



Member since 1960

Brewer-Russell Inspection Services  
Phones: 918-834-1122 • 918-291-9100 • 918-272-2077  
P.O. Box 824 • Glenpool, OK 74033

# INVOICE

INVOICE/REPORT # **74898**  
DATE: **3/21/25**  
SQUARE FOOTAGE: **2212-S**

CUSTOMER'S FULL NAME:

**Allison & Associates**

CLOSING COMPANY:

CLOSER/EMAIL:

ADDRESS OF PROPERTY SERVICES (IF SAME AS MAILING ADDRESS, WRITE "SAME"):

**4307 South Hickory Place, Broken Arrow, OK 74011**

BUYER/PHONE #	SELLER	CLOSING DATE	REAL ESTATE AGENT/EMAIL	REALTOR PHONE #
Lauren Aloisio laurenaloisio@gmail.com			Jordan Sanders jordan.e.mcwilliams@gmail.com	

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL
1	WDI	\$145	\$145
1	Package Deal	\$	\$
		\$	\$
		\$	\$
		\$	\$
<b>TOTAL DUE</b>			<b>\$PAID</b>

**\*\*THIS REPORT IS NOT VALID UNLESS PAID AT THE TIME OF INSPECTIONS OR AT CLOSING\*\***

Acknowledged:

\_\_\_\_\_  
Customers Signature

3/21/25  
Date

Brian Hale  
Inspector

INSPECTIONS COMPLETED AT THIS ADDRESS:	
<input checked="" type="checkbox"/> WDI	<input type="checkbox"/> POOL
<input checked="" type="checkbox"/> EMP	<input type="checkbox"/> SEPTIC
<input checked="" type="checkbox"/> STRUCTURAL	<input type="checkbox"/> CHIMNEY
<input type="checkbox"/> ROOF	<input type="checkbox"/> ALARM

**PAYMENT**

AMOUNT PAID \$675

<input checked="" type="checkbox"/> CASH	<input type="checkbox"/> CHECK #	<input type="checkbox"/> CC - Authorization#
<input type="checkbox"/> SEND BILL TO:		

\*The Package Deal includes WDI, EMP & Structural inspections. All other inspections are add-ons and are paid separately. \*

20% DISCOUNT ON FIRST GENERAL PEST CONTROL SERVICE IF WE COMPLETED YOUR INSPECTION

**OKLAHOMA OFFICIAL TERMITE AND WOOD DESTROYING INSECT  
REPORT (FORM ODAFF-1)**

**THIS INSPECTION DOES NOT INCLUDE FUNGI WHICH INHABIT OR DESTROY WOOD OR OTHER CELLULOSE  
MATERIALS, HEALTH HAZARD MOLDS, OR STAIN FUNGI**

**SECTION I. ADDRESS OF PROPERTY**

1A. Address of structures inspected: Street/Legal Description 4307 South Hickory Place City Broken Arrow State OK Zip 74011

1B. Location of structures inspected (if different than address): N/A

**SECTION II. INSPECTING COMPANY INFORMATION**

2A. Brewer Russell Exterminating 2B. C-161

Name of Inspection Company ODAFF Business License Number

2C. 13743 South Highway 75 Glenpool Oklahoma 74033 918-834-1122

Address of Inspection Company City State Zip Telephone Number

2D. Dennis Forehand 2E. CA-004629

Name of Inspector (Please Print) Certification Number of Inspector

**SECTION III. PROPERTY INFORMATION**

3A. All of the structures on the property listed in Section I were inspected EXCEPT the following: Landscape & decorative material, outbuildings, fencing, deck, etc., unless indicated in comments section VI.

