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Definitions

NOTE: All definitions listed below refer to the property or item listed as inspected on this report at the time of inspection

A	Acceptable	Functional with no obvious signs of defect.
NP	Not Present	Item not present or not found.
NI	Not Inspected	Item was unable to be inspected for safety reasons or due to lack of power, inaccessible, or disconnected at time of inspection.
M	Marginal	Item is not fully functional and requires repair or servicing.
D	Defective	Item needs immediate repair or replacement. It is unable to perform its intended function.

General Information

Property Information

Property Address 1234 Deadend St.
City Seattle State WA Zip 98115
Contact Name Bill Gates
Phone 206-555-1212

Client Information

Client Name Marilyn Monroe
Phone 206-555-2121
E-Mail xoxo@yahoo.com

Inspection Company

WA State Home Inspector License #882
Inspector Name Ben Strehle
Company Name Applecore Inspections, LLC
Address Corliss Ave. N.
City Seattle State WA Zip 98144
Phone 206-390-0384
E-Mail applecoreinspections@yahoo.com
Amount Received \$425

Conditions

Others Present Home Owner, Seller's Agent Property Occupied Occupied
Estimated Age 1948 Entrance Faces West
Inspection Date 3/30/2012
Start Time 1:00pm End Time 5:00pm
Electric On Yes No Not Applicable
Gas/Oil On Yes No Not Applicable
Water On Yes No Not Applicable
Temperature 48 degrees F
Weather Rain Soil Conditions Wet
Space Below Grade Basement
Building Type Single family Garage Detached
Sewage Disposal City How Verified Owner
Water Source City How Verified Owner

Lots and Grounds

- | | A | NP | NI | M | D | |
|-----|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|---|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Walks: Concrete. Moderate cracks and settling. Cracks should be sealed where cement meets foundation. |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Steps/Stoops: Concrete. Missing handrails on North and South stairs. |
| 3. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Porch: Concrete |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Deck: Treated wood. Flashing not installed at deck/house junction, higher moisture intrusion. Baluster spacing too wide. (safety) |
| 5. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Grading: Minor slope |
| 6. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Swale: Adequate slope and depth for drainage |
| 7. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Vegetation: Trees, Shrubs, Lawn |
| 8. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Window Wells: Drain not present |
| 9. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Retaining Walls: Concrete |
| 10. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Basement Stairwell: Concrete. Handrail not installed (Safety) |
| 11. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Basement Stairwell Drain: Surface drain |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Fences: Wood. Minor rot occurring in fence system. |

Exterior

- | | A | NP | NI | M | D | |
|---|-------------------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|---|
| Whole structure Exterior <hr style="border: 1px solid black;"/> | | | | | | |
| 1. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Type: Brick |
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Trim: Wood |
| 3. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fascia: Wood |
| 4. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Soffits: Wood |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Door Bell: Hard wired. Rear doorbell non-functioning. |
| 6. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Entry Doors: Wood, Wood/glass |
| 7. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows: Vinyl, Wood frame, Non-opening. Single pane windows are less energy efficient and will have a higher rate of condensation. |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Storm Windows: Wood framed. Non-tempered storm glass on north side of house should be safety glass.(safety) |
| 9. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Window Screens: Metal |
| 10. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Basement Windows: Non-opening, Vinyl slider. Single pane windows are less energy efficient and will have a higher rate of condensation. |
| 11. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Exterior Lighting: Surface mount, soffit |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Exterior Electric Outlets: 110 VAC GFCI. Two of three GFCI's not functioning properly. |
| 13. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hose Bibs: Gate Abandoned hose bib under deck no longer functioning. |

Roof

A NP NI M D

Main Roof

1. Method of Inspection: On roof
2. Unable to Inspect: 0%
3. Material: Asphalt shingle. Exposed nail heads should be sealed. Protruding nail should be removed and hole sealed. Nail holes should be sealed with roofing tar.
4. Type: Combination
5. Approximate Age: 5-10 years
6. Flashing: Aluminum
7. Valleys: Asphalt shingle
8. Plumbing Vents: Cast Iron, Galvanized
9. Electrical Mast: Mast. Telephone lines are secured with rope. Should be attached more securely.
10. Gutters: Aluminum. Minor water pooling in gutter system due to pitch.
11. Downspouts: Aluminum
12. Leader/Extension: Cement Original concrete leader system more prone to failure due to age and materials.

