

Alessio Faccin, et al. v. Pacific Century
Homes, Inc., et al.

Homeowner Documents

**Hiraoka, Erik & Karina
1141 Fairfield Way
Heber, CA 92249**

Erik & Karina Hiraoka
1141 Fairfield Way
Heber CA 92249

HOMEOWNER DOCUMENTS VERIFICATION

Alessio Faccin, et al. v. Pacific Century Homes, Inc., et al.

Case No.: ECU09044

Please mark ONLY ONE box:

I declare under penalty of perjury under the laws of the state of California that the foregoing answer is true and correct.

I have conducted a reasonably diligent search to locate and provide all documents in my possession, custody and control and have produced those that I have located.

I have conducted a reasonably diligent search to locate and provide all documents in my possession, custody and control responsive to defendant's request, and **I DO NOT have any documents in my possession.**

Executed on Oct 30, 2017, at **Heber**, California.
(date)

1st Owner:

Karina Hiraoka
Name

Karina Hiraoka
Signature

2nd Owner (if any):

Erik Hiraoka
Name

Erik Hiraoka
Signature

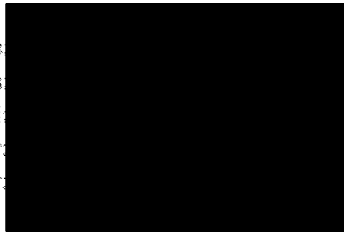


Allied Property & Casualty Insurance Company

Sara Costea
One Nationwide Gateway, Dept.5577
Des Moines, IA 50391-5577
CELL (760)457-5529 FAX 855-801-9139
Costes2@nationwide.com

Insured: ERIC HIRAOKA
Property: 1141 FAIRFIELD WAY
HEBER, CA 92249
Home: 1141 FAIRFIELD WAY
HEBER, CA 92249-9502

Home
Business
Cell
Pager
Other



Claim Rep.: Sara Costea
Billing: One Nationwide Gateway, Dept 5577
Des Moines , IA 50391-5577

Business: (760) 457-5529
E-mail: costes2@nationwide.com

Estimator: Sara Costea
Billing: One Nationwide Gateway, Dept 5577
Des Moines , IA 50391-5577

Business: (760) 457-5529
E-mail: costes2@nationwide.com

Claim Number: 72048198022015101401 **Policy Number:** HMC 0053599781 **Type of Loss:** FIRE

Date Contacted: 10/19/2015 9:22 AM
Date of Loss: 10/14/2015
Date Inspected: 10/19/2015 9:22 AM
Date Received: 10/14/2015
Date Entered: 10/15/2015 2:08 PM

Price List: CASD8X_OCT15
Restoration/Service/Remodel
Estimate: ERIC_HIRAOKA



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Dear Valued Customer,

Please refer to the enclosed itemized estimate. The estimate contains our valuation of the damages for the reported loss and was prepared using reasonable and customary prices for your geographic area. If this document contains estimated structural repairs and you choose to hire a contractor, please provide this estimate to them.

If any hidden, or additional damage, and/or damaged items, are discovered, please contact me or have your contractor or vendor contact me immediately. Coverage for the hidden or additional damages and/or damaged items, would need to be determined, and may require an inspection/re-inspection, before any supplemental payment would be authorized. Please do not destroy, or discard any of the hidden, or additional damages, and/or damaged items, until we have had an opportunity to review the hidden or additional damages and/or damaged items, and have reached an agreement with you on any supplemental cost.

If you, your contractor, or vendor determine that there are additional building fees and/or permits associated with the estimated repairs, that may not be included in this estimate, please contact me immediately so that I may review and make a determination as to the appropriate payment.

If a mortgage company is included on your claim payment check, please contact the mortgage company to discuss how to handle the proceeds of this payment.

Thank you for allowing Allied Property & Casualty Insurance Company to serve your insurance needs. Please contact me at the numbers listed above if you have any questions regarding this estimate or any other matter pertaining to your claim.

For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.



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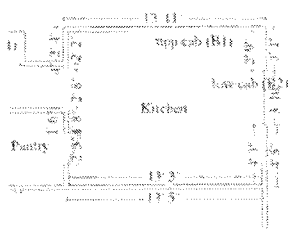
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ERIC_HIRAOKA

Main Level

Main Level

DESCRIPTION	QUANTITY	UNIT PRICE	TAX	O&P	RCV	DEPREC.	ACV
1. Haul debris - per pickup truck load - including dump fees	2.00 EA	126.90	0.00	50.76	304.56	(0.00)	304.56
2. Cleaning Technician - per hour depreciation of 3 years based on age and condition	4.00 HR	37.58	0.00	30.06	180.38	(0.00)	180.38
3. Heat, Vent. & Air Conditioning (Bid Item) Hvac cleaning system bid item.....	1.00 EA	0.00	0.00	0.00	0.00	(0.00)	0.00
Total: Main Level			0.00	80.82	484.94	0.00	484.94



Kitchen

Height: 8'

266.81 SF Walls	143.54 SF Ceiling
410.35 SF Walls & Ceiling	114.13 SF Floor
12.68 SY Flooring	43.25 LF Floor Perimeter
48.17 LF Ceil. Perimeter	

Missing Wall - Goes to Floor	2' 8" X 6' 8"	Opens into HALLWAY
Door	2' 3" X 6' 8"	Opens into PANTRY
Window	3' 10" X 4'	Opens into Exterior

DESCRIPTION	QUANTITY	UNIT PRICE	TAX	O&P	RCV	DEPREC.	ACV
4. Clean cabinetry - lower - inside and out	25.25 LF	12.50	0.17	63.16	378.96	(0.00)	378.96
5. Clean cabinetry - upper - inside and out	16.42 LF	12.50	0.11	41.08	246.44	(0.00)	246.44
6. Clean window screen	1.00 EA	11.01	0.00	2.20	13.21	(0.00)	13.21
7. Clean cabinetry - full height - inside and out	1.83 LF	21.85	0.02	8.00	48.01	(0.00)	48.01
8. Clean register - heat / AC	1.00 EA	4.82	0.00	0.96	5.78	(0.00)	5.78
9. Clean range hood	1.00 EA	14.78	0.01	2.96	17.75	(0.00)	17.75
10. Clean range - exterior	1.00 EA	26.83	0.03	5.36	32.22	(0.00)	32.22
11. Clean refrigerator - exterior	1.00 EA	16.44	0.02	3.28	19.74	(0.00)	19.74
12. Clean dishwasher - exterior	1.00 EA	13.29	0.00	2.66	15.95	(0.00)	15.95
13. Clean countertop	58.17 SF	0.64	0.05	7.46	44.74	(0.00)	44.74
14. Seal/prime then paint the walls and ceiling (2 coats)	410.35 SF	0.73	5.23	60.96	365.75	(13.36)	352.39
15. Clean light fixture	5.00 EA	9.00	0.02	9.00	54.02	(0.00)	54.02
16. Heat/AC register - Mechanically attached - Detach & reset	1.00 EA	14.53	0.00	2.90	17.43	(0.00)	17.43

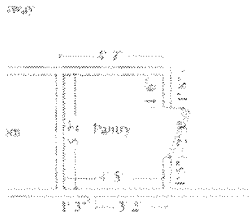


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CONTINUED - Kitchen

DESCRIPTION	QUANTITY	UNIT PRICE	TAX	O&P	RCV	DEPREC.	ACV
17a. Remove Quarter round - 3/4"	31.50 LF	0.14	0.00	0.88	5.29	(0.00)	5.29
17b. Quarter round - 3/4"	31.50 LF	1.50	1.31	9.72	58.28	(0.34)	57.94
18. Remove Vinyl floor covering (sheet goods)	114.13 SF	0.72	0.00	16.44	98.61	(0.00)	98.61
19. Vinyl floor covering (sheet goods)	163.75 SF	2.95	25.89	101.80	610.75	(19.82)	590.93
20. Seal & paint base shoe or quarter round	31.50 LF	0.61	0.24	3.88	23.34	(0.00)	23.34
21. Floor preparation for resilient flooring	114.13 SF	0.51	0.97	11.84	71.02	(0.00)	71.02
22. Clean sink and faucet	1.00 EA	14.71	0.00	2.94	17.65	(0.00)	17.65
Totals: Kitchen			34.07	357.48	2,144.94	33.52	2,111.42



Pantry

Height: 8'

138.33 SF Walls	22.82 SF Ceiling
161.15 SF Walls & Ceiling	22.82 SF Floor
2.54 SY Flooring	16.92 LF Floor Perimeter
19.17 LF Ceil. Perimeter	

Door

2' 3" X 6' 8"

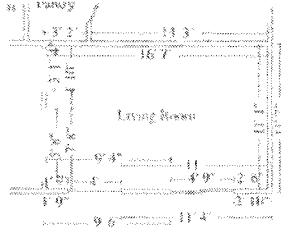
Opens into KITCHEN

DESCRIPTION	QUANTITY	UNIT PRICE	TAX	O&P	RCV	DEPREC.	ACV
23a. Remove Quarter round - 3/4"	16.92 LF	0.14	0.00	0.48	2.85	(0.00)	2.85
23b. Quarter round - 3/4"	16.92 LF	1.50	0.70	5.22	31.30	(0.18)	31.12
24. Seal & paint closet shelving - single shelf	5.00 EA	38.94	1.54	39.24	235.48	(3.94)	231.54
25. Seal/prime then paint the walls and ceiling (2 coats)	161.15 SF	0.73	2.05	23.94	143.63	(5.24)	138.39
26. Paint floor slab only - 2 coats (per side)	1.00 EA	23.57	0.54	4.82	28.93	(1.39)	27.54
27. Mask and cover large light fixture	1.00 EA	14.62	0.04	2.92	17.58	(0.11)	17.47
28. Clean light fixture	1.00 EA	9.00	0.00	1.80	10.80	(0.00)	10.80
29. Vinyl floor covering (sheet goods)	70.25 SF	2.95	11.11	43.66	262.01	(8.51)	253.50
Totals: Pantry			15.98	122.08	732.58	19.37	713.21



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Living Room

Height: 8'

336.67 SF Walls	183.80 SF Ceiling
520.47 SF Walls & Ceiling	183.80 SF Floor
20.42 SY Flooring	41.83 LF Floor Perimeter
55.33 LF Ceil. Perimeter	

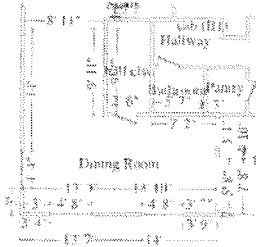
Door	4' 9" X 6' 8"	Opens into Exterior
Window	4' X 4'	Opens into Exterior
Missing Wall - Goes to Floor	5' 8" X 6' 8"	Opens into DINING_ROOM
Missing Wall - Goes to Floor	3' 1" X 6' 8"	Opens into DINING_ROOM

DESCRIPTION	QUANTITY	UNIT PRICE	TAX	O&P	RCV	DEPREC.	ACV
30. Seal/prime then paint the walls and ceiling (2 coats)	520.47 SF	0.73	6.64	77.30	463.88	(16.94)	446.94
31. Paint baseboard - one coat	41.83 LF	0.72	0.25	6.08	36.45	(0.64)	35.81
32. Paint casing - one coat	19.00 LF	0.72	0.11	2.76	16.55	(0.29)	16.26
33. Heat/AC register - Mechanically attached - Detach & reset	1.00 EA	14.53	0.00	2.90	17.43	(0.00)	17.43
34. Clean register - heat / AC	1.00 EA	4.82	0.00	0.96	5.78	(0.00)	5.78
35. Clean window unit (per side) 10 - 20 SF	1.00 EA	12.80	0.00	2.56	15.36	(0.00)	15.36
36. Remove Carpet	183.80 SF	0.22	0.00	8.08	48.52	(0.00)	48.52
37. Carpet	208.25 SF	3.01	41.24	133.60	801.67	(157.94)	643.73
38. Carpet pad	183.80 SF	0.50	6.25	19.64	117.79	(23.94)	93.85
Totals: Living Room			54.49	253.88	1,523.43	199.75	1,323.68