3B. Owner/Seller (if known \_\_\_\_\_/\_\_\_\_\_)

3C. Name of person purchasing report: Lauren Aloisio

3D. Capacity of person purchasing report:  Buyer  Agent  Seller  Other (specify: \_\_\_\_\_)

**SECTION IV. TYPE OF CONSTRUCTION** As determined by visual inspection are:

4A. Stem wall type:  Brick  Concrete Block  Solid Concrete  Other (specify: \_\_\_\_\_)

4B. Floor Type:  Wood  Concrete Slab  Other (specify: \_\_\_\_\_)

4C. Area Under Floor:  Crawl Space  Basement  Other (specify: Fill) 3

4D. Exterior Type:  Wood  Wood-Veneer  Fiberboard  Brick/Stone  Stucco  Aluminum/Vinyl Siding  Concrete Block  Other: include combinations (specify: \_\_\_\_\_)

4E. Pier Type:  Wood  Concrete Block  Other (specify: N/A)

**AREAS TO BE INSPECTED SHALL INCLUDE, BUT NOT LIMITED TO, THE FOLLOWING:**

- All structures on the property, unless specifically identified in this report
- Areas around the plumbing in bathrooms, kitchens, laundry areas, or any other areas with plumbing •Window and door frames and sills • Baseboards, flooring, walls, and ceilings •Floored attics •Entrance steps and porches
- Exteriors of slabs or foundation walls •Exteriors of all structures •Crawl spaces, including but not limited to, support piers, or stiff legs, floor joists, sub floors, sill plates, or foundation walls •Fireplaces

**SECTION V. INACCESSIBLE OR VISUALLY OBSTRUCTED AREAS**

5A. Are there any areas of the structure(s) inaccessible or visually obstructed:  Yes  No If "Yes", specify in 5B

5B. Inaccessible or visually obstructed areas include:

- Un-floored or insulated attic areas  Inadequate clearance in crawl space
- Interior of hollow walls, floors, ceilings  Areas requiring tearing into or defacing to inspect
- Storage areas (specify: Garage)  Locked areas (specify: \_\_\_\_\_)
- Areas behind or beneath stoves, refrigerators, furniture, built in cabinets, insulation, or floor coverings
- Other (specify: \_\_\_\_\_)

Comments: This report is issued to the purchaser of service only, on this date only, and non-transferable without written permission from Brewer Russell.

*(FORM ODAFF-1) ADOPTED JANUARY 1, 2020*

Address of structure inspected: 4307 South Hickory Place City: Broken Arrow State: OK Zip: 74011

Location of structure inspected (if different from address): N/A

Inspector's Initials: BH

Inspection Date: 3/21/25

**SECTION VI. CONDITIONS CONDUCTIVE**

6A. Are there any visible conditions conducive to infestation by termites:  Yes  No. If “Yes” specify in 6B.

6B. Observed conditions conducive to infestation by termites or other wood destroying organisms include:

- Wood to ground contact (Symbol: C1)
- Stucco siding extending below grade (Symbol: C7)
- Remaining form board (Symbol: C2)
- Insufficient separation between soil and wood in crawl space (Symbol: C8)
- Excessive Moisture (Symbol: C3)
- Wood pile in contact with structure (Symbol: C9)
- Debris (wood or other cellulose material) under structure (Symbol: C4)
- Decks with wooden supports improperly based in contact with structure (Symbol: C10)
- Debris (wood or other cellulose material) around structure (Symbol: C5)
- Wooden parts resting on known cracked concrete (slab) or expansion joints (Symbol: C6)
- Dense foliage/shrubs in contact with structure (Symbol: C11)
- Other (specify: \_\_\_\_\_) (Symbol: C12)

6C. Location of conditions conducive to infestation by termites shall be shown on diagram in Section IX.

Comments: \_\_\_\_\_

**SECTION VII. EVIDENCE OF ACTIVITY OR DAMAGE BY TERMITES/EVIDENCE OF PREVIOUS INFESTATION OR TREATMENT**

7A. ACTIVITY:

(1) Is there visible evidence of termite ACTIVITY?  Yes  No. If “Yes” specify in (2)

(2) Visible evidence of termite ACTIVITY includes:

- Live Termites (Symbol: T1)
- Termite frass (pellets) (Symbol: T3)
- Exit Holes (Symbol: T5)
- Termite Tubes (Symbol: T2)
- Winged Adults (Symbol: T4)

(3) Location of evidence of termite ACTIVITY shall be shown on diagram in Section IX.

Comments: \_\_\_\_\_

7B. DAMAGE:

(1) Is there visible evidence of termite DAMAGE?  Yes  No. If “Yes” specify in (2)

(2) Visible evidence of termite DAMAGE includes: (specify: \_\_\_\_\_) (Symbol: TD)

(3) Location of evidence of termite DAMAGE shall be shown on diagram in Section IX.

