

# LIBERTY PEST CONTROL™

Liberty Means Freedom From Pests

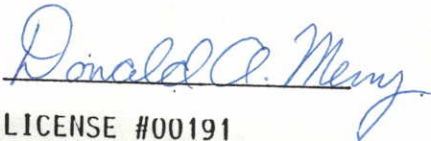
TO WHOM IT MAY CONCERN:

ON NOVEMBER 12, 1991 WE PERFORMED A SEPTIC CERTIFICATION  
OR DYE TEST AT TONJES ROAD, JEFFERSONVILLE, N.Y. FOR CLAUDE SIMON.

- XXX NO PUDDLING OR STAIN WAS EVIDENCED. THE SYSTEM APPEARS TO BE IN  
WORKING ORDER.

       PUDDLING OR STAIN WAS EVIDENCED. THE SYSTEM DOES NOT APPEAR TO BE IN  
WORKING ORDER.

SINCERELY,



LICENSE #00191


Old Loomis Road  
Liberty, N.Y. 12754  
(914) 292-4610

784 Broadway  
Newburgh, N.Y. 12550  
(914) 562-6222

20 Anthony Street  
Middletown, N.Y. 10940  
(914) 343-4896

388 Hasbrouck Avenue  
Kingston, N.Y. 12401  
(914) 388-3111



VETERANS ADMINISTRATION U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT <b>WOOD DESTROYING INSECT INFORMATION</b> <b>EXISTING CONSTRUCTION</b>		1A. VA CASE NUMBER  1B. HUD/FHA CASE NUMBER	2. DATE  11/12/91
PRIVACY ACT INFORMATION - The information requested on this form will be used in evaluating the property for a VA or HUD insured loan. Although you are not required by law to provide this information, failure to provide it can result in rejection of the property as security for your loan. The information collected will not be disclosed outside VA or HUD except as permitted by law. VA and HUD are authorized to request this information by statute (38 U.S.C., 1810(h)(4) and 12 U.S.C., 1701 et seq.).			
<b>READ THESE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM</b>			
1. The VA case number or HUD/FHA case number shall be inserted in Item 1 by the lender or the pest control company. 2. When treatment is indicated in Item 8C, the insects treated will be named, the data on application method and chemicals used shall be entered in Item 10. Proper control measures may include issuance of warranty. Warranty information should also be entered below. Proper control measures are those which follow good acceptable industry practices. 3. If visual evidence is found, the insects causing such evidence will be listed in Item 8A and damage resulting from such infestation will be noted in Item 8D. 4. Areas that were inaccessible or obstructed (item 7) may include, but are not limited to, wall covering, fixed ceilings, floor coverings, furniture or stored articles. The Pest Control Operator (PCO) should list, in item 7, those obstructions or areas which inhibit the inspection. 5. Item 8A may be checked when the PCO is not authorized to perform control measures by the owner/seller or control measures cannot be performed due to conditions beyond control, e.g., obstruction, weather, etc. 6. Visible, evidence of conditions conducive to infestation from subterranean termites shall be reported on reverse of the form (earth-wood contact, faulty grades, insufficient ventilation, etc.).			
3A. NAME OF INSPECTION COMPANY <b>LIBERTY PEST CONTROL</b>		5A. NAME OF PROPERTY OWNER/SELLER <b>SMYTH</b>	
3B. ADDRESS OF INSPECTION COMPANY (Include ZIP Code) <b>P. O. BOX 777</b> <b>LIBERTY, N.Y. 12754</b>		5B. ADDRESS OF PROPERTY <b>TONJES ROAD</b> <b>JEFFERSONVILLE, N.Y.</b>	