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Dining Room

Height: 8'

479.00 SF Walls	326.72 SF Ceiling
805.72 SF Walls & Ceiling	326.72 SF Floor
36.30 SY Flooring	64.83 LF Floor Perimeter
76.08 LF Ceil. Perimeter	

Door	2' 6" X 6' 8"	Opens into HALL_CLST
Missing Wall	8' 11" X 8'	Opens into ENTRY_FOYER
Window	4' 4" X 4'	Opens into Exterior
Window	4' 8" X 4'	Opens into Exterior
Window	4' 8" X 4'	Opens into Exterior
Missing Wall - Goes to Floor	5' 8" X 6' 8"	Opens into LIVING_ROOM
Missing Wall - Goes to Floor	3' 1" X 6' 8"	Opens into LIVING_ROOM

DESCRIPTION	QUANTITY	UNIT PRICE	TAX	O&P	RCV	DEPREC.	ACV
39. Clean light fixture	2.00 EA	9.00	0.01	3.60	21.61	(0.00)	21.61
40. Heat/AC register - Mechanically attached - Detach & reset	3.00 EA	7.46	0.00	4.48	26.86	(0.00)	26.86
41. Clean register - heat / AC	3.00 EA	4.82	0.01	2.90	17.37	(0.00)	17.37
42. Mask and cover light fixture	2.00 EA	10.75	0.08	4.32	25.90	(0.22)	25.68
43. Mask and prep for paint - plastic, paper, tape (per LF)	20.00 LF	1.05	0.37	4.28	25.65	(0.95)	24.70
44. Window blind - horizontal or vertical - Detach & reset	4.00 EA	33.64	0.00	26.92	161.48	(0.00)	161.48
For detach of the blinds for cleaning of the windows and also the blinds themselves....							
CLN RU dose not cover the cost to to detach and reset blinds							
45. Clean window blind - roll up	4.00 EA	20.47	0.02	16.38	98.28	(0.00)	98.28
46. Seal/prime then paint the walls and ceiling (2 coats)	805.72 SF	0.73	10.27	119.70	718.15	(26.22)	691.93
47. Paint baseboard - one coat	64.83 LF	0.72	0.39	9.42	56.49	(0.99)	55.50
48. Paint door slab only - 2 coats (per side)	1.00 EA	23.57	0.54	4.82	28.93	(1.39)	27.54
49. Clean window screen	4.00 EA	11.01	0.00	8.80	52.84	(0.00)	52.84
50. Clean window unit (per side) 10 - 20 SF	4.00 EA	12.80	0.01	10.24	61.45	(0.00)	61.45
51. Remove Carpet	326.72 SF	0.22	0.00	14.38	86.26	(0.00)	86.26
52. Carpet	358.08 SF	3.01	70.92	229.74	1,378.48	(271.58)	1,106.90
53. Carpet pad	326.72 SF	0.50	11.11	34.90	209.37	(42.54)	166.83
Totals: Dining Room			93.73	494.88	2,969.12	343.89	2,625.23

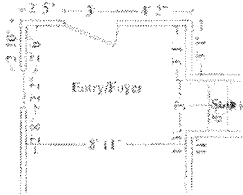


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Entry/Foyer

Height: 17' 1"

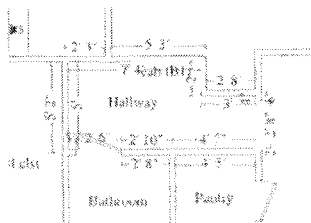


426.18 SF Walls	65.89 SF Ceiling
492.07 SF Walls & Ceiling	65.89 SF Floor
7.32 SY Flooring	17.58 LF Floor Perimeter
23.58 LF Ceil. Perimeter	

Door	3' X 6' 8"	Opens into Exterior
Window	2' 2 3/16" X 1' 11 13/16"	Opens into Exterior
Missing Wall	8' 11" X 17' 1"	Opens into DINING_ROOM
Missing Wall	3' X 17' 1"	Opens into STAIRS

DESCRIPTION	QUANTITY	UNIT PRICE	TAX	O&P	RCV	DEPREC.	ACV
54. Seal/prime then paint the ceiling (2 coats)	65.89 SF	0.73	0.84	9.78	58.72	(2.15)	56.57
55. Paint the walls - one coat	426.18 SF	0.50	3.98	43.42	260.49	(10.18)	250.31
56. Mask and cover large light fixture	1.00 EA	14.62	0.04	2.92	17.58	(0.11)	17.47
57. Clean light fixture	1.00 EA	9.00	0.00	1.80	10.80	(0.00)	10.80
58. Clean window unit (per side) 10 - 20 SF	1.00 EA	12.80	0.00	2.56	15.36	(0.00)	15.36
59. Paint baseboard - one coat	17.58 LF	0.72	0.10	2.56	15.32	(0.27)	15.05
60. Paint easing - one coat	17.00 LF	0.72	0.10	2.46	14.80	(0.26)	14.54
61. Paint door slab only - 2 coats (per side)	1.00 EA	23.57	0.54	4.82	28.93	(1.39)	27.54
62. Clean ceramic tile	65.89 SF	0.46	0.06	6.08	36.45	(0.00)	36.45

Totals: Entry/Foyer **5.66 76.40 458.45 14.36 444.09**



Hallway

Height: 8'

210.89 SF Walls	45.68 SF Ceiling
256.57 SF Walls & Ceiling	45.68 SF Floor
5.08 SY Flooring	25.50 LF Floor Perimeter
30.67 LF Ceil. Perimeter	

Door	2' 6" X 6' 8"	Opens into BATHROOM
Missing Wall - Goes to Floor	2' 8" X 6' 8"	Opens into KITCHEN

DESCRIPTION	QUANTITY	UNIT PRICE	TAX	O&P	RCV	DEPREC.	ACV
63. Mask and cover large light fixture	1.00 EA	14.62	0.04	2.92	17.58	(0.11)	17.47
64. Clean light fixture	1.00 EA	9.00	0.00	1.80	10.80	(0.00)	10.80
65. Clean cabinetry - lower - inside and out	3.67 LF	12.50	0.02	9.18	55.08	(0.00)	55.08

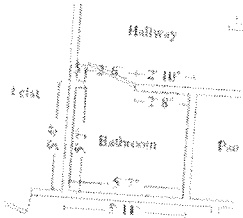


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CONTINUED - Hallway

DESCRIPTION	QUANTITY	UNIT PRICE	TAX	O&P	RCV	DEPREC.	ACV
66. Clean cabinetry - upper - inside and out	3.67 LF	12.50	0.02	9.18	55.08	(0.00)	55.08
67. Paint door slab only - 2 coats (per side)	2.00 EA	23.57	1.09	9.64	57.87	(2.78)	55.09
68. Seal/prime then paint the walls and ceiling (2 coats)	256.57 SF	0.73	3.27	38.12	228.69	(8.35)	220.34
69. Paint baseboard - one coat	25.50 LF	0.72	0.15	3.72	22.23	(0.39)	21.84
70. Remove Carpet	45.68 SF	0.22	0.00	2.02	12.07	(0.00)	12.07
71. Carpet	67.08 SF	3.01	13.29	43.04	258.24	(50.88)	207.36
72. Carpet pad	45.68 SF	0.50	1.55	4.88	29.27	(5.94)	23.33
Totals: Hallway			19.43	124.50	746.91	68.45	678.46



Bathroom

155.33 SF Walls
 184.18 SF Walls & Ceiling
 3.21 SY Flooring
 21.50 LF Ceil. Perimeter

Height: 8'
 28.85 SF Ceiling
 28.85 SF Floor
 19.00 LF Floor Perimeter

Door

2' 6" X 6' 8"

Opens into HALLWAY

DESCRIPTION	QUANTITY	UNIT PRICE	TAX	O&P	RCV	DEPREC.	ACV
73. Mask and cover large light fixture	1.00 EA	14.62	0.04	2.92	17.58	(0.11)	17.47
74. Clean light fixture	1.00 EA	9.00	0.00	1.80	10.80	(0.00)	10.80
75. Clean toilet	1.00 EA	18.52	0.00	3.70	22.22	(0.00)	22.22
76. Clean sink - pedestal	1.00 EA	20.98	0.00	4.20	25.18	(0.00)	25.18
77. Clean register - heat / AC	1.00 EA	4.82	0.00	0.96	5.78	(0.00)	5.78
78. Seal/prime then paint the walls and ceiling (2 coats)	184.18 SF	0.73	2.35	27.38	164.18	(6.00)	158.18
79. Paint door slab only - 2 coats (per side)	1.00 EA	23.57	0.54	4.82	28.93	(1.39)	27.54
80. Paint baseboard - one coat	19.00 LF	0.72	0.11	2.76	16.55	(0.29)	16.26
Totals: Bathroom			3.04	48.54	291.22	7.79	283.43



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hall clst

Height: 8'

230.00 SF Walls	51.63 SF Ceiling
281.63 SF Walls & Ceiling	51.63 SF Floor
5.74 SY Flooring	28.33 LF Floor Perimeter
30.83 LF Ceil. Perimeter	

Door

2' 6" X 6' 8"

Opens into DINING_ROOM

DESCRIPTION	QUANTITY	UNIT PRICE	TAX	O&P	RCV	DEPREC.	ACV
81. Seal/prime then paint the walls and ceiling (2 coats)	281.63 SF	0.73	3.59	41.84	251.02	(9.17)	241.85
82. Paint baseboard - one coat	28.33 LF	0.72	0.17	4.12	24.69	(0.43)	24.26
83. Paint door slab only - 2 coats (per side)	1.00 EA	23.57	0.54	4.82	28.93	(1.39)	27.54
84. Remove Carpet	51.63 SF	0.22	0.00	2.28	13.64	(0.00)	13.64
85. Carpet	72.08 SF	3.01	14.28	46.26	277.50	(54.66)	222.84
86. Carpet pad	51.63 SF	0.50	1.76	5.52	33.10	(6.73)	26.37
Totals: hall clst			20.34	104.84	628.88	72.38	556.50



Stairs

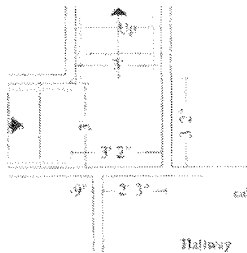
Height: 11' 1"

88.01 SF Walls	13.00 SF Ceiling
101.01 SF Walls & Ceiling	22.87 SF Floor
2.54 SY Flooring	10.20 LF Floor Perimeter
9.17 LF Ceil. Perimeter	

Missing Wall

3' X 11' 1 1/2"

Opens into ENTRY_FOYER



Subroom: Stairs1 (2)

Height: 10' 6"

66.49 SF Walls	10.01 SF Ceiling
76.51 SF Walls & Ceiling	10.03 SF Floor
1.11 SY Flooring	6.33 LF Floor Perimeter
6.33 LF Ceil. Perimeter	

Missing Wall

3' X 10' 6"

Opens into STAIRS

Missing Wall

3' X 10' 6"

Opens into STAIRS2

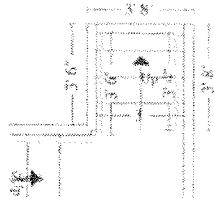


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Subroom: Stairs2 (1)

Height: 11' 1"



66.80 SF Walls	10.09 SF Ceiling
76.90 SF Walls & Ceiling	20.96 SF Floor
2.33 SY Flooring	8.32 LF Floor Perimeter
6.89 LF Ceil. Perimeter	

Missing Wall

3' X 11' 1 1/2"