Comments: \_\_\_\_\_

7C. Is there evidence of previous infestation, previous treatment or managed baiting system?  Yes  No. If “Yes” specify location of infestation, type of treatment, location of the treatment and name of the company if available: **Drill marks** (Symbol: T6)

**SECTION VIII. EVIDENCE OF ACTIVITY OR DAMAGE BY WOOD DESTROYING INSECTS OTHER THAN TERMITES**

8. ACTIVITY: (**Note: 8.A. does not include Wood Rot Fungi**)

(1) Is there visible evidence of ACTIVITY of wood destroying insects OTHER than termites?  Yes  No. If “Yes” specify in (2), (3), and (4).

(2) Type of OTHER wood destroying insects ACTIVITY:

- Insect (specify type: \_\_\_\_\_) (Symbol: IA)

(3) Evidence of ACTIVITY of insects noted in (2), above (Specify evidence, such as “live carpenter ants” \_\_\_\_\_)

(4) Location of evidence of ACTIVITY listed in (2) above shall be shown on diagram in Section IX.

Comments: \_\_\_\_\_

(FORM ODAFF-1) ADOPTED JANUARY 1, 2020

Address of structure inspected: **4307 South Hickory Place** City: **Broken Arrow** State: **OK** Zip: **74011**

Location of structure inspected (if different from address): **N/A**

Page 3 of 8 Inspector's Initials: **BH**

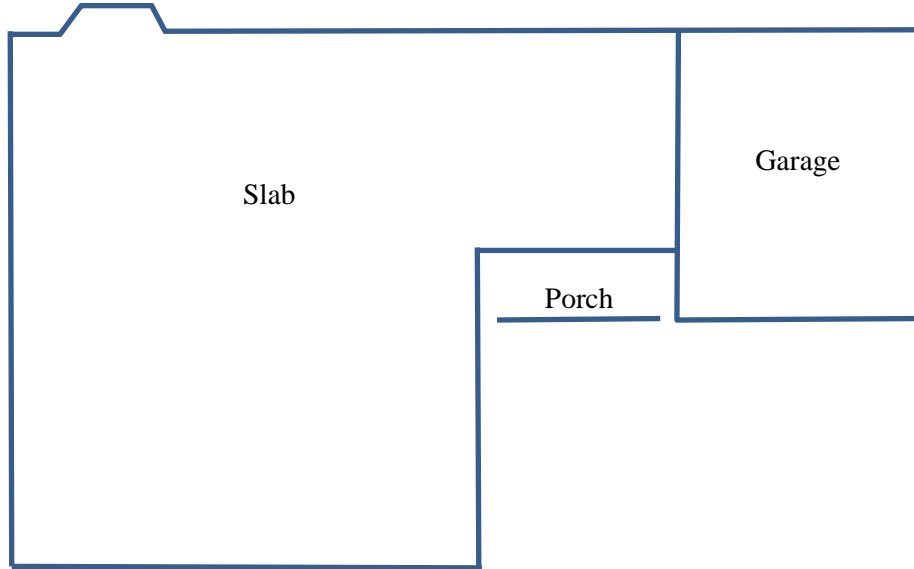
Inspection Date: **3/21/25**

**SECTION IX. DIAGRAM OF STRUCTURE(S) INSPECTED**

Use this diagram to show the location and types of conditions conducive, activity, or damage reported in Sections VI, VII, and VIII. Employ the symbols shown in those sections (such as C1, T1, IA, and ID) that are the same as the symbols shown below the diagram.

Customer/Owner's Name: **Allison & Associates**  
 Address: **4307 South Hickory Place**  
 Realtor: **Jordan Sanders**

Seller: \_\_\_\_\_ Buyer: **Lauren Aloisio**  
 City: **Broken Arrow** Date: **3/21/25**  
 Inspected By: **Brian Hale**