South Roof

13. Chimney: Brick
14. Flue/Flue Cap: Clay, Metal, Concrete
15. Chimney Flashing: Galvanized

North Roof

16. Chimney: Brick
17. Flue/Flue Cap: Concrete. Minor crack in concrete cap should be sealed against moisture intrusion.
18. Chimney Flashing: Galvanized

Garage/Carport

A NP NI M D

Rear Garage/Carport

1. Type of Structure: Detached Car Spaces: 2
2. Garage Doors: Metal
3. Door Operation: Mechanized
4. Door Opener: Chamberlain
5. Exterior Surface: Wood, Asphalt shingle. Minor wood rot in base of side door jamb.
6. Roof: Asphalt shingle Approximate age: 15-20 years.
7. Roof Structure: 2x6 Rafter. Rafters show signs of damage from previous fire. A structural engineer is recommended to evaluate and estimate repairs.
8. Service Doors: Wood. No locking mechanism present. Door is beginning to delaminate. Must be maintained to prevent further moisture intrusion.

Garage/Carport (Continued)

- 9. Ceiling: Exposed framing
- 10. Walls: Exposed framing, Paint and paneling
- 11. Floor/Foundation: Poured concrete Minor settling cracks present.
- 12. Electrical: 110 VAC Outlet in garage should be GFCI. (safety) Old knob and tube sub panel should be updated to breaker style panel. Suggest evaluation by licensed electrician.

- 13. Smoke Detector: Not installed
- 14. Heating: No heat source.
- 15. Windows: Metal framed, Non-opening
- 16. Gutters: Aluminum
- 17. Downspouts: Aluminum

Electrical

A NP NI M D

- 1. Service Size Amps: 200 Volts: 110-240 VAC
- 2. Service: Aluminum
- 3. 120 VAC Branch Circuits: Copper.
- 4. 240 VAC Branch Circuits: Copper
- 5. Aluminum Wiring: Not present
- 6. Conductor Type: Romex, Knob and tube. Original knob and tube should be upgraded to grounded 3-wire system.
- 7. Ground: Plumbing and rod in ground
- 8. Smoke Detectors: Battery operated. Need to be installed in all bedrooms and on each floor. Carbon monoxide testers will need to be installed to code.

Basement Electrical

- 9. Manufacturer: Square D.
- 10. Maximum Capacity: 200 Amps
- 11. Main Breaker Size: 200 Amps
- 12. Breakers: Copper and Aluminum. Neutral wire used as hot wire in one breaker location.
- 13. Is the panel bonded? Yes No

Structure

A NP NI M D

1. Structure Type: Wood frame
2. Foundation: Poured. Minor crack in North exterior foundation should be sealed.
3. Differential Movement: Moderate settling has occurred.
4. Beams: Solid wood
5. Bearing Walls: Frame
6. Joists/Trusses: 2x8
7. Piers/Posts: Block piers and wood posts. Post should be strapped to pier and beam. Structure has not been retro-fitted for earthquakes.

8. Floor/Slab: Poured slab
9. Stairs/Handrails: Wood stairs with wood handrails
10. Subfloor: Dimensional wood

Attic

A NP NI M D

Main Attic

1. Method of Inspection: In the attic
2. Unable to Inspect: 0%
3. Roof Framing: 2x6 Rafter, 2x4 Rafter
4. Sheathing: Dimensional wood
5. Ventilation: Roof and soffit vents
6. Insulation: Blown in, Batts Insulation needs to be redistributed over bathroom.
7. Insulation Depth: 10-14"
8. Wiring/Lighting: 110 VAC, Knob and tube. Original knob and tube present, some buried in insulation, increased fire hazard. Evaluation by a licensed electrician is recommended

9. Moisture Penetration: No water penetration noted.
10. Bathroom Fan Venting: Flex ducting. Duct is currently venting close to roof vent. Needs to be properly secured to fully vent outside and prevent moisture buildup.