Opens into STAIRS1

DESCRIPTION	QUANTITY	UNIT PRICE	TAX	O&P	RCV	DEPREC.	ACV
87. Clean carpet - cleaning charge per step	18.00 EA	4.26	0.08	15.36	92.12	(0.00)	92.12
88. Painter - per hour	6.00 HR	55.34	0.00	66.40	398.44	(0.00)	398.44
6 hours for cleaning and painting the stair rails area							
Totals: Stairs			0.08	81.76	490.56	0.00	490.56
Total: Main Level			246.82	1,745.18	10,471.03	759.51	9,711.52

second level

ms bedroom

Height: 8'



374.00 SF Walls	201.69 SF Ceiling
575.69 SF Walls & Ceiling	201.69 SF Floor
22.41 SY Flooring	50.17 LF Floor Perimeter
58.17 LF Ceil. Perimeter	

Missing Wall - Goes to Floor

3' 2" X 6' 8"

Opens into MS_BATH1

Missing Wall - Goes to Floor

4' 10" X 6' 8"

Opens into Exterior

Window

5' X 4'

Opens into Exterior

Window

4' 6" X 4'

Opens into Exterior

DESCRIPTION	QUANTITY	UNIT PRICE	TAX	O&P	RCV	DEPREC.	ACV
89. Clean light fixture	1.00 EA	9.00	0.00	1.80	10.80	(0.00)	10.80
90. Heat/AC register - Mechanically attached - Detach & reset	3.00 EA	7.46	0.00	4.48	26.86	(0.00)	26.86
91. Clean register - heat / AC	3.00 EA	4.82	0.01	2.90	17.37	(0.00)	17.37
92. Mask and cover light fixture	1.00 EA	10.75	0.04	2.16	12.95	(0.11)	12.84
93. Window blind - horizontal or vertical - Detach & reset	4.00 EA	33.64	0.00	26.92	161.48	(0.00)	161.48
94. Seal/prime then paint the walls and ceiling (2 coats)	575.69 SF	0.73	7.34	85.52	513.11	(18.74)	494.37



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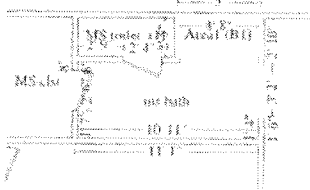
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CONTINUED - ms bedroom

DESCRIPTION	QUANTITY	UNIT PRICE	TAX	O&P	RCV	DEPREC.	ACV
95. Clean window unit (per side) 10 - 20 SF	1.00 EA	12.80	0.00	2.56	15.36	(0.00)	15.36
96. Clean and deodorize carpet	201.69 SF	0.42	0.17	16.98	101.86	(0.00)	101.86
Totals: ms bedroom			7.56	143.32	859.79	18.85	840.94

ms bath

Height: 8'

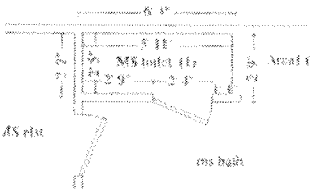


210.06 SF Walls	62.97 SF Ceiling
273.03 SF Walls & Ceiling	51.60 SF Floor
5.73 SY Flooring	28.50 LF Floor Perimeter
36.50 LF Ceil. Perimeter	

Door	2' 6" X 6' 8"	Opens into MS_CLST
Missing Wall - Goes to Floor	3' 2" X 6' 8"	Opens into MS_BEDROOM

Subroom: MS toilet (1)

Height: 8'



117.19 SF Walls	14.21 SF Ceiling
131.40 SF Walls & Ceiling	14.21 SF Floor
1.58 SY Flooring	14.26 LF Floor Perimeter
16.59 LF Ceil. Perimeter	

Door	2' 4" X 6' 8"	Opens into MS_BATH
-------------	----------------------	---------------------------

DESCRIPTION	QUANTITY	UNIT PRICE	TAX	O&P	RCV	DEPREC.	ACV
97. Clean sink - pedestal	1.00 EA	20.98	0.00	4.20	25.18	(0.00)	25.18
98. Clean tub and surround	1.00 EA	30.37	0.01	6.08	36.46	(0.00)	36.46
99. Clean and deodorize carpet	65.81 SF	0.42	0.06	5.54	33.24	(0.00)	33.24
100. Seal/prime then paint the walls and ceiling (2 coats)	404.43 SF	0.73	5.16	60.08	360.47	(13.16)	347.31
101. Clean cabinetry - full height - inside and out	2.00 LF	21.85	0.02	8.74	52.46	(0.00)	52.46
102. Clean shower	1.00 EA	36.74	0.01	7.34	44.09	(0.00)	44.09
103. Clean toilet	1.00 EA	18.52	0.00	3.70	22.22	(0.00)	22.22
104. Clean shower door	1.00 EA	15.10	0.01	3.02	18.13	(0.00)	18.13

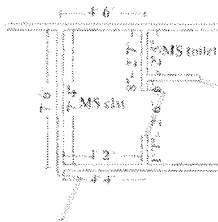


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CONTINUED - ms bath

DESCRIPTION	QUANTITY	UNIT PRICE	TAX	O&P	RCV	DEPREC.	ACV
105. Clean window unit (per side) 10 - 20 SF	1.00 EA	12.80	0.00	2.56	15.36	(0.00)	15.36
Totals: ms bath			5.27	101.26	607.61	13.16	594.45



MS clst

Height: 8'

167.33 SF Walls	30.56 SF Ceiling
197.89 SF Walls & Ceiling	30.56 SF Floor
3.40 SY Flooring	20.50 LF Floor Perimeter
23.00 LF Ceil. Perimeter	

Door

2' 6" X 6' 8"

Opens into MS_BATH

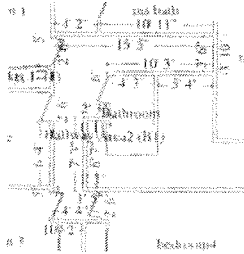
DESCRIPTION	QUANTITY	UNIT PRICE	TAX	O&P	RCV	DEPREC.	ACV
106. Clean and deodorize carpet	30.56 SF	0.42	0.03	2.56	15.43	(0.00)	15.43
107. Seal/prime then paint the walls and ceiling (2 coats)	197.89 SF	0.73	2.52	29.40	176.38	(6.44)	169.94
108. Seal & paint closet shelving - single shelf	2.00 EA	38.94	0.62	15.70	94.20	(0.00)	94.20
109. Heat/AC register - Mechanically attached - Detach & reset	1.00 EA	14.53	0.00	2.90	17.43	(0.00)	17.43
110. Clean register - heat / AC	1.00 EA	4.82	0.00	0.96	5.78	(0.00)	5.78
Totals: MS clst			3.17	51.52	309.22	6.44	302.78



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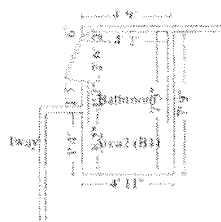
Hallway

Height: 8'

475.89 SF Walls	110.29 SF Ceiling
586.18 SF Walls & Ceiling	110.29 SF Floor
12.25 SY Flooring	57.40 LF Floor Perimeter
69.90 LF Ceil. Perimeter	

Door	2' 6" X 6' 8"	Opens into BATHROOM
Door	2' 6" X 6' 8"	Opens into BEDROOM4
Door	2' 6" X 6' 8"	Opens into BEDROOM_3
Door	2' 6" X 6' 8"	Opens into OFFICE
Door	2' 6" X 6' 8"	Opens into BEDROOM_1

DESCRIPTION	QUANTITY	UNIT PRICE	TAX	O&P	RCV	DEPREC.	ACV
111. Clean and deodorize carpet	110.29 SF	0.42	0.09	9.28	55.69	(0.00)	55.69
112. Clean register - heat / AC	3.00 EA	4.82	0.01	2.90	17.37	(0.00)	17.37
113. Paint the walls and ceiling - one coat	586.18 SF	0.50	5.48	59.72	358.29	(14.00)	344.29
Totals: Hallway			5.58	71.90	431.35	14.00	417.35



Bathroom

Height: 8'

142.75 SF Walls	31.52 SF Ceiling
174.27 SF Walls & Ceiling	21.25 SF Floor
2.36 SY Flooring	20.83 LF Floor Perimeter
23.33 LF Ceil. Perimeter	

Door	2' 6" X 6' 8"	Opens into HALLWAY
------	---------------	--------------------

DESCRIPTION	QUANTITY	UNIT PRICE	TAX	O&P	RCV	DEPREC.	ACV
114. Clean light fixture	1.00 EA	9.00	0.00	1.80	10.80	(0.00)	10.80
115. Heat/AC register - Mechanically attached - Detach & reset	3.00 EA	7.46	0.00	4.48	26.86	(0.00)	26.86
116. Clean register - heat / AC	3.00 EA	4.82	0.01	2.90	17.37	(0.00)	17.37
117. Mask and cover light fixture	1.00 EA	10.75	0.04	2.16	12.95	(0.11)	12.84
118. Window blind - horizontal or vertical - Detach & reset	4.00 EA	33.64	0.00	26.92	161.48	(0.00)	161.48
119. Seal/prime then paint the walls and ceiling (2 coats)	174.27 SF	0.73	2.22	25.88	155.32	(5.67)	149.65
120. Clean window unit (per side) 10 - 20 SF	1.00 EA	12.80	0.00	2.56	15.36	(0.00)	15.36
Totals: Bathroom			2.27	66.70	400.14	5.78	394.36

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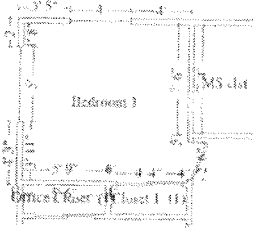
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Bedroom 1

Height: 8'

262.44 SF Walls	115.53 SF Ceiling
377.98 SF Walls & Ceiling	115.53 SF Floor
12.84 SY Flooring	36.17 LF Floor Perimeter
43.00 LF Ceil. Perimeter	

Window

5' X 4'

Opens into Exterior

Door

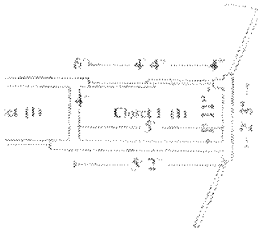
2' 6" X 6' 8"

Opens into HALLWAY

Window

4' X 4'

Opens into Exterior



Subroom: Closet 1 (1)

Height: 8'

81.78 SF Walls	9.58 SF Ceiling
91.36 SF Walls & Ceiling	9.58 SF Floor
1.06 SY Flooring	9.50 LF Floor Perimeter
13.83 LF Ceil. Perimeter	

Door

4' 4" X 6' 8"

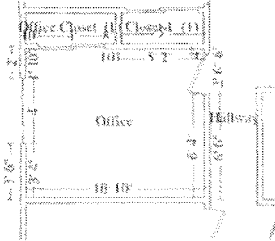
Opens into BEDROOM_1

DESCRIPTION	QUANTITY	UNIT PRICE	TAX	O&P	RCV	DEPREC.	ACV
121. Clean light fixture	1.00 EA	9.00	0.00	1.80	10.80	(0.00)	10.80
122. Heat/AC register - Mechanically attached - Detach & reset	3.00 EA	7.46	0.00	4.48	26.86	(0.00)	26.86
123. Clean register - heat / AC	3.00 EA	4.82	0.01	2.90	17.37	(0.00)	17.37
124. Mask and cover light fixture	1.00 EA	10.75	0.04	2.16	12.95	(0.11)	12.84
125. Window blind - horizontal or vertical - Detach & reset	4.00 EA	33.64	0.00	26.92	161.48	(0.00)	161.48
126. Clean blinds - mini - medium - Full service	4.00 EA	28.48	0.00	22.78	136.70	(0.00)	136.70
127. Seal/prime then paint the walls and ceiling (2 coats)	469.34 SF	0.73	5.98	69.72	418.32	(15.28)	403.04
128. Clean window unit (per side) 10 - 20 SF	1.00 EA	12.80	0.00	2.56	15.36	(0.00)	15.36
129. Clean and deodorize carpet	125.12 SF	0.42	0.11	10.54	63.20	(0.00)	63.20
Totals: Bedroom 1			6.14	143.86	863.04	15.39	847.65



