type="radio"/> NA <input type="radio"/> DE | Pump       |              |               |
| 6 | <input type="radio"/> AC <input type="radio"/> NP <input checked="" type="radio"/> NA <input type="radio"/> DE | Filter     |              |               |
| 7 | <input type="radio"/> AC <input type="radio"/> NP <input checked="" type="radio"/> NA <input type="radio"/> DE | Fence      |              |               |
| 8 | <input type="radio"/> AC <input checked="" type="radio"/> NP <input type="radio"/> NA <input type="radio"/> DE | Hot Tub    |              |               |

|                                             |
|---------------------------------------------|
| <b>FIREPLACE / WOODBURNING DEVICES (FP)</b> |
|---------------------------------------------|

|   |                                                                                                                |                     |                          |
|---|----------------------------------------------------------------------------------------------------------------|---------------------|--------------------------|
| 1 | <input checked="" type="radio"/> AC <input type="radio"/> NP <input type="radio"/> NA <input type="radio"/> DE | Fireplace           | One-Direct vent-Gas logs |
| 2 | <input type="radio"/> AC <input checked="" type="radio"/> NP <input type="radio"/> NA <input type="radio"/> DE | Free-standing Stove |                          |
| 3 | <input type="radio"/> AC <input checked="" type="radio"/> NP <input type="radio"/> NA <input type="radio"/> DE | Fireplace Insert    |                          |
| 4 | <input type="radio"/> AC <input checked="" type="radio"/> NP <input type="radio"/> NA <input type="radio"/> DE | Flue                |                          |

|                    |
|--------------------|
| <b>KITCHEN (K)</b> |
|--------------------|

|   |                                                                                                                |                    |           |
|---|----------------------------------------------------------------------------------------------------------------|--------------------|-----------|
| 1 | <input checked="" type="radio"/> AC <input type="radio"/> NP <input type="radio"/> NA <input type="radio"/> DE | Cooking Appliances |           |
| 2 | <input checked="" type="radio"/> AC <input type="radio"/> NP <input type="radio"/> NA <input type="radio"/> DE | Disposal           |           |
| 3 | <input checked="" type="radio"/> AC <input type="radio"/> NP <input type="radio"/> NA <input type="radio"/> DE | Dishwasher         |           |
| 4 | <input checked="" type="radio"/> AC <input type="radio"/> NP <input type="radio"/> NA <input type="radio"/> DE | Ventilator         |           |
| 5 | <input checked="" type="radio"/> AC <input type="radio"/> NP <input type="radio"/> NA <input type="radio"/> DE | Other Built-ins:   | Microwave |

|                       |
|-----------------------|
| <b>FINAL COMMENTS</b> |
|-----------------------|

During this assessment, have you observed other unsafe or hazardous conditions as defined on page 1 of this report? If yes, explain:

This report was prepared for the exclusive use of a relocation company and the seller's employer in accordance with the company's guidelines and requirements and that of the employee relocation council. The report is not intended as a substitute for a comprehensive inspection of the property. It is recommended that any buyer obtain an evaluation by an independent inspector of their choice prior to closing. This report is neither assignable to nor assumable by any third party.

No concealed areas, and/or underground pipes, utility lines or underground connections of any nature have been assessed as part of this report. This report is a visual evaluation only. It does not guarantee the insurability or marketability of this property.

During the assessment the inspector has made a concerted effort to identify breached windows or windows that show evidence of failure. Often breached/failing windows cannot be identified due to continually changing conditions affected by exterior temperatures, weather conditions, lighting conditions dirty windows or accessibility. The inspector is required to assess a representative number of doors/windows and the inspector's observations are limited to the conditions as of the date of the assessment and is not intended to be a guarantee or warranty of future conditions.

#### Number of additional pages appended to this Assessment:

The Property Assessment Provider identified below hereby certifies adherence to the terms of the assignment as set forth in the Definitions and Procedural Guidelines of this Property Assessment.

Property Assessment Provider Name: GlobeSpec Date 09/22/2026

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# ***GlobeSpec***

370 S. Main Place, Carol Stream, IL 60188 Phone (800) 231 1301 Fax (800) 566 7329 Internet: [www.globespec.com](http://www.globespec.com)

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## **National Residential and Environmental Inspections**

### **Reporting Disclaimer – Indoor Air Quality (Moisture Intrusion / Fungal Growth)**

Testing and/or inspecting of indoor air quality is outside the parameters of this inspection. Unless explicitly and individually contracted for and separately reported, GlobeSpec has not performed any inspections or testing for the presence or absence of indoor air pollutants.

The report may contain, for informative reasons only, the notation of visible moisture intrusion/fungal growth or conducive conditions to moisture intrusion/fungal growth. Those who wish further testing and evaluations are urged to contact indoor air quality experts.

GlobeSpec can arrange, for an additional cost, to have professionals conduct actual testing if needed for any specific indoor air pollutant.

Information on Indoor Air Quality can be obtained from the federal Environmental Protection Agency (EPA).

Contacts for the EPA:

EPA Website: [www.epa.gov](http://www.epa.gov) (enter in the search box – “indoor air quality”)

Mail: EPA Indoor Air Quality Information Clearinghouse

P.O. Box 37133

Washington, DC 20013

Phone: 800-438-4318