CONDITIONS CONDUCTIVE	EVIDENCE OF TERMITE ACTIVITY OR DAMAGE
<input type="checkbox"/> C1: Wood to ground contact	<input type="checkbox"/> T1: Live Termites
<input type="checkbox"/> C2: Remaining form boards	<input type="checkbox"/> T2: Termite Tubes
<input type="checkbox"/> C3: Excessive Moisture	<input type="checkbox"/> T3: Termite Frass (pellets)
<input type="checkbox"/> C4: Debris under structure	<input type="checkbox"/> T4: Winged Adults
<input type="checkbox"/> C5: Debris around structure	<input type="checkbox"/> T5: Exit Holes
<input type="checkbox"/> C6: Wooden parts resting on known cracked concrete	<input checked="" type="checkbox"/> T6: Evidence of previous infestation or treatment
<input type="checkbox"/> C7: Stucco siding extending below grade	<input type="checkbox"/> TD: Termite Damage
<input type="checkbox"/> C8: Insufficient clearance in crawl space	<b>EVIDENCE OF ACTIVITY OR DAMAGE BY WOOD DESTROYING ORGANISMS OTHER THAN TERMITES</b>
<input type="checkbox"/> C9: Wood pile in contact with structure	<input type="checkbox"/> 1A: Insect Activity
<input type="checkbox"/> C10: Decks in contact with structure	<input type="checkbox"/> OA: Other Activity
<input type="checkbox"/> C11: Dense foliage/shrubs in contact with structure	<input type="checkbox"/> OA: Other Activity
<input type="checkbox"/> C12: Other	<input type="checkbox"/> OD: Other Damage
	<input type="checkbox"/> CA: Carpenter Ants
	<input type="checkbox"/> CB: Carpenter Bees
	<input type="checkbox"/> SW: Standing Water
	<input type="checkbox"/> NA: No Access

DIAGRAM KEY		
1. door	19. side door	37. joist
2. door frame	20. garage door frame	38. stringer
3. door trim	21. garage door trim	39. plate
4. door threshold	22. garage door header	40. boxsill
5. siding	23. shutter	41. subfloor
6. siding trim	24. column	42. crawl hole door
7 soffit.	25. deck post	43. crawl hole frame
8. soffit trim	26. railing	44. support beam
9. fascia	27. patio decking	45. paneling
10. fascia trim	28. balusters	46. sheetrock
11. window	29. stair frame	47. baseshoe
12. windowsill	30. floor	48. ceiling
13. window frame	31. atrium door	49. wallstud
14. window trim	32. roof decking	50. cabinet floor
15. chimney siding	33. rafter	51. trim
16. chimney trim	34. decorative beam	52. lattice
17. brick mould	35. expansion board	53. ____
18. garage door	36. wallpaper	

Additional comment & recommendations: \_\_\_\_\_  TREATMENT  REPAIR  CORRECTION OF CONDITIONS CONDUCTIVE

**Brewer-Russell** will not be responsible for any water lines, electric lines, air duct or flooring covering. This diagram is for the exclusive use of **Brewer-Russell** – not intended for use by other contractors. Diagram may not show all damage, will not show hidden damage, and does not address health hazard molds. Any contractor performing repairs is required to repair any visible damage.

(FORM ODAFF-1) ADOPTED JANUARY 1, 2020

Address of structure inspected: **4307 South Hickory Place** City: **Broken Arrow** State: **OK** Zip: **74011**

Location of structure inspected (if different from address): **N/A**

**SECTION X. RECOMMENDATION FOR TREATMENT OR FOR CORRECTION OF CONDITIONS CONDUCTIVE**

10A. Is a recommendation made for treatment for termites or other wood destroying insects or for corrections of conditions conducive to infestation?  Yes  No. If "Yes", specify in 10B.

10B. Type of recommendation:

(1) Remedial (Evidence of Insect(s) Activity) Treatment.  Yes  No. If "Yes" specify:

(a) Insects to be treated for:

Termites

Wood destroying insects other than termite. (Specify type: \_\_\_\_\_)

(b) Basis for recommendation:

Presence of **live** termites (listed in 7A (2) or of other live wood destroying insects listed in Section 8A (3)).

Evidence of previous infestation (listed in Sections VII or VIII) and no visible evidence of an adequate treatment to address it.

Termite Damage  Carpenter Bee Damage  Carpenter Ant Damage  Other (specify: \_\_\_\_\_)

(c) Treatment to be performed by a company licensed by the Oklahoma Department of Agriculture, Food & Forestry

(2) Preventative (No Evidence of Insect(s) Activity) treatment.  Yes  No. If "Yes", specify insect(s) to be treated for in (a) and basis for recommendation in (b). Preventative Treatments are recommendations not requirements of the inspection.