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Door
 Window

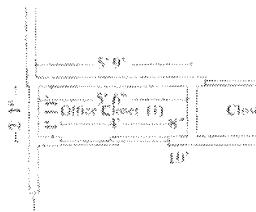
Office

Height: 8'

260.67 SF Walls	99.31 SF Ceiling
359.97 SF Walls & Ceiling	99.31 SF Floor
11.03 SY Flooring	33.50 LF Floor Perimeter
40.00 LF Ceil. Perimeter	

2' 6" X 6' 8"
 4' X 4'

Opens into HALLWAY
 Opens into Exterior



Subroom: Office Closet (1)

Height: 8'

92.00 SF Walls	10.54 SF Ceiling
102.54 SF Walls & Ceiling	10.54 SF Floor
1.17 SY Flooring	10.83 LF Floor Perimeter
14.83 LF Ceil. Perimeter	

Door

4' X 6' 8"

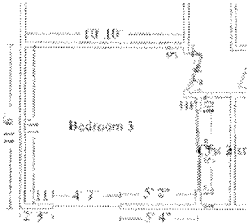
Opens into OFFICE

DESCRIPTION	QUANTITY	UNIT PRICE	TAX	O&P	RCV	DEPREC.	ACV
130. Clean light fixture	1.00 EA	9.00	0.00	1.80	10.80	(0.00)	10.80
131. Heat/AC register - Mechanically attached - Detach & reset	3.00 EA	7.46	0.00	4.48	26.86	(0.00)	26.86
132. Clean register - heat / AC	3.00 EA	4.82	0.01	2.90	17.37	(0.00)	17.37
133. Mask and cover light fixture	1.00 EA	10.75	0.04	2.16	12.95	(0.11)	12.84
134. Window blind - horizontal or vertical - Detach & reset	4.00 EA	33.64	0.00	26.92	161.48	(0.00)	161.48
135. Seal/prime then paint the walls and ceiling (2 coats)	462.51 SF	0.73	5.90	68.70	412.23	(15.06)	397.17
136. Clean window unit (per side) 10 - 20 SF	1.00 EA	12.80	0.00	2.56	15.36	(0.00)	15.36
137. Clean floor	109.85 SF	0.40	0.00	8.78	52.72	(0.00)	52.72
138. Clean and deodorize carpet	109.85 SF	0.42	0.09	9.24	55.47	(0.00)	55.47
Totals: Office			6.04	127.54	765.24	15.17	750.07



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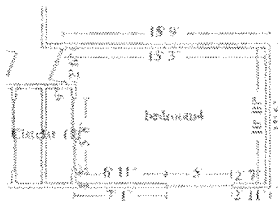
Bedroom 3

Height: 8'

289.89 SF Walls	125.49 SF Ceiling
415.38 SF Walls & Ceiling	125.49 SF Floor
13.94 SY Flooring	37.17 LF Floor Perimeter
45.33 LF Ceil. Perimeter	

Window	4' 7" X 4'	Opens into Exterior
Door	5' 8" X 6' 8"	Opens into CLST_3
Door	2' 6" X 6' 8"	Opens into HALLWAY

DESCRIPTION	QUANTITY	UNIT PRICE	TAX	O&P	RCV	DEPREC.	ACV
139. Clean light fixture	1.00 EA	9.00	0.00	1.80	10.80	(0.00)	10.80
140. Heat/AC register - Mechanically attached - Detach & reset	3.00 EA	7.46	0.00	4.48	26.86	(0.00)	26.86
141. Clean register - heat / AC	3.00 EA	4.82	0.01	2.90	17.37	(0.00)	17.37
142. Mask and cover light fixture	1.00 EA	10.75	0.04	2.16	12.95	(0.11)	12.84
143. Window blind - horizontal or vertical - Detach & reset	4.00 EA	33.64	0.00	26.92	161.48	(0.00)	161.48
144. Seal/prime then paint the walls and ceiling (2 coats)	415.38 SF	0.73	5.30	61.70	370.23	(13.52)	356.71
145. Clean window unit (per side) 10 - 20 SF	1.00 EA	12.80	0.00	2.56	15.36	(0.00)	15.36
146. Clean and deodorize carpet	125.49 SF	0.42	0.11	10.56	63.38	(0.00)	63.38
Totals: Bedroom 3			5.46	113.08	678.43	13.63	664.80



bedroom4

Height: 8'

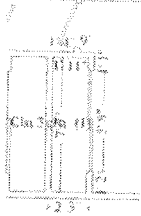
343.44 SF Walls	159.37 SF Ceiling
502.81 SF Walls & Ceiling	159.37 SF Floor
17.71 SY Flooring	44.07 LF Floor Perimeter
52.24 LF Ceil. Perimeter	

Door	2' 6" X 6' 8"	Opens into HALLWAY
Window	5' X 4'	Opens into Exterior



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Subroom: clst (1)

Height: 8'

114.77 SF Walls	14.80 SF Ceiling
129.57 SF Walls & Ceiling	14.80 SF Floor
1.64 SY Flooring	13.40 LF Floor Perimeter
19.07 LF Ceil. Perimeter	

Door

5' 8" X 6' 8"

Opens into BEDROOM4

DESCRIPTION	QUANTITY	UNIT PRICE	TAX	O&P	RCV	DEPREC.	ACV
147. Clean light fixture	1.00 EA	9.00	0.00	1.80	10.80	(0.00)	10.80
148. Heat/AC register - Mechanically attached - Detach & reset	3.00 EA	7.46	0.00	4.48	26.86	(0.00)	26.86
149. Clean register - heat / AC	3.00 EA	4.82	0.01	2.90	17.37	(0.00)	17.37
150. Mask and cover light fixture	1.00 EA	10.75	0.04	2.16	12.95	(0.00)	12.95
151. Window blind - horizontal or vertical - Detach & reset	4.00 EA	33.64	0.00	26.92	161.48	(0.00)	161.48
152. Clean window unit (per side) 10 - 20 SF	1.00 EA	12.80	0.00	2.56	15.36	(0.00)	15.36
153. Clean and deodorize carpet	174.17 SF	0.42	0.15	14.68	87.98	(0.00)	87.98
154. Paint the walls and ceiling - one coat	632.38 SF	0.50	5.91	64.42	386.52	(0.00)	386.52
Totals: bedroom4			6.11	119.92	719.32	0.00	719.32
Total: second level			47.60	939.10	5,634.14	102.42	5,531.72

Labor Minimums Applied

DESCRIPTION	QUANTITY	UNIT PRICE	TAX	O&P	RCV	DEPREC.	ACV
155. Finish carpentry labor minimum*	1.00 EA	181.59	0.00	36.32	217.91	(0.00)	217.91
Totals: Labor Minimums Applied			0.00	36.32	217.91	0.00	217.91
Line Item Totals: ERIC_HIRAOKA			294.42	2,720.60	16,323.08	861.93	15,461.15



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Grand Total Areas:

5,512.29 SF Walls	1,903.05 SF Ceiling	7,415.34 SF Walls and Ceiling
1,872.76 SF Floor	208.08 SY Flooring	671.90 LF Floor Perimeter
0.00 SF Long Wall	0.00 SF Short Wall	802.69 LF Ceil. Perimeter
1,872.76 Floor Area	2,097.02 Total Area	5,215.77 Interior Wall Area
2,526.04 Exterior Wall Area	330.49 Exterior Perimeter of Walls	
0.00 Surface Area	0.00 Number of Squares	0.00 Total Perimeter Length
0.00 Total Ridge Length	0.00 Total Hip Length	

Coverage	Item Total	%	ACV Total	%
Dwelling	16,088.10	98.56%	15,226.17	98.48%
Other Structures	0.00	0.00%	0.00	0.00%
Contents	234.98	1.44%	234.98	1.52%
Structural5	0.00	0.00%	0.00	0.00%
Total	16,323.08	100.00%	15,461.15	100.00%



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Summary for Dwelling

Line Item Total	13,112.26
Material Sales Tax	294.40
Subtotal	13,406.66
Overhead	1,340.72
Profit	1,340.72
Replacement Cost Value	\$16,088.10
Less Depreciation	(861.93)
Actual Cash Value	\$15,226.17
Less Deductible	(1,000.00)
Net Claim	\$14,226.17
Total Recoverable Depreciation	861.93
Net Claim if Depreciation is Recovered	\$15,088.10

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Summary for Contents

Line Item Total	195.80
Material Sales Tax	0.02
<hr/>	
Subtotal	195.82
Overhead	19.58
Profit	19.58
<hr/>	
Replacement Cost Value	\$234.98
Net Claim	\$234.98
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Sara Costea



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Recap of Taxes, Overhead and Profit

	Overhead (10%)	Profit (10%)	Material Sales Tax (8.5%)	Storage Rental Tax (8.5%)
Line Items	1,360.30	1,360.30	294.42	0.00
Total	1,360.30	1,360.30	294.42	0.00



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 One Nationwide Gateway, Dept.5577
 Des Moines, IA 50391-5577
 CELL. (760)457-5529 FAX 855-801-9139
 Costes2@nationwide.com

Recap by Room

Estimate: ERIC_HIRAOKA

Area: Main Level		404.12	3.04%
Coverage: Dwelling	100.00% =	404.12	
Kitchen		1,753.39	13.18%
Coverage: Dwelling	100.00% =	1,753.39	
Pantry		594.52	4.47%
Coverage: Dwelling	100.00% =	594.52	
Living Room		1,215.06	9.13%
Coverage: Dwelling	100.00% =	1,215.06	
Dining Room		2,380.51	17.89%
Coverage: Dwelling	96.56% =	2,298.63	
Coverage: Contents	3.44% =	81.88	
Entry/Foyer		376.39	2.83%
Coverage: Dwelling	100.00% =	376.39	
Hallway		602.98	4.53%
Coverage: Dwelling	100.00% =	602.98	
Bathroom		239.64	1.80%
Coverage: Dwelling	100.00% =	239.64	
hall clst		503.70	3.78%
Coverage: Dwelling	100.00% =	503.70	
Stairs		408.72	3.07%
Coverage: Dwelling	100.00% =	408.72	
<hr/>			
Area Subtotal: Main Level		8,479.03	63.71%
Coverage: Dwelling	99.03% =	8,397.15	
Coverage: Contents	0.97% =	81.88	
Area: second level			
ms bedroom		708.91	5.33%
Coverage: Dwelling	100.00% =	708.91	
ms bath		501.08	3.77%
Coverage: Dwelling	100.00% =	501.08	
MS clst		254.53	1.91%
Coverage: Dwelling	100.00% =	254.53	
Hallway		353.87	2.66%
Coverage: Dwelling	100.00% =	353.87	
Bathroom		331.17	2.49%
Coverage: Dwelling	100.00% =	331.17	
Bedroom 1		713.04	5.36%
Coverage: Dwelling	84.02% =	599.12	

ERIC_HIRAOKA

11/3/2015

Page: 22



Allied Property & Casualty Insurance Company

Sara Costea
 One Nationwide Gateway, Dept.5577
 Des Moines, IA 50391-5577
 CELL (760)457-5529 FAX 855-801-9139
 Costes2@nationwide.com

Coverage: Contents	15.98% =	113.92	
Office		631.66	4.75%
Coverage: Dwelling	100.00% =	631.66	
Bedroom 3		559.89	4.21%
Coverage: Dwelling	100.00% =	559.89	
bedroom4		593.29	4.46%
Coverage: Dwelling	100.00% =	593.29	
Area Subtotal: second level		4,647.44	34.92%
Coverage: Dwelling	97.55% =	4,533.52	
Coverage: Contents	2.45% =	113.92	
Labor Mininums Applied		181.59	1.36%
Coverage: Dwelling	100.00% =	181.59	
Subtotal of Areas		13,308.06	100.00%
Coverage: Dwelling	98.53% =	13,112.26	
Coverage: Contents	1.47% =	195.80	
Total		13,308.06	100.00%