Basement

A NP NI M D

Furnace room Basement

1. Unable to Inspect: 0%
2. Ceiling: Exposed framing
3. Walls: Exposed framing
4. Floor: Poured cement
5. Floor Drain: No floor drain present.
6. Windows: Non-opening Single pane window will have higher condensation rate and greater heat loss.
7. Electrical: 110 VAC
8. Smoke Detector: Not installed
9. Basement Stairs/Railings: Wood stairs with wood handrails

Fireplace/Wood Stove

A NP NI M D

Living Room Fireplace/Wood Stove

1. Fireplace Construction: Brick
2. Type: Wood burning
3. Smoke Chamber: Brick.
4. Flue: Tile
5. Damper: Metal
6. Hearth: Flush mounted

Basement Fireplace/Wood Stove

7. Fireplace Construction: Brick
8. Type: Wood burning
9. Smoke Chamber: Brick. Missing mortar where fire brick meets brick.
10. Flue: Tile
11. Damper: Metal
12. Hearth: Flush mounted

Heating System

A NP NI M D

Basement Heating System

1. Heating System Operation: Adequate
2. Manufacturer: Mayflower
3. Model Number: Forced Air. No model number present Serial Number: No serial number present
4. Area Served: whole building Approximate Age: 30+ years
5. Fuel Type: Oil
6. Heat Exchanger: 1 Burner
7. Unable to Inspect: 100%
8. Blower Fan/Filter: Belt drive with reusable filter
9. Distribution: Metal duct
10. Circulator: Fan

Heating System (Continued)

- 11. Draft Control: Automatic
- 12. Flue Pipe: Single wall
- 13. Controls: Reset switch
- 14. Thermostats: Individual
- 15. Fuel Tank: Oil tank Recommend testing oil tanks for leaks.
- 16. Tank Location: Underground
- 17. Suspected Asbestos: No

Plumbing

A NP NI M D

- 1. Service Line: Copper
- 2. Main Water Shutoff: Basement bedroom wall
- 3. Water Lines: Copper
- 4. Drain Pipes: PVC, Cast iron
- 5. Service Caps: Accessible
- 6. Vent Pipes: Cast iron, Galvanized

Basement Plumbing

- 7. Water Heater Operation: Adequate. Earthquake support straps missing.
- 8. Manufacturer: Rheem
- 9. Model Number: 83XR52-2 Serial Number: RH 0905R14587
- 10. Type: Electric Capacity: 50 Gal.
- 11. Approximate Age: 6 years Area Served: Whole building
- 12. TPRV and Drain Tube: PVC

Bathroom

A NP NI M D

1st floor main Bathroom

- 1. Ceiling: Paint
- 2. Walls: Paint and tile
- 3. Floor: Linoleum
- 4. Doors: Hollow wood
- 5. Windows: Glass block
- 6. Electrical: 110 VAC GFCI
- 7. Sink/Basin: Pedestal
- 8. Faucets/Traps: Metal fixtures with a metal trap. Missing or faulty drain stopper
- 9. Tub/Surround: Cast iron tub with tile surround. Malfunctioning drain stopper. Advisory note: All tile should be sealed.
- 10. Toilets: American Standard
- 11. HVAC Source: Heating system register
- 12. Ventilation: Electric ventilation fan. Vents into roof vent. Should be sealed to exterior.

Bathroom (Continued)

Basement Bathroom

- | | | | | | | |
|-----|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--|
| 13. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Paint |
| 14. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Paint |
| 15. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: Linoleum |
| 16. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors: Hollow wood |
| 17. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows: Glass block |
| 18. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: 110 VAC GFCI |
| 19. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sink/Basin: Pedestal |
| 20. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Faucets/Traps: Metal fixtures with a metal trap |
| 21. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Tub/Surround: Steel tub with tile surround Malfunctioning drain stopper. Advisory note: All tile should be sealed. |
| 22. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Toilets: American Standard |
| 23. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: Heating system register |
| 24. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ventilation: Electric ventilation fan |

Kitchen

A NP NI M D

1st Floor Kitchen

- | | | | | | | |
|-----|--|--------------------------|--------------------------|-------------------------------------|--------------------------|---|
| 1. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cooking Appliances: Gibson |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Ventilator: Blo Fan Not properly vented. Vents directly into attic space. Should be vented to exterior. |
| 3. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Dishwasher: Samsung |
| 4. | Air Gap Present? <input checked="" type="radio"/> Yes <input type="radio"/> No | | | | | |
| 5. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Refrigerator: Kitchenaid |
| 6. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sink: Cast iron |
| 7. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: 110 VAC GFCI |
| 8. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Plumbing/Fixtures: Chrome |
| 9. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Counter Tops: Laminate |
| 10. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cabinets: Wood |
| 11. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Paint |
| 12. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Paint |
| 13. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: Linoleum |
| 14. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors: Wood and glass |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Windows: Vinyl, Wood frame, Non-opening. Wood framed double hung window does not open. |
| 16. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: Heating system register |