(a) Insects to be treated for:

Termites

Wood destroying insects other than termite. (specify type: \_\_\_\_\_)

(b) Basis for recommendation: **Substantial** conditions conducive to infestation referred to in Section VI of this form. (Specify: \_\_\_\_\_) (NOTE: These conditions **must be substantial**.)

(c) Treatment to be performed by a company licensed by the Oklahoma Department of Agriculture, Food & Forestry

(3) **Correction** of conditions conducive:  Yes  No. If "Yes", specify in (a) and

(4) (b).

(a) Conditions conducive listed in 6.B. \_\_\_\_\_

(b) Corrective measures recommended: \_\_\_\_\_

**SECTION XI. ADDITIONAL COMMENTS:**

**SECTION XII. ATTACHMENTS:** List all attachments: Invoice and scope of inspection.

(FORM ODAFF-1) ADOPTED JANUARY 1, 2020

Address of structure inspected: **4307 South Hickory Place** City: **Broken Arrow** State: **OK** Zip: **74011**

Location of structure inspected (if different from address): **N/A**

**SECTION XIII. STATEMENT OF INSPECTOR**

I performed the inspection of the property(ies) referenced above and believe this report to be true and complete.

13A. Notice of Inspection was posted at or near:  Electric Breaker Box  Water Heater  Beneath Kitchen Sink  Bath Trap  
13B. Date Posted: **3/21/25** 13C. Signature of Inspector: Brian Hale 13D. Date of Signature: **3/21/25**

**SECTION XIV. DISTRIBUTION OF COPIES**

Report forwarded to:  Title Co. or Mortgagee  Purchaser of Service  Seller  Agent  Buyer  Inspecting Company  
(Under ODAFF regulations, only the purchaser of the service and inspecting company are required to receive a copy.)

**SECTION XV. STATEMENT OF SELLER**

The Seller hereto agrees that all known property history information regarding activity of wood destroying insects, damage from wood destroying insects, and treatment history including whether the structures are currently the subject of an active service agreement for termite or other wood destroying insect(s) treatment has been disclosed to the Buyer.

\_\_\_\_\_  
Signature of Seller of Property or their Designee

\_\_\_\_\_  
Date

**SECTION XVI. STATEMENT OF BUYER**

**I have received the original or a legible copy of this report and all attachments. I have read and understand any Recommendations made. My signature and/or my Closing on this property hereby acknowledge and accept the terms of this report. The Report urges me to obtain the opinion of a qualified building expert regarding any and all damages and defects on the property.**

\_\_\_\_\_  
Signature of Purchaser of Property or their Designee

\_\_\_\_\_  
Date

**SECTION XVII. STATEMENT OF PURCHASER OF SERVICE**

The undersigned hereby acknowledges receipt of a copy of this report.

\_\_\_\_\_  
Signature of Purchaser of Service

\_\_\_\_\_  
Date

*(FORM ODAFF-1) ADOPTED JANUARY 1, 2020*

Address of structure inspected: **4307 South Hickory Place** City: **Broken Arrow** State: **OK** Zip: **74011**

Location of structure inspected (if different from address): **N/A**



# BREWER-RUSSELL

TERMITE AND PEST CONTROL

918-834-1122 • 918-291-9100 • 918-272-2077  
P.O. Box 824 • Glenpool, OK 74033  
www.brewer-russell.com



STATE LICENCE NO 161

REPORT# **74898**

## ODAFF-1 Summary Page

Date: 3/21/25

Inspector: **Brian Hale**

For the property inspected at **4307 South Hickory Place**, City **Broken Arrow**, State **OK** Zip Code **74011**

Realtor: **Jordan Sanders** PH. \_\_\_\_\_ Email: **jordan.e.mcwilliams@gmail.com**

Brewer-Russell will not perform a re-inspect or issue a clear termite report if another company treats for termites!