3C. TELEPHONE NUMBER (Include Area Code) <b>914-292-4610</b>	4. PEST CONTROL OPERATOR LICENSE NUMBER <b>00073 0</b>	5C. STRUCTURE(S) INSPECTED <b>2 STORY HOUSE</b>	
<b>FINDINGS</b>			
6. WERE ANY AREAS OF THE PROPERTY OBSTRUCTED OR INACCESSIBLE?  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes" complete Item 7)		7. OBSTRUCTIONS OR INACCESSIBLE AREAS (specify) (Read Item 11B before completing.) <b>ALL INTERIOR WALL VOIDS WERE INACCESSIBLE ON THE MAIN LEVEL. NORTHEAST CORNER OF BASEMENT HAS NO ACCESS OR ENTRY. CENTER AREA OF BASEMENT CEILING JOIST INACCESSIBLE DUE TO FIXED CEILING. REAR AREA OF BASEMENT CEILING JOIST INACCESSIBLE DUE TO</b>	
8. BASED ON CAREFUL VISUAL INSPECTION OF THE READILY ACCESSIBLE AREAS OF THE PROPERTY (See Item 11A before completing). <input type="checkbox"/> A. Visible evidence of wood destroying insects was observed. No control measures were performed. Insects observed: _____  <input checked="" type="checkbox"/> B. No visible evidence of infestation from wood destroying insects was observed. <input type="checkbox"/> C. Visible evidence of infestation was noted; proper control measures were performed. <input type="checkbox"/> D. Visible damage due to _____ has been observed in the following areas: _____  <input type="checkbox"/> E. Visible evidence of previously treated infestation, which is now inactive, was observed. (Explain in Item 10 )			
9. DAMAGE OBSERVED ABOVE, IF ANY. (Check One)  <input type="checkbox"/> A. Will be/has been corrected by this company. <input type="checkbox"/> B. Will be corrected by another company (see attached contract). <input type="checkbox"/> C. Will not be corrected by this company. Recommend that damage be evaluated by qualified building expert.		10. ADDITIONAL COMMENTS (If necessary, continue on reverse.) <b>SUSPENDED CEILING. REAR BASEMENT WALLS INACCESSIBLE DUE TO PANELING. PORCH INACCESSIBLE DUE TO NO ACCESS OR ENTRY BENEATH FLOOR SURFACE.</b>	
<b>11. STATEMENT OF PEST CONTROL OPERATOR</b>			
A. The inspection covered the readily accessible areas of the property, including attics and crawl spaces which permit entry. Special attention was given to those accessible areas which experience has shown to be particularly susceptible to attack by wood destroying insects. Probing and/or sounding of those areas and other visible accessible wood members showing evidence of infestation was performed. B. The inspection did not include areas which were obstructed or inaccessible at the time of inspection. (See instruction number 4 above.) C. This is not a structural damage report. Neither is this a warranty as to absence of wood destroying insects. D. Neither I nor the company for which I am acting have had, presently have, or contemplate having any interest in the property. I do further state that neither I nor the company for which I am acting is associated in any way with any party to this transaction.			
12A. SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE  		12B. TITLE <b>PEST MANAGEMENT SPECIALIST</b>	12C. DATE <b>11/12/91</b>
<b>STATEMENT OF PURCHASER</b>			
I have received the original or a legible copy of this form.			
14. SIGNATURE OF PURCHASER			15. DATE