Nationwide

Allied Property & Casualty Insurance Company

Sara Costea
One Nationwide Gateway, Dept.5577
Des Moines, IA 50391-5577
CELL (760)457-5529 FAX 855-801-9139
Costes2@nationwide.com

Recap by Category with Depreciation

O&P Items			RCV	Deprec.	ACV
CONT: GARMENT & SOFT GOODS CLN			113.92		113.92
Coverage: Contents	@	100.00% =	113.92		
CLEANING			2,426.08		2,426.08
Coverage: Dwelling	@	96.63% =	2,344.20		
Coverage: Contents	@	3.37% =	81.88		
GENERAL DEMOLITION			476.48		476.48
Coverage: Dwelling	@	100.00% =	476.48		
FLOOR COVERING - CARPET			2,427.44	566.09	1,861.35
Coverage: Dwelling	@	100.00% =	2,427.44		
FLOOR COVERING - VINYL			748.51	26.11	722.40
Coverage: Dwelling	@	100.00% =	748.51		
FINISH CARPENTRY / TRIMWORK			254.22	0.48	253.74
Coverage: Dwelling	@	100.00% =	254.22		
HEAT, VENT & AIR CONDITIONING			43.59		43.59
Coverage: Dwelling	@	100.00% =	43.59		
LABOR ONLY			332.04		332.04
Coverage: Dwelling	@	100.00% =	332.04		
PAINTING			5,543.86	201.71	5,342.15
Coverage: Dwelling	@	100.00% =	5,543.86		
WINDOW TREATMENT			941.92		941.92
Coverage: Dwelling	@	100.00% =	941.92		
O&P Items Subtotal			13,308.06	794.39	12,513.67
Material Sales Tax			294.42	67.54	226.88
Coverage: Dwelling	@	99.99% =	294.40		
Coverage: Contents	@	0.01% =	0.02		
Overhead			1,360.30		1,360.30
Coverage: Dwelling	@	98.56% =	1,340.72		
Coverage: Contents	@	1.44% =	19.58		
Profit			1,360.30		1,360.30
Coverage: Dwelling	@	98.56% =	1,340.72		
Coverage: Contents	@	1.44% =	19.58		
Total			16,323.08	861.93	15,461.15

ARCTIC AIR

WHERE CUSTOMERS COME FIRST
www.arcticairrac.com cesar@arcticairrac.com

667 E. ROSS AVENUE • EL CENTRO, CA 92243
OFFICE (760) 352-8855 • FAX (760) 352-4122
CONT. LIC. #714895

WORK ORDER

DATE: 3-9-15
W.O. No.:
Return Time:
Depart Time: 9:25
Departed Time:

Technician: Ricardo

NAME / ADDRESS: Erick Hiraoka
1414 Fairfield
Heber CA

FINDINGS:
Found HVAC low in refrigerant (empty)
(needs 6lbs of R-22)
Found evaporator coil very dirty (Attic hard access to check evaporator coil)

SERVICE REQUEST / PROBLEM: SHIP TO:
EQUIP BRAND: HZRL0365066
MODEL: WOKS912103
SERIAL NO: 10
EST. AGE: 10
SYSTEM CONDITION: E G U
Filter Sizes: 20 X 30 X 1
Type: Fiberglass Pleated 4" Filter Washable

GENERAL CONDITION INSPECTION NOTED FOR INFORMATION ONLY: EXCELLENT GOOD UNSATISFACTORY
COND. COIL: G AIR HANDLER: D EVAP. COIL: U DRAIN / P TRAP: G ATTIC INSUL: G FILTER: G DUCTWORK: G
PKG. AC: G PKG. HP: G PKG. GAS PACK: G SPLIT A/C: G W/FORMANCE: G SPLIT HP: G OPERATING EFFICIENCY: G CL: G TO: PLUGGED

REPAIR SERVICES PERFORMED	REPAIR COST
A	
B	
C	
D	

DIAGNOSIS / SOLUTION	DESCRIPTION	WIRY	COST
1	Install Service Patch	Easy Access to Clean Unit	\$ 35
2	4 In. 4 Season Filter, 2nd 1/2 off	Protect Your Equipment and Save Money	\$ 68 / 34
3	Replace / Install P-trap	Protect Your Home, Roof and Save Money / Missing	\$ 65
4	Programmable Thermostat	Save Money on Energy Bill / Missing	\$190
5	Compressor Saver (Hard Start)	Prolong Life Equipment	\$190
6	Join Comfort Club / ESA	Protect Your Equipment	\$170
7	Enlarge Return Grill	Insure Top Performance	\$475
8	Ceiling Saver (Float Switch)	Insure Top Performance / Missing	\$ 75
9	Primary Sealing for Return and Supply Ducts *	Protect You and Your Family / Missing	\$315
10	Duct Cleaning with Roto Brush *	Protect You and Your Family	\$365
11	Preventive Maintenance, A/C or Heating	Prolong Life Equipment	\$105

PL000063
Glbs of R-22 @ 210.00
Initials: _____
I hereby authorize you to proceed

Save Money Now!

Today's Diagnostic & Repair 15%: \$ N/A +
COMFORT CLUB / ESA dues: N/A +
Discount on today's repair 15%: N/A -
Heating Maintenance: + INCLUDED
Cooling Maintenance: + INCLUDED
Total: \$

W/THOUT Discount Club: \$
W/TH Discount Club: \$

DIAGNOSTIC CHARGE (fee) 75

TOTAL FOR REPAIRS A-H: \$

COMFORT CLUB OR ESA INVESTMENT: +

SUB-TOTAL \$

COMFORT CLUB OR ESA 15% DISCOUNT ON ITEM I: -

THE TECHNICIAN WAS PAID BY METHOD BELOW: TOTAL \$ 75

YOU SAVE: _____

CARD No. _____
VISA

EXP. DATE _____

ACCEPTANCE OF WORK PERFORMED: I find the service and material rendered and installed in connection with the above work mentioned, has been completed in satisfactory manner. I agree that the amount set forth on this contract in the space labeled "TOTAL" to be the total and complete flat rate/minimum charge. I agree to pay reasonable attorney's fees and court costs in the event of legal action. A monthly service charge of 1 1/2% will be added after 15 days. I acknowledge that I have read and received a legible copy of this contract. I find the flat rate above satisfactory and agree to pay for same.

Signed: *ERICK HIRAOKA*

SPECIAL SERVICES CUSTOMER INVOICE

Notice of Cancellation (see Exhibit A) may be sent to this address:
 Phone: (760) 353-0362
 HOME DEPOT U.S.A., INC.
 Salesperson: RSM39N
 Store 1059 EL CENTRO
 320 WAKE AVE
 EL CENTRO, CA 92243
 Reviewer:

REPRINT

2014-05-30 08:43

SOLD TO

Name: **HERNANDEZ NESTOR**

Address: [REDACTED]

Work Phone: [REDACTED]

Company Name: [REDACTED]

City: [REDACTED] State: CA Zip: [REDACTED]

Job Description: 05/27 PAVERS

County: [REDACTED]

MERCHANDISE AND SERVICE SUMMARY

We reserve the right to limit the quantities of merchandise sold to customers

REF # N/A SKU # N/A The items listed in this section will be carried out of the store by the customer at time of sale.

CARRY OUT MERCHANDISE

STOCK MERCHANDISE CARRIED OUT:

REF #	SKU	QTY	UM	DESCRIPTION	PI	TAX	PRICE EACH	EXTENSION
R02	0000-999-835	6.00	EA	PALLET FEE / Refundable Pallet Deposit	A	Y	\$15.00	\$90.00
MERCHANDISE TOTAL:								\$90.00
END OF CARRY OUT MERCHANDISE - REF #N/A								

HOME DEPOT DELIVERY #1

REF # V03

STOCK MERCHANDISE TO BE DELIVERED:

REF #	SKU	QTY	UM	DESCRIPTION	PI	TAX	PRICE EACH	EXTENSION
R01	0000-587-278	2880.00	EA	60MM SAND/BRWN/CHAR HOLLAND PAVER /	A	Y	\$0.38	\$1,094.40*
MERCHANDISE TOTAL:								\$1,094.40

DELIVERY INFORMATION:

V03	0000-515-663	1.00	EA	Curbside Delivery	N		\$79.00	\$79.00
*** CONTINUED ON NEXT PAGE ***								

Check your current order status online at www.homedepot.com/orderstatus

* Indicates item markdown
Customer Copy

HOME DEPOT DELIVERY #1

(Continued)

REF #V03

THE PCC WILL DELIVER MDSE TO: Nestor HERNANDEZ		DELIVERY SERVICE SUBTOTAL:		\$79.00
ADDRESS: 1141 Fairfield	CITY: HEBER			
STATE: CA	ZIP: 92249	COUNTY: IMPERIAL	SALES TAX RATE:	8.000
PHONE: [REDACTED]	ALTERNATE PHONE: [REDACTED]		MDSE & DELIVERY TOTALS: \$1,173.40	
DRIVER SPECIAL INSTRUCTIONS: 6 full pallets		END OF HOME DEPOT DELIVERY - REF #V03		

HOME DEPOT DELIVERY #2

REF # V05

STOCK MERCHANDISE TO BE DELIVERED:									
REF #	SKU	QTY	UM	DESCRIPTION	PI	TAX	PRICE EACH	EXTENSION	
R04	0000-587-278	600.00	EA	60MM SAND/BRWN/CHAR HOLLAND PAVER /	A	Y	\$0.38	\$228.00*	
							MERCHANDISE TOTAL:	\$228.00	
DELIVERY INFORMATION:					SCHEDULED DELIVERY DATE: 05/30/2014				
V05	0000-515-663	1.00	EA	CurbSide Delivery		N	\$0.00	\$0.00	
							DELIVERY SERVICE SUBTOTAL:	\$0.00	
THE PCC WILL DELIVER MDSE TO: Nestor HERNANDEZ		CITY: HEBER							
ADDRESS: 1141 Fairfield	CITY: HEBER								
STATE: CA	ZIP: 92249	COUNTY: IMPERIAL	SALES TAX RATE:	8.000					
PHONE: [REDACTED]	ALTERNATE PHONE: [REDACTED]						MDSE & DELIVERY TOTALS: \$228.00		
DRIVER SPECIAL INSTRUCTIONS:		*** CONTINUED ON NEXT PAGE ***							

PL000065

* Indicates item markdown
Customer Copy

HOME DEPOT DELIVERY #2

(Continued)

REF #V05

END OF HOME DEPOT DELIVERY - REF #V05

TOTAL CHARGES OF ALL MERCHANDISE & SERVICES

Policy Id (PI):

A: 90 DAYS DEFAULT POLICY.....;

'The Home Depot reserves the right to limit / deny returns. Please see the return policy sign in stores for details.'

ORDER TOTAL	\$1,491.40
SALES TAX	\$112.99
TOTAL	\$1,604.39
BALANCE DUE	\$0.00

END OF ORDER No. 1059-226968

PL000066



SPECIAL SERVICES CUSTOMER INVOICE

Notice of Cancellation (see Exhibit A) may be sent to this address:

HOME DEPOT U.S.A., INC. Phone: (760) 353-0362

Store 1059 EL CENTRO Salesperson: RSM39N

320 WAKE AVE Reviewer:

EL CENTRO, CA 92243

VALIDATION AREA

SALE 1059 00001 07342 05/29/14
41 GXJ1127 10:10 AM

ORDER ID: 1059-226968

RECALL AMOUNT 1263.40

ADDL MDSE SUBTOTAL 0.00

SUBTOTAL 1,263.40

SALES TAX 94.75

TOTAL \$1,358.15

XXXXXXXXXXXX HOME DEPOT

AUTH CODE 02982770014661 TA

This is only a QUOTE for the merchandise and services printed below. This becomes an Agreement upon payment and an endorsement by a Home Depot register validation.