Bedroom

A NP NI M D

1st Floor East Bedroom

- | | | | | | | |
|----|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|---|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Closet: Single. Top of closet door sticks on frame. |
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Paint |
| 3. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Paint |
| 4. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: Hardwood |
| 5. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors: Hollow wood |
| 6. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows: Vinyl |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Electrical: 110 VAC. Missing outlet cover plate. |
| 8. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: Heating system register |
| 9. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Smoke Detector: Not installed |

1st Floor West Bedroom

- | | | | | | | |
|-----|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------------------|
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Closet: Single. Closet doors stick. |
| 11. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Paint |
| 12. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Paint |
| 13. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: Hardwood |
| 14. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors: Hollow wood |
| 15. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows: Vinyl |
| 16. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: 110 VAC |
| 17. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: Heating system register |
| 18. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Smoke Detector: Not installed |

Basement Bedroom

- | | | | | | | |
|-----|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------------------|
| 19. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Closet: Large |
| 20. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Paint |
| 21. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Paint |
| 22. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: Carpet |
| 23. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors: French |
| 24. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows: Vinyl |
| 25. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: 110 VAC |
| 26. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: Heating system register |
| 27. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Smoke Detector: Not installed |

Living Space

A NP NI M D

Living Room/ Dining room Living Space

- | | | | | | | |
|----|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|---|
| 1. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Closet: Single |
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Paint |
| 3. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Paint |
| 4. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: Hardwood |
| 5. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows: Vinyl, Non-opening Single pane windows have a higher rate of condensation and heat loss. |
| 6. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: 110 VAC |
| 7. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: Heating system register |
| 8. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Smoke Detector: Not installed |

Den Living Space

- | | | | | | | |
|-----|-------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--|
| 9. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Paint |
| 10. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Paint |
| 11. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: Carpet |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Windows: Wood frame. Window cranks non functioning and/or missing handles. A qualified contractor is recommended to evaluate and estimate repairs. |
| 13. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: 110 VAC |
| 14. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: Electric wall mount |
| 15. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Smoke Detector: Not installed |

Basement family room Living Space

- | | | | | | | |
|-----|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------------------|
| 16. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Paint |
| 17. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Paint |
| 18. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: Carpet |
| 19. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows: Vinyl |
| 20. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical: 110 VAC |
| 21. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: Heating system register |
| 22. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Smoke Detector: Battery operated |

Laundry Room/Area

A NP NI M D

Basement Laundry Room/Area

- | | | | | | | |
|-----|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|---|
| 1. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Closet: Large |
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling: Paint |
| 3. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls: Paint |
| 4. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor: Linoleum |
| 5. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors: Hollow wood |
| 6. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows: Vinyl |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Electrical: 110 VAC. Non-GFCI outlet near sink. Recommend GFCI outlet be installed. |
| 8. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Smoke Detector: Not installed |
| 9. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HVAC Source: Heating system register |
| 10. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Laundry Tub: Metal |
| 11. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Laundry Tub Drain: PVC |

Laundry Room/Area (Continued)

- 12. Washer Hose Bib: Gate valves
- 13. Washer and Dryer Electrical: 110 VAC Original three wire dryer outlet should be updated to four wire system.
- 14. Dryer Vent: Metal flex
- 15. Washer Drain: Wall mounted drain
- 16. Floor Drain: No floor drain present.

Marginal Summary

This summary is not the entire report. The complete report may include additional information of concern to the client. It is recommended that the client read the complete report.

Lots and Grounds

1. Walks: Concrete. Moderate cracks and settling. Cracks should be sealed where cement meets foundation.
2. Steps/Stoops: Concrete. Missing handrails on North and South stairs.
3. Deck: Treated wood. Flashing not installed at deck/house junction, higher moisture intrusion. Baluster spacing too wide. (safety)
4. Fences: Wood. Minor rot occurring in fence system.