VETERANS ADMINISTRATION U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT <b>WOOD DESTROYING INSECT INFORMATION</b> <b>EXISTING CONSTRUCTION</b>		1A. VA CASE NUMBER  1B. HUD/FHA CASE NUMBER	2. DATE  <div style="text-align: center; font-size: 1.2em;">11/12/91</div>
PRIVACY ACT INFORMATION - The information requested on this form will be used in evaluating the property for a VA or HUD insured loan. Although you are not required by law to provide this information, failure to provide it can result in rejection of the property as security for your loan. The information collected will not be disclosed outside VA or HUD except as permitted by law. VA and HUD are authorized to request this information by statute (38 U.S.C., 1810(b)(4) and 12 U.S.C., 1701 et seq.).			
<b>READ THESE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM</b>			
1. The VA case number or HUD/FHA case number shall be inserted in Item 1 by the lender or the pest control company. 2. When treatment is indicated in Item 8C, the insects treated will be named, the data on application method and chemicals used shall be entered in Item 10. Proper control measures may include issuance of warranty. Warranty information should also be entered below. Proper control measures are those which follow good acceptable industry practices. 3. If visual evidence is found, the insects causing such evidence will be listed in Item 8A and damage resulting from such infestation will be noted in Item 8D. 4. Areas that were inaccessible or obstructed (item 7) may include, but are not limited to, wall covering, fixed ceilings, floor coverings, furniture or stored articles. The Pest Control Operator (PCO) should list, in item 7, those obstructions or areas which inhibit the inspection. 5. Item 8A may be checked when the PCO is not authorized to perform control measures by the owner/seller or control measures cannot be performed due to conditions beyond control, e.g., obstruction, weather, etc. 6. Visible, evidence of conditions conducive to infestation from subterranean termites shall be reported on reverse of the form (earth-wood contact, faulty grades, insufficient ventilation, etc.).			
3A. NAME OF INSPECTION COMPANY <div style="text-align: center; font-weight: bold;">LIBERTY PEST CONTROL</div>		5A. NAME OF PROPERTY OWNER/SELLER <div style="text-align: center; font-weight: bold;">SMYTH</div>	
3B. ADDRESS OF INSPECTION COMPANY (Include ZIP Code) <div style="text-align: center;">P. O. BOX 777 LIBERTY, N.Y. 12754</div>		5B. ADDRESS OF PROPERTY <div style="text-align: center;">TONJES ROAD JEFFERSONVILLE, N.Y.</div>	
3C. TELEPHONE NUMBER (Include Area Code) <div style="text-align: center;">914-292-4610</div>	4. PEST CONTROL OPERATOR LICENSE NUMBER <div style="text-align: center;">00073 0</div>	5C. STRUCTURE(S) INSPECTED <div style="text-align: center;">WHITE/STUDIO BARN</div>	
<b>FINDINGS</b>			
6. WERE ANY AREAS OF THE PROPERTY OBSTRUCTED OR INACCESSIBLE?  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "Yes" complete Item 7)</i>		7. OBSTRUCTIONS OR INACCESSIBLE AREAS (specify) (Read Item 11B before completing.) <div style="text-align: center; font-weight: bold;">CRAWL AREA OF STUDIO BARN WAS INACCESSIBLE DUE TO NO ACCESS OR ENTRY.</div>	
8. BASED ON CAREFUL VISUAL INSPECTION OF THE READILY ACCESSIBLE AREAS OF THE PROPERTY (See Item 11A before completing). <input type="checkbox"/> A. Visible evidence of wood destroying insects was observed. No control measures were performed. Insects observed: _____  <input checked="" type="checkbox"/> B. No visible evidence of infestation from wood destroying insects was observed. <input type="checkbox"/> C. Visible evidence of infestation was noted; proper control measures were performed. <input type="checkbox"/> D. Visible damage due to _____ has been observed in the following areas: _____  <input type="checkbox"/> E. Visible evidence of previously treated infestation, which is now inactive, was observed. (Explain in Item 10 )			
9. DAMAGE OBSERVED ABOVE, IF ANY. (Check One)  <input type="checkbox"/> A. Will be/has been corrected by this company. <input type="checkbox"/> B. Will be corrected by another company (see attached contract). <input type="checkbox"/> C. Will not be corrected by this company. Recommend that damage be evaluated by qualified building expert.		10. ADDITIONAL COMMENTS (If necessary, continue on reverse.)	
<b>11. STATEMENT OF PEST CONTROL OPERATOR</b>			
A. The inspection covered the readily accessible areas of the property, including attics and crawl spaces which permit entry. Special attention was given to those accessible areas which experience has shown to be particularly susceptible to attack by wood destroying insects. Probing and/or sounding of those areas and other visible accessible wood members showing evidence of infestation was performed. B. The inspection did not include areas which were obstructed or inaccessible at the time of inspection. (See instruction number 4 above.) C. This is not a structural damage report. Neither is this a warranty as to absence of wood destroying insects. D. Neither I nor the company for which I am acting have had, presently have, or contemplate having any interest in the property. I do further state that neither I nor the company for which I am acting is associated in any way with any party to this transaction.			
12A. SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE  <div style="text-align: center;">             C3-670247         </div>		12B. TITLE <div style="text-align: center; font-weight: bold;">PEST MANAGEMENT SPECIALIST</div>	
		12C. DATE <div style="text-align: center;">11/12/91</div>	
<b>STATEMENT OF PURCHASER</b>			
<i>I have received the original or a legible copy of this form.</i>			
14. SIGNATURE OF PURCHASER			15. DATE