SOLD TO Name: **HERNANDEZ NESTOR** Home Phone: [REDACTED]

Address: [REDACTED] Work Phone: [REDACTED]

City: [REDACTED] Company Name: [REDACTED]

State: [REDACTED] Job Description: 05/27 PAVERS

Zip: [REDACTED] County: [REDACTED]

QUOTE is valid for this date: 05/29/2014

CARRY OUT MERCHANDISE

MERCHANDISE AND SERVICE SUMMARY

We reserve the right to limit the quantities of merchandise sold to customers

REF # N/A SKU # N/A The items listed in this section will be carried out of the store by the customer at time of sale.

STOCK MERCHANDISE CARRIED OUT:

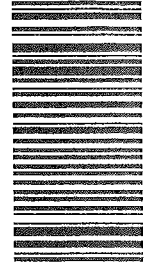
REF #	SKU	QTY	UM	DESCRIPTION	PI	TAX	PRICE EACH	EXTENSION
R02	0000-999-835	6.00	EA	PALLET FEE / Refundable Pallet Deposit	A	Y	\$15.00	\$90.00
MERCHANDISE TOTAL:								\$90.00
END OF CARRY OUT MERCHANDISE - REF #N/A								

HOME DEPOT DELIVERY #1

REF # V03

STOCK MERCHANDISE TO BE DELIVERED:

REF #	SKU	QTY	UM	DESCRIPTION	PI	TAX	PRICE EACH	EXTENSION
R01	0000-587-278	2880.00	EA	60MM SAND/BRWN/CHAR HOLLAND PAVER /	A	Y	\$0.38	\$1,094.40*
MERCHANDISE TOTAL:								\$1,094.40
*** CONTINUED ON NEXT PAGE ***								



(9801) 0100242890

Check your current order status online at
www.homedepot.com/orderstatus

* Indicates item markdown
Customer Copy

HOME DEPOT DELIVERY #1 (Continued)		REF #V03	
DELIVERY INFORMATION: SCHEDULED DELIVERY DATE: Will be scheduled upon arrival of all S/O Merchandise			
V03	0000-515-663	1.00	EA Curbside Delivery
		N	\$79.00
		DELIVERY SERVICE SUBTOTAL: \$79.00	
THE PCC WILL DELIVER MDSE TO: Nestor HERNANDEZ			
ADDRESS: 1141 Fairfield			
STATE: CA ZIP: 92249 CITY: HEBER			
PHONE: [REDACTED] COUNTY: IMPERIAL SALES TAX RATE: 8.000			
ALTERNATE PHONE: [REDACTED] MDSE & DELIVERY TOTALS: \$1,173.40			
DRIVER SPECIAL INSTRUCTIONS: 6 full pallets		END OF HOME DEPOT DELIVERY - REF #V03	

TOTAL CHARGES OF ALL MERCHANDISE & SERVICES	
Policy Id (PI):	
A: 90 DAYS DEFAULT POLICY.....;	
<i>The Home Depot reserves the right to limit / deny returns. Please see the return policy sign in stores for details.</i>	
ORDER TOTAL	\$1,263.40
SALES TAX	\$94.75
TOTAL	\$1,358.15
BALANCE DUE	\$1,358.15

END OF ORDER No. 1059-226968

**The Home Depot Special Services
Will Call/Direct Ship/Delivery**

Returns: Except where prohibited by law, all returned Special Order Merchandise is subject to a fifteen percent (15%) restocking fee. Custom made goods are not returnable.

Will Call: The Home Depot Store will call the number provided on the Invoice when Order is available. A Will Call held at the Store for over thirty (30) days shall be subject to the abandoned property laws in your state.

Direct Ship: Direct Ship merchandise will be sent by the vendor and/or manufacturer to the address on the Invoice.

Delivery: Home Depot shall arrange for its Delivery Agent to deliver the Order to the address identified on the Invoice pursuant to the following terms and conditions:

Roads Notice: The delivery address must be accessible by vehicle over roads and bridges rated to handle up to and including (40) forty ton loads. If any portion of Delivery Agent's route must traverse a section of road that is not rated to handle a forty ton load or heavier, Customer will be responsible for seeking a waiver, at Customer's expense, from the appropriate governmental authority. If Customer is unable to obtain a waiver, delivery service will not be available to the delivery address.

Unattended Drop: **If Customer will not be present to accept the delivery, and the delivery can be left unattended, Please indicate by initialing below:**

_____ By initialing here, I authorize Delivery Agent to leave the merchandise unattended following delivery and accept full responsibility for any resulting loss of, or damage to, the merchandise.

Curbside Deliveries Only: You are purchasing merchandise that has been designated by Home Depot for **curbside delivery** only. Your purchase **does not** include delivery beyond curbside, on-premise or in-house ("Additional Services") or the installation/hook-up of merchandise ("Non-included Installation Services"), and Home Depot has not authorized its Home Depot Delivery Agent ("Delivery Agent") to perform such Additional Services or Non-included Installation Services. In the event you request, and Delivery Agent agrees to perform, Additional Services and/or Non-included Installation Services, YOU ASSUME THE RISK OF, AND FULL LIABILITY FOR, ANY RESULTING PERSONAL INJURY, DAMAGE TO PROPERTY, OR DAMAGE TO MERCHANDISE. Also, any Non-included Installation Services shall void any express or implied warranty provided by Home Depot and may void the manufacturer's warranty on the merchandise so installed. **By signing below, you acknowledge that you have read and fully understand the terms of this waiver and release, and you intend it to be a complete and unconditional release of all liability in regard to any requested Additional Services and/or Non-included Installation Services.**

Accepted by:

X _____ 05/29/2014
Customer's Signature Date



More saving.
More doing.SM

320 WAKE AVE
EL CENTRO, CA 92243 (760)353-0362

1059 00097 15160 06/23/14 02:43 PM
CASHIER - SPOS01
* ORIG REC: 1059 097 09296 06/10/14 TA *

ORDER ID: 1059-227834
RECALL AMOUNT 15.00
SALES TAX -1.20

* ORIG REC: 1059 097 09551 06/10/14 TA *

ORDER ID: 1059-227834
RECALL AMOUNT 67.52
SALES TAX -5.40

SUBTOTAL -82.52
SALES TAX -6.60
TOTAL -\$89.12
XXXXXXXXXXXX [REDACTED] HOME DEPOT -89.12
INVOICE 5972286 OL

REFUND-CUSTOMER COPY

ENTER FOR A CHANCE
TO WIN A \$5,000
HOME DEPOT GIFT
CARD!

Share Your Opinion With Us! Complete
the brief survey about your store visit
and enter for a chance to win at:

www.homedepot.com/opinion

COMPARTA SU OPINION EN UNA BREVE
ENCUESTA PARA LA OPORTUNIDAD DE GANAR.

User ID:
H9J9 31668 30706

Password:
14323 30609

Entries must be entered by 07/23/2014.
Entrants must be 18 or older to enter.
See complete rules on website. No
purchase necessary.

INTRODUCING
WWW.REDBEACON.COM

Free quotes by trusted home service pros
Visit our website or
Download the Mobile App

HERNANDEZ

227834

svr022a




HOME DEPOT, INC.
MERCHANDISE RETURNED

PAGE: 1
DATE: 06/23/2014
TIME: 14:42:44

STORE: 1059 EL CENTRO

CUSTOMER ORDER: 227834

Customer : HERNANDEZ, NESTOR

Company : 
Phone : 
Site : 

Reference: PAVERS

REF #	SKU	SKU DESCRIPTION	QUANTITY RETURNED
R04	0000-280-466	12" CHAR/TAN NI FLAGSTONE WALL BLOCK	9.00
R05	0000-283-728	12" CHAR/TAN NI FLAGSTONE WALL CAP	5.00

CUSTOMER'S SIGNATURE

REVIEWER'S SIGNATURE

PL000071

CUSTOMER COPY



David De la Garza

Quality Window Treatments

2127 Villa Lane • El Centro, CA 92243

Tel: (760) 554-1087

E-mail: thegarz@hotmail.com • www.ivblinds.com

DATE 2/26/13

ORDER No. 999 274

SHIPPED DIRECT

S
O
L
D
T
O

HIRAOKA, KARINA & ERIK

1141 FAIRFIELD

Heber CA

QUANTITY ORDERED	DESCRIPTION	UNIT PRICE	AMOUNT
1	40 1/2 x 58 3/4 CR - 2" Faux wood blind CBS-1 white (LRT)		80 00
2	40 3/8 x 58 7/8 CR " " " (LRLT)		80 00
3	58 1/8 x 58 1/8 CR " " " (DRW)		105 00
4	58 1/4 x 58 1/2 CL " " " (FRW)		105 00
5	46 1/2 x 42 3/4 CR " " " (SINK)		65 00
6	46 3/8 x 58 3/4 CL " " " (FRW)		85 00
7	68 x 84 VERTICAL blind "Berma Nutmeg" (Slider)		165 00
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			

ABSOLUTELY NO CHANGES AFTER ACCEPTANCE OF ORDER ON ITEMS SHIPPED FROM FACTORY.

I, THE PURCHASER, AGREE TO ALL THE TERMS PRINTED ON THE FRONT OF THIS INVOICE

I ACKNOWLEDGE RECEIVING A COPY OF THOSE TERMS.

PURCHASER _____

I HAVE REVIEWED THE ABOVE INFORMATION AND IT IS CORRECT

SUBTOTAL	685 00
SALES TAX	—
MEASURE, INSTALLATION	— FREE —
GRAND TOTAL	685 00
DEPOSIT	685 00
BALANCE DUE	000072

METHOD OF PAYMENT
Cheq
TRA [Redacted]



David De la Garza

Quality Window Treatments

2127 Villa Lane • El Centro, CA 92243

Tel: (760) 554-1087

E-mail: thegarz@hotmail.com • www.ivblinds.com

DATE 4/15/13

ORDER No. 0008670

SHIPPED DIRECT

SOLD TO

HIRAOKA, KARINA & ERIC
 1141 FAIRFIELD
 Heber CA

QUANTITY ORDERED	DESCRIPTION	UNIT PRICE	AMOUNT
1	46 1/4 x 52 3/4 CR 2" faux wood blind cbs-white (BR1F)		75 00
2	58 1/2 x 46 1/2 CL " " " (BR2F)		85 00
3	57 7/8 x 46 1/4 CL " " " (BR3S)		85 00
4	58 1/8 x 46 3/4 CR " " " (BR4W)		85 00
5	22 3/8 x 34 3/4 CL " " " (M-DRET)		40 00
6	70 1/2 x 47 CR " " " (M-BRW)		100 00
7	58 1/2 x 22 3/4 CL " " " (M-BRN)		75 00
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			

ABSOLUTELY NO CHANGES AFTER ACCEPTANCE OF ORDER ON ITEMS SHIPPED FROM FACTORY.

I, THE PURCHASER, AGREE TO ALL THE TERMS PRINTED ON THE FRONT OF THIS INVOICE

I ACKNOWLEDGE RECEIVING A COPY OF THOSE TERMS.

PURCHASER _____

I HAVE REVIEWED THE ABOVE INFORMATION AND IT IS CORRECT

SUBTOTAL	545 00
SALES TAX	—
MEASURE, INSTALLATION	-Free-
GRAND TOTAL	545 00
DEPOSIT	
BALANCE DUE	PL000073

METHOD OF PAYMENT
 TRANS # / CHECK #

ACCURATE PLUMBING
 880 Brighton St., #2
 El Centro, CA 92243
 Toll Free: (877) 725-9540
 License #645710

Invoice # 39784
 Work Order # 3299132
 Name: ALBERT HIRAKA
 Address: 1141 Fairfield Way
 City: Heber State: CA Zip: _____
 Phone: _____
 Date: 10/15/12



AUTH NO. _____
 Appliance: _____
 Brand Name: _____
 Model# / p/f: _____
 Serial#: _____

WORK PERFORMED:
 6lp not working - plug was not
 popped on install - fixed issue
 will need to return and
 and install tub spout and
 secure shower valve to wall
 please reschedule after
 12:pm

Quan.	P.O. No.	Description	BILLED	
			Amount	

*Person
 Shop
 09*

Please make checks payable to ACCURATE PLUMBING
 _____ Cash _____
 _____ Check _____
 _____ VISA _____ MC _____ Coupon _____

TOTAL PARTS	
TAX	
LABOR	
TOTAL	
LESS DEDUCTIBLE	
DISCOUNT	
OTHER	
DEPOSIT	
BALANCE DUE	60.