Exterior

5. Door Bell: Hard wired. Rear doorbell non-functioning.
6. Storm Windows: Wood framed. Non-tempered storm glass on north side of house should be safety glass.(safety)

Roof

7. Main Roof Surface Material: Asphalt shingle. Exposed nail heads should be sealed. Protruding nail should be removed and hole sealed. Nail holes should be sealed with roofing tar.
8. Electrical Mast: Mast. Telephone lines are secured with rope. Should be attached more securely.
9. Gutters: Aluminum. Minor water pooling in gutter system due to pitch.
10. North Chimney Flue/Flue Cap: Concrete. Minor crack in concrete cap should be sealed against moisture intrusion.

Garage/Carport

11. Rear Garage Exterior Surface: Wood, Asphalt shingle. Minor wood rot in base of side door jamb.
12. Rear Garage Service Doors: Wood. No locking mechanism present. Door is beginning to delaminate. Must be maintained to prevent further moisture intrusion.

Electrical

13. Conductor Type: Romex, Knob and tube. Original knob and tube should be upgraded to grounded 3-wire system.
14. Basement Electric Panel Breakers: Copper and Aluminum. Neutral wire used as hot wire in one breaker location.

Structure

15. Foundation: Poured. Minor crack in North exterior foundation should be sealed.
16. Piers/Posts: Block piers and wood posts. Post should be strapped to pier and beam. Structure has not been retro-fitted for earthquakes.

Attic

17. Main Attic Bathroom Fan Venting: Flex ducting. Duct is currently venting close to roof vent. Needs to be properly secured to fully vent outside and prevent moisture buildup.

Marginal Summary (Continued)

Plumbing

18. Basement Water Heater Water Heater Operation: Adequate. Earthquake support straps missing.

Bathroom

19. 1st floor main Bathroom Faucets/Traps: Metal fixtures with a metal trap. Missing or faulty drain stopper
20. 1st floor main Bathroom Tub/Surround: Cast iron tub with tile surround. Malfunctioning drain stopper. Advisory note: All tile should be sealed.
21. 1st floor main Bathroom Ventilation: Electric ventilation fan. Vents into roof vent. Should be sealed to exterior.
22. Basement Bathroom Tub/Surround: Steel tub with tile surround Malfunctioning drain stopper. Advisory note: All tile should be sealed.

Kitchen

23. 1st Floor Kitchen Ventilator: Blo Fan Not properly vented. Vents directly into attic space. Should be vented to exterior.
24. 1st Floor Kitchen Windows: Vinyl, Wood frame, Non-opening. Wood framed double hung window does not open.

Bedroom

25. 1st Floor East Bedroom Closet: Single. Top of closet door sticks on frame.
26. 1st Floor East Bedroom Electrical: 110 VAC. Missing outlet cover plate.
27. 1st Floor West Bedroom Closet: Single. Closet doors stick.

Laundry Room/Area

28. Basement Laundry Room/Area Electrical: 110 VAC. Non-GFCI outlet near sink. Recommend GFCI outlet be installed.

Defective Summary

This summary is not the entire report. The complete report may include additional information of concern to the client. It is recommended that the client read the complete report.

Exterior

1. Exterior Electric Outlets: 110 VAC GFCI. Two of three GFCI's not functioning properly.

Garage/Carport

2. Rear Garage Roof Structure: 2x6 Rafter. Rafters show signs of damage from previous fire. A structural engineer is recommended to evaluate and estimate repairs.
3. Rear Garage Electrical: 110 VAC Outlet in garage should be GFCI. (safety) Old knob and tube sub panel should be updated to breaker style panel. Suggest evaluation by licensed electrician.

Electrical

4. Smoke Detectors: Battery operated. Need to be installed in all bedrooms and on each floor. Carbon monoxide testers will need to be installed to code.

Attic

5. Main Attic Wiring/Lighting: 110 VAC, Knob and tube. Original knob and tube present, some buried in insulation, increased fire hazard. Evaluation by a licensed electrician is recommended

Living Space

6. Den Living Space Windows: Wood frame. Window cranks non functioning and/or missing handles. A qualified contractor is recommended to evaluate and estimate repairs.