### Wood Destroying Insects Inspection:

- No Recommendations       Recommendations as follows:  
(see diagram)

#### Termite Treatment

- EP/LI Liquid Barrier Treatment/Fipronil      \$ \_\_\_\_\_ Annual \$ \_\_\_\_\_  
 Advance Bait System® Installation      \$ \_\_\_\_\_ Annual \$ \_\_\_\_\_  
 (Includes spot treating activity on Structure)      **\*\*Brewer-Russell will match or beat any competitors' prices\*\***

#### Wood Destroying Insects Other Than Termites

- Carpenter Ants Treatment      \$ \_\_\_\_\_  
 Carpenter Bees Treatment      \$ \_\_\_\_\_

#### Other Services

- Termite Damage      \$ \_\_\_\_\_  
 Other: \_\_\_\_\_      \$ \_\_\_\_\_

### Conditions Conducive:

- Vapor Barrier Installation      \$ \_\_\_\_\_  
 Wood Debris Removal      \$ \_\_\_\_\_  
 Wood to Ground Contact Correction      \$ \_\_\_\_\_  
 Insufficient Clearance Correction      \$ \_\_\_\_\_  
 Other: \_\_\_\_\_      \$ \_\_\_\_\_

**Total \$ \_\_\_\_\_**

**Brewer Russell will not be responsible for matching paint unless seller provides original paint.**

**Please approve: X \_\_\_\_\_ Date \_\_\_\_\_ and return by fax or email. Thank You!**  
**Title Company: \_\_\_\_\_ Closer \_\_\_\_\_ Closing Date \_\_\_\_\_**

# SCOPE OF INSPECTION

BREWER-RUSSELL EXTERMINATING

P.O. BOX 824 • Glenpool, OK 74033

This scope of inspection covers Oklahoma Forms ODAFF-1 and ODAFF-2. It is a vital and integral part of the total report.