Credit Card Authorization Exp. Date _____ Code _____
 By _____ Above Order Completed Satisfactory
 SIGNATURE: Albert Hiraka
 C.O.D. _____ Contract _____
 Charge _____ Warranty _____

Note
 There will be a fee of \$25 for each returned check.

A service charge of 1 1/2% per month or 18 % per annum charge on all past due balances.

ENGINEER	TIME			HOURS		
	Date	Start	Finish	Straight	Overtime	Total

Thank you

A+ SPEEDY PLUMBING & LEAK DETECTION

640 W. WORTHINGTON RD. • IMPERIAL, CA 92251
 LICENSE NO: 612447
 PHONE: (760) 355-0500

NAME Erick Hiaroka BILL TO A.H.S.
 JOB AT 144 Fairfield way ADDRESS _____
 CITY Heber ZIP _____ CITY _____ ZIP _____

DESCRIPTION OF WORK waiter closet leaking in Hall Master Bath
UPstairs Hall bath Repair filter valve downspouts check-cirter looks ok

W/O# 26855292

Authro# _____

TIME	FROM	TO	HOURS	QUANTITY	UNIT	INVENTORY I.D.	MATERIAL USED	PRICE/UNIT	AMOUNT
MON.									
TUES.									
WED.									
THURS.									
FRI.									
SAT.									
TOTAL HOURS									

WAS WORK COMPLETED? YES NO

IS THERE A PICK-UP? YES NO

COMMENTS

Toolers have done or other leaks toilet
Looks like floor previous problem

MATERIAL

TAX

LABOR

EQUIPMENT RENTAL

SERVICE CHARGE

BALANCE DUE

75.00

IMPERIAL PRINTERS 202893

NOTICE TO PAYOR

"Under the Mechanics' Lien Law (Section 7018, California Business and Professional Code) a contractor, subcontractor, laborer, supplier or other person who helps to improve your property but is not paid for his work or supplies, has a right to enforce a claim against your property. This means that after a court hearing, your property could be sold by a court officer and the proceeds of the sale used to satisfy the indebtedness. This can happen even if you have paid your contractor in full, if the subcontractor, laborer, or supplier remains unpaid."

TO OUR CUSTOMERS: Service men are required to have work stop signed. This is done in order to protect you, the workmen and ourselves, and to enable us to give you absolute satisfactory service. You are respectfully requested to examine material and labor statement before workmen leave the job and if you find everything satisfactory, okay this ticket. If service is unsatisfactory, in any way, please phone our office immediately.

I find the time and material charged above satisfactory and agree to pay for same on presentation of invoice, and further agree to pay reasonable charges for collection, including attorney's fees in the event of my default. A delinquent penalty will be charged if account is past due.

Contractors are required by law to be licensed and regulated by the Contractors' State License Board. Any questions concerning a contractor may be referred to the registrar of the board whose address is: Contractors' State License Board, 1020 N. Street, Sacramento, California 95814.

Signed _____

By _____

credit card
paid

DATE 10-28-13 6297

WORKMAN Jeremy
 TELEPHONE NO. 791-9987
 CUSTOMER NEW ACCOUNT OLD
 JOB / CUSTOMER PHONE NO. _____
 JOB CLASS: RET GOV RES BID SHOP

Arctic Air Conditioning & Heating, Inc

667 E. ROSS AVENUE EL CENTRO, CA 92243

(760) 352-8855

(760) 352-4122 FAX

CONT. LIC. #714495

Invoice

Date 3/12/2014

Invoice # 38631

PAID
03/12/2014

Bill To

Erik & Karina Hiraoka
1141 Fairfield Way
Heber, CA 92249

Job site

Erik & Karina Hiraoka
1141 Fairfield Way
Heber, CA 92249

Due Date	Technician	Make	Model	Serial	Est. Age:
3/12/2014	HG	YORK	H2RC036506G	W0K5912103	9

Item	Description	Qty	Rate	Amount
LABOR	Re-installed furnace panel and checked for proper operation.	1	0.00	0.00
Preventive Maintenance	Performed 22 Point precision Tune-Up and professional cleaning, for HVAC system.	2	105.00	210.00
Special Promotion	Special Promotion		-40.00	-40.00
	Paid \$75.00 deductible for AHS			
Recommendations	Join Comfort Club and save 15% off on Preventive Maintenance Service and repairs for 1 year: \$170.00 Renew Comfort Club and save 10% off: \$153.00 Duct Cleaning with Roto Brush: (Call for free estimate) 4" 4 Season Filter: \$88.00 (\$44.00 for 2nd filter) Primary Sealing for Ducts: \$315.00		0.00	0.00

We love referrals! Receive a thank you gift for referring a friend!

Total	\$170.00
Payments/Credits	-\$170.00
Balance Due	\$0.00

A finance fee of 1.5% will be charged to your account balance each month if account is not paid in full by due date. Please submit payment to:
P.O.Box 5550
Calexico, Ca 92232 (760) 352-8855

PL000077

ARCTIC AIR CONDITIONING N HEATI
667 E ROSS ST
EL CENTRO, CA 92243
(760) 352-8855

Date: 3/12/2014 | Time: 12:43 PM PST

Trans Type: | Sale
Customer ID: |

Transaction #: | 150189796
Name: | Erik J Hiraoka

Account: | *****
Exp Date: | ██████████
Card Type: | ██████████
Zip: | ██████████
Entry: | ██████████
AuthCode: | ██████████

APPROVED

Message: | APPROVAL
Batch Number: | 547
Subtotal: | **\$245.00**

Total Amt: | **\$245.00**

I Agree to Pay Above Total
Amount According to Card
Issuer Agreement (Merchant
Agreement if Credit Voucher)

Signature X _____



Monitronics™
Authorized Dealer

Certificate of Installation

This Certificate of Security System Installation reflects that a Skyline Security LLC security alarm system, has been installed;

Order dated: 10/26/12, was installed on: 10/29/12
In the residence listed below:

Name: ERIK HIRAOKA / KARINA HIRAOKA
Address: 1141 FAIRFIELD WAY
City: HEBER State: CA Zip: 92249

Central Station Signal Receiving and Notification Service is provided by our U.L. Listed Alarm Service Center using a Digital Communicator and standard telephone lines or (described): _____

Circle which Apply:

- Burglar Alarm
- Fire Alarm
- Police Emergency
- Other: _____

If there are any questions regarding this installation and services provided, contact us immediately.

Address: 742 W. MAIN ST
City: EL CENTRO State: CA Zip Code: 92243
Phone: (714) 330-0668 Fax Number: _____

The system that has been installed may entitle you to discounts on your home owners insurance agent or broker to determine if you are eligible.
This certificate of Security System Installation is subject to the terms and conditions of the residential systems customer's order between you and your Skyline Security, LLC representative.

Signed: Edwin Arroyave
Title: (OWNER)
Frank Partida
Frank Partida

Digitally signed by Edwin Arroyave
DN: cn=Edwin Arroyave, ou=Skyline Security Management Inc., o=owners,
email=ee@skylinesecurity.com, c=US
Date: 2012.11.13 12:54:13 -0800



9027 Florence Ave. Downey Ca, 90240 ACO 6480

Have you visited www.ahssales.com to order an AHS home warranty on-line ?

Real Estate Professional --- Thank you for choosing an American Home Shield warranty for this home. Please keep this document for your records. Review the information below and phone us at 1-800-SEL-HOME (1-800-735-4663) with any corrections. You may also fax corrections to us at : 1-800-FAX-AHS8 (1-800-329-2478) .

Again, thank you for selecting American Home Shield.

MYRNA MANIX
IMPERIAL VALLEY REAL ESTATE
380 N 8TH ST, # 2
EL CENTRO, CA 92243

THE AMERICAN HOME SHIELD GROUP OF COMPANIES
AMERICAN HOME SHIELD OF CALIFORNIA, INC.

CONTRACT NUMBER: 119929052
AHS FlexPlan: Seller/Buyer

IMPORTANT: For Service Call American Home Shield ONLY:
1-800-776-4663 or visit www.ahsservice.com. American Home Shield will not reimburse for services performed without its prior approval.

COVERED PROPERTY AND LISTING INFORMATION

Address of Covered Property :

1141 FAIRFIELD WAY
HEBER, CA 92249

Home Seller :

Listing Date : 09/05/2012

Listing Expiration Date : 09/20/2012

Real Estate Company :

IMPERIAL VALLEY REAL ESTATE
380 N 8TH ST, # 2
EL CENTRO, CA 92243

Real Estate Professional Submitting Application :

MYRNA MANIX

CLOSING/ESCROW INFORMATION

Escrow Company (if available) :

PROMINENT ESCROW
1201 DOVE ST, STE 650
NEWPORT BEACH, CA 92660

Escrow Agent or Attorney's Name :

STACY HARDACRE

Escrow File Number :

Proposed Closing Date (if available) :

09/20/2012

Home Buyer :

ERIK & KARINA HIRAOKA

COVERAGE INFORMATION

Seller's listing coverage has not been selected.

Customer legend for Basic/Core and Optional Coverages: S = Seller Only; B = Buyer Only; S/B = Seller and Buyer

Basic/Core Coverages:

Description	Customer	Price
- Seller AC, Ductwork, Heat	S	Incl.
- Built-in Microwaves	S/B	Incl.
- Dishwashers	S/B	Incl.
- Electrical	S/B	Incl.
- Garbage Disposals	S/B	Incl.
- Insufficiently Maintained Equipment	S/B	Incl.
- Plumbing	S/B	Incl.
- Plumbing Stoppages	S/B	Incl.
- Presence of Rust & Corrosion	S/B	Incl.
- Ranges, Ovens, Cooktops	S/B	Incl.
- Trash Compactors	S/B	Incl.
- Water Heaters	S/B	Incl.
- Air Conditioning	B	Incl.
- Ductwork	B	Incl.
- Heating	B	Incl.
		\$325.00

Basic/Core Coverage:	\$325.00
Optional Coverage:	\$0.00
Total:	\$325.00

Optional Coverages:

Description	Customer	Qty.	Price
COVERAGEPLUS PACKAGE	S/B	-	-
- A/C (Geothermal/water source heat pumps, Electric non-ducted wall AC units, Registers, Grills)	S/B	-	-
- Built-In Microwave Oven (Door Glass, Racks)	S/B	-	-
- Built-in Food Centers	S/B	-	-
- Ceiling Fans	S/B	-	-
- Central Vacuums	S/B	-	-
- Doorbells	S/B	-	-
- Ductwork and Plumbing located in concrete (\$1,000 Limit each)	S/B	-	-
- Garage Door Opener (Hinges, Springs, Remote Transmitter)	S/B	-	-
- Garage Door Openers	S/B	-	-
- Heating (Geothermal/water source heat pumps, Grills, Heat Lamps, Registers)	S/B	-	-
- Instant Hot/Cold Water Dispensers	S/B	-	-
- Plumbing (Pressure Regulators, Faucets, Shower Arms & Heads, Hose Bibs, Toilets, Sewage Ejector Pump)	S/B	-	-
- Ranges, Ovens, Cooktops (Clocks, Dials, Handles, Knobs, Racks, Rotisseries)	S/B	-	-
- Smoke Detectors	S/B	-	-
- Telephone Wiring	S/B	-	-
- Trash Compactors (Removable Buckets)	S/B	-	-
SERVICEPLUS PACKAGE	S/B	-	-
- Code Violations (\$250 Per Contract Term)	S/B	-	-
- Improper Installations, Repairs, or Modifications	S/B	-	-
- Mismatched Systems	S/B	-	-
- Permits (\$250 Per Occurrence)	S/B	-	-
- Refrigerant Recapture, Reclaim, and Disposal	S/B	-	-
- Removal of Defective Equipment	S/B	-	-
- Undetectable Pre-Existing Conditions	S/B	-	-
SINGLE ITEM OPTIONS:			
- Additional Refrigerator with Ice Maker (Only available w/ purchase of Kitchen Refrigerator)	B	-	-
- Additional Spa	B	-	-
- Clothes Washer and Clothes Dryer	B	-	-
- Clothes Washer, Clothes Dryer, Refrigerator w/ Ice Maker	B	-	-
- Free Standing Ice Maker	B	-	-
- Kitchen Refrigerator with Ice Maker	B	-	-
- Pool Only	B	-	-
- Pool/Spa Common Equipment	B	-	-
- Septic System Pumping and Septic Sewage Ejector Pump	B	-	-
- Spa Only	B	-	-
- Water Softener	B	-	-
- Well Pump	B	-	-
			\$0.00

Contract Number: 119929052

Property Address:

1141 FAIRFIELD WAY
HEBER, CA 92249

Dwelling Type:

Single Family Residence under 5,000 sq.ft.