- A. This is not a structural damage report or a warranty as to the absence of wood destroying insects. This report is not a warranty against future infestations and/or damages from wood destroying insects. If a warranty is desired, the lender, borrower, seller or buyer, one or all (hereinafter referred to as Parties to the Transaction), should be sure that a transferable warranty is in place prior to Closing of the Real Estate Transaction).
- B. The purpose of this Report is to point out Visible evidence of Wood Destroying Insects, Visible Damage from Wood Destroying Insects. No Probing or Sounding is suggested or required by Oklahoma Law. This report is not suggesting that corrective action should be taken if visual evidence is found. Any corrective action taken shall be at the discretion of the Parties to the Transaction. Damage and any corrective action should be evaluated by the Parties to the Transaction and their qualified building expert to determine if there is additional damage in other locations, the extent of damage, need for repair and quality of repair. Corrective action that is taken will be pointed out on Form ODAFF-2. This inspection company cannot guarantee any previous or latent corrective action taken by any other company or person. Neither the inspecting company nor its employees have the training and experience to qualify in damage evaluation or any other building construction technology and/or repair. With respect to Wood Destroying Insect Damage and conducive conditions, this report is cursory at best. There is no warranty or guarantee that the inspection has found all defects. If Parties to the Transaction want a thorough examination, element by element, then the Parties to the Transaction are obligated to obtain the services of a person qualified in building construction and technology, and the Parties to the Transaction should require that the building expert inspect and report on every element of the building(s), not just structural elements.
- C. This report does not include Non-Reinfesting Wood Boring Beetles.
- D. This report does not address Health Hazard Molds. If Parties to the Transaction desire information about the presence or absence of Health Hazard Molds or Health Related molds, they should contact a person qualified in such inspections. This report does not address any other types of kinds of molds/fungus. Parties to the Transaction should contact qualified professionals to correct any excessive moisture, mold and/or fungi conditions.
- E. Certain areas of the structure are inaccessible by their design. During the section we have not moved any items, or opened wall coverings, or opened windows, etc. The inspector does not have the expertise to determine flaws or damage under paint, caulking, putting, or other coverings. The inspection is not designed to investigate for latent or concealed defects, fraudulent conditions, or "cover-ups" by other parties. This inspection is limited to those parts of the structure(s) that are visible and accessible at the time of inspection. Examples of inaccessible areas include but are not limited to (1) areas concealed by wall coverings, ceilings (fixed or suspended), floors, siding, moldings, floor coverings, insulation (2) any portion of the structure in which inspection would necessitate removing or defacing parts of the structure(s) (3) the windowsill space between windows and screens or storm windows due to the fact that the inspector would have to open windows or screens in order to gain access to those areas which could result in damage or breakage while attempting to open them (4) any areas higher than inspector's reach while standing flat-footed (5) areas behind furniture, storage, etc. (6) Problems associated with Exterior Insulation and Finish Systems (EIFS) are not covered by this report.
- F. Due to the characteristics and behavior of various wood destroying insects, it may not always be possible to determine the presence of infestation or damage without defacing or removing parts of the structure being inspected. Previous damage to trim, wall surface, etc. is frequently repaired prior to the date of inspection with putting, spackling, tape, scabbing, cover-ups or other decorative devices. Damage that has been concealed or repaired may not be visible except by defacing the surface appearance. This report makes observations as far as conditions and obstructions permit. The inspector can only report on visible infestations at the time of the inspection. There are some situations in which the State of Oklahoma does not permit an inspecting company to recommend a treatment or correction, even though the inspecting company has strong feelings regarding the need for treatment or corrective action. The only way in which the Parties to the Transaction can achieve the greatest potential for being free of Wood Destroying Insects is to be sure that a treatment program is in place. The can occur by ensuring that there is an ongoing program that is transferable to the Purchaser, or by the Purchaser contracting for a preventive program.
- G. If visible evidence of active or previous infestation of Wood Destroying Insects is reported, it should be assumed that some degree of damage (hidden or visible) is present.
- H. A treatment or correction may be recommended based on conducive conditions. Parties to the Transaction should be aware that there might be a variety of strategies to correct the conducive condition(s). These corrective measures can vary greatly in cost and effectiveness and may or may not require the services of a licensed pest control operator. Parties to the Transaction should have Conducive Conditions examined by a qualified building expert.
- I. The inspector may indicate evidence of a Previous Infestation of insects along with evidence of a Previous Treatment. If the inspector does not recommend a treatment, the Parties to the transaction shall be responsible for determining that a current and transferable contract is in force. Otherwise, the Parties to the Transaction will be responsible for any future treatments that become necessary.
- J. **The inspecting company is not required to recommend corrections for defects noted in ODAFF-1.** It is the responsibility of the Parties to the Transaction to determine which, if any, of the defects are to be corrected, and the manner in which the corrections are accomplished. The findings in this report do not necessarily mean that they all have to be corrected before a Real Estate Closing can take place. It should be a decision between Parties to the Transaction whether or not to correct the findings in this report. It is inspector's obligation to report whatever visible conditions exist at the time of the inspection. It is not the inspector's obligation to report findings in such a manner as to facilitate the Closing.
- K. This report can be used for Closing purposes for a maximum of 90 days from the original inspection date.
- L. Form ODAFF-1 is to go to Closing "AS-IS". Any corrections performed as a result of the report will be noted on Form ODAFF-2. Form ODAFF-2 is to assist Parties to the Transaction with information regarding corrections that have been performed. It is not the intention of this form to imply that all defects noted in ODAFF-1 have been corrected; and it is not the intention of Form ODAFF-2 to imply that any or all corrections have been performed in a manner that is satisfactory to Parties to the Transaction. The Parties to the Transaction are responsible for obtaining the opinion of a qualified building expert regarding the quality and extent of corrections performed. Damage correction, whether done prior to this report, or as a result of this report, may be performed by a variety of methods. Removal and replacement is the best method. It is possible that some repairs have been accomplished by placing new materials against damaged materials (scabbing). Other repairs such as patching, caulking, putting, piecing, etc. may be of a temporary nature, and may be hiding damages. The repair of damaged materials is the responsibility of an agreement between the Parties to the Transaction and the Contractor chosen by the Parties to the Transaction. Oklahoma state laws do not have any guidelines for the correction of damages found in the Report. If repairs have been made, the Parties to the Transaction should be aware that "repair" may consist of replacement of damaged materials, or it may consist of repairing existing materials which were never removed from the building. The inspecting company is not responsible for the method or soundness of the repair. If removal and replacement is desired by the Parties to the Transaction, they should make their desires known prior to Closing. After Closing, all repairs and corrections are accepted by all Parties "AS-IS". Therefore, by using this Report for Closing purposes, the Parties to the Transaction do hereby hold the inspection company harmless from any and all consequences arising after Closing.