Service Fee: \$60.00*

* Specific covered items may have a higher service fee.

Coverages not selected can still be added to your plan. To add additional optional coverages, call:

1-800-735-4663

For Service visit or call:

www.ahsservice.com

1-800-776-4663

American Home Shield will not reimburse for services performed without its prior approval.

NOTICE TO ESCROW COMPANY: If the Home Seller has elected listing and escrow period coverage, Section 12740 of the Insurance Code requires home warranty companies to collect the basic coverage and option fee plus a pro rata amount of the basic coverage fee at close of escrow. For this contract, such pro rata amount is \$0.89 per day from the effective date of application through the day before close of escrow.

Administered by:



PL000081



5-808-00180-0010461-003-2-000-010-000-000
ERIK HIRAOKA
KARINA HIRAOKA
1141 FAIRFIELD WAY
HEBER CA 92249-9502

Prepayment Disclosure Statement: Annual Disclosure Notice to Borrower for Mortgages Insured on or after August 2, 1985, and Closed Before January 21, 2015.

Date: 01/27/15
Loan ID: 9222101334
FHA Case Number: 203044-5119083

This notice is to advise you of requirements that must be followed to prepay your mortgage. This notice is also to advise you of requirements you must fulfill upon the prepayment of your mortgage to prevent the accrual of any interest after the date you prepay your mortgage.

The amount reflected below is the amount outstanding on the loan for prepayment of the indebtedness due under your mortgage. This amount is good through 01/01/15. (The amount provided is subject to further accounting adjustments. Also, any corporate advances made by us or payments received from you before the stated expiration date on this notice will change your prepayment amount.)

[The amount below reflects the amount outstanding under the mortgage, including principal, interest, penalties, late charges, advances, any other charges related to the loan, and any foreclosure or bankruptcy expenses incurred to date under the mortgage.]

Anticipated Payoff Amount: \$152,955.77

You may prepay your mortgage at any time without penalty. However, in order to avoid the accrual of interest on any prepayment after the date of prepayment, the prepayment must be received on the installment due date (the first day of the month). Otherwise, you may be required to pay interest on the amount pre-paid through the end of the month.

If you have any questions regarding this notice, please contact Customer Service at 866-360-4636.

360 Mortgage Group, LLC

PL000082



On Your Side®

Nationwide Insurance
Allied Insurance
Nationwide Agribusiness
Titan Insurance
Victoria Insurance

Eric Hiraoka Karina Coronel Hirao
Page 1 of 1

Eric Hiraoka Karina Coronel Hirao
1141 Fairfield Way
Heber, CA 92249-9502

Date prepared January 5, 2016
Claim number 72 04 20 819802 10142015 01

Questions? Contact Claims Associate
Sara Costea
costes2@nationwide.com
Phone (760)457-5529

We've settled your claim Dear Eric Hiraoka Karina Coronel Hirao,

We're pleased to tell you we've settled your property claim and will be sending you a check for \$1,277.20 This amount covers all of the estimated repair costs for your Supplement for repairs and depreciation.

Claim details

Insurer: Allied Property and Casualty Insurance Company, a Nationwide company
Policyholder: Eric Hiraoka Karina Coronel Hirao
Claimant: Eric Hiraoka Karina Coronel Hirao
Claim number: 72 04 20 819802 10142015 01
Loss date: 10-14-2015

Additional information

Please contact me as soon as possible if additional damages or costs were not included in the original estimate so we can adjust the settlement as appropriate.

You can always count on us to be there

We want to continue meeting your insurance needs. If you have any questions or concerns about your claim, please contact me at (760)457-5529 or costes2@nationwide.com.

Sincerely,

Sara Costea
Allied Property and Casualty Insurance Company, a Nationwide company
One Nationwide Gateway Dept 5576
Des Moines, IA 50391-5576
*



On Your Side®

Nationwide Insurance
Allied Insurance
Nationwide Agribusiness
Titan Insurance
Victoria Insurance

Eric Hiraoka Karina Coronel Hirao
Page 1 of 1

Eric Hiraoka Karina Coronel Hirao
1141 Fairfield Way
Heber, CA 92249-9502

Date prepared January 5, 2016
Claim number 72 04 20 819802 10142015 01

Questions? Contact Claims Associate
Sara Costea
costes2@nationwide.com
Phone (760)457-5529

We've settled your claim Dear Eric Hiraoka Karina Coronel Hirao,

We're pleased to tell you we've settled your property claim and will be sending you a check for \$1,113.76 This amount covers all of the estimated repair costs for your additional meals receipts.

Claim details

Insurer: Allied Property and Casualty Insurance Company, a Nationwide company
Policyholder: Eric Hiraoka Karina Coronel Hirao
Claimant: Eric Hiraoka Karina Coronel Hirao
Claim number: 72 04 20 819802 10142015 01
Loss date: 10-14-2015

Additional information

Please contact me as soon as possible if additional damages or costs were not included in the original estimate so we can adjust the settlement as appropriate.

You can always count on us to be there

We want to continue meeting your insurance needs. If you have any questions or concerns about your claim, please contact me at (760)457-5529 or costes2@nationwide.com.

Sincerely,

Sara Costea
Allied Property and Casualty Insurance Company, a Nationwide company
One Nationwide Gateway Dept 5576
Des Moines, IA 50391-5576
*

DECLARATION

ENC 0474623-00

MCGRAW INSURANCE SERVICES

PAGE 1

P.O. BOX 20
ANAHEIM, CA 92815-0040

POLICY NO. [REDACTED]

(800)303-5000

PACIFIC SPECIALTY INSURANCE COMPANY
(BEST RATED A ADMITTED)

NAMED INSURED AND ADDRESS
KARINA HIRAOKA
HIRAOKA, ERICK
ERIK HIRAOKA AND KARINA HIRAOKA,
HUSBAND AND WIFE AS JOINT TENANTS
1141 FAIRFIELD WAY
HEBER, CA 92249

PRODUCER: A70127 (760)337-5500
BERMUDEZ JR UBALDO
BERMUDEZ INSURANCE SERVICES
425 DESERT GARDENS DRIVE #A
EL CENTRO, CA 92243-4528

CALIFORNIA - HO-3 PREFERRED PERSONAL HOMEOWNERS
*** DECLARATIONS ***

POLICY NO : [REDACTED]
POLICY TERM: 09/06/2012 TO 09/06/2013 12:01 A.M. STANDARD TIME AT THE ADDRESS
OF NAMED INSURED AS STATED HEREIN.

*** Inspection Advisory ***

An Independent Inspection Company will be conducting a brief exterior inspection of your property. This inspection is a necessary step in our underwriting process. You do not need to be present for the inspection to occur.

PROGRAM: HO-3 FREE

COVERED PROPERTIES

#	OCCUPANCY	USE	#	UNITS	YEAR	ROOF	CONSTRUCTION	#	STORIES	ROOF	YR
1	OWNR	PRIM	1		2006	TILE	FRME	2		2006	

SQUARE FEET : 2,224 (SEE BELOW)

COST CLASS : STD+ FIRE EXTINGUISHER: FEET TO HYDRANT : 150

PROPERTY ADDRESS:
1141 FAIRFIELD WAY HEBER CA 92249
COUNTY: IMPERIAL

MORTGAGEE:
360 MORTGAGE GROUP LLC
ITS SUCCESSORS AND/OR ASSIGNS (ISAOA)
11305 FOUR POINTS DRIVE 1-200 AUSTIN TX 78726
LOAN #: 10033598

MORTGAGEE / ESCROW:
360 MORTGAGE GROUP LLC
ITS SUCCESSORS AND/OR ASSIGNS
11305 FOUR POINTS DRIVE 1-200 AUSTIN TX 78726
LOAN #: 10033598

INSURED COPY

SEE OVER

09/06/2012: 11:39:10

Printed on 09/06/2012

DECLARATION

ENC 0474623-00

MCGRAW INSURANCE SERVICES

PAGE 2

P.O. BOX 40
ANAHEIM, CA 92815-0040

POLICY NO.

(800)303-5000

COVERAGE(S):

	PREMIUM
** DED, UNLESS SPECIAL DED. BELOW \$1,000 DEDUCTIBLE	INC
A DWELLING \$326,000 LIMIT	1,062.00
A2 ORDINANCE OR LAW COVERAGE	INC
A3 INFLATION GUARD	INC
B OTHER STRUCTURES \$32,600 LIMIT	INC
C PERSONAL PROPERTY \$163,000 LIMIT	INC
CRF TILE ROOF CREDIT	53.00-
C1 REPLACE COST PERSONAL PROPERTY	INC
D LOSS OF USE \$65,200 LIMIT	INC
E PERSONAL LIABILITY \$100,000 LIMIT	INC
E1E ANIMAL LIABILITY EXCLUSION	INC
F MEDICAL PAYMENTS \$1,000 LIMIT	INC
MPD MULTI POLICY DISCOUNT 1 - TIER	53.00-
NEW NEWLY ACQUIRED HOME DISCOUNT	53.00-
P1 COPPER PLUMBING ENDORSEMENT 6 NO. OF YEARS	INC
P18 TRAMPOLINE EXCLUSION	INC
P19 DIVING BOARD & SLIDE EXCLUSION	INC
S NEWER HOME CREDIT	234.00-
SUBTOTAL PREMIUM:	669.00

TOTAL PREMIUM: 669.00
(FULLY EARNED) POLICY FEE: 30.00
(FULLY EARNED) INSPECTION FEE: 40.00

TOTAL CHARGE: \$739.00

CONGRATULATIONS YOU SAVED: \$393.00
BY BEING A PSIC POLICYHOLDER

THIS POLICY DOES NOT INCLUDE OPTIONAL EARTHQUAKE COVERAGE.

SUBJECT TO FORM NO(S): THE APPLICATION AND ITS STATEMENTS AND REPRESENTATIONS.
POLICY FORM : CA-HO-3(P) (ED. 1)

ENDORSEMENT CODES:

CAM1 (ED. 1); HO-90 (9-84); NM-CA-MEPL (04/02); NM-CA-PO1 (11/01); NM-CA-TW1 (05

INSURED COPY

09/06/2012: 11:39:10

Printed on 09/06/2012

PL000086

DECLARATION

ENG 0474623-00

MCCRAW INSURANCE SERVICES

PAGE 3

P.O. BOX 40
ANZHEIM, CA 92815-0040

POLICY NO

(800)303-5000

/02); NY07; NYM1; PM1-CA-HO(P)(ED.1); PM3 (ED. 2); PM4 (ED. 1); PM11 (ED. 3); PM
17 (ED. 1); PM18 (ED. 1); PM19 (ED. 1); PM20 (ED. 2);
PO16 (ED. 1), PO5-HO (ED. 1), PM2 (ED. 2), PM7 (ED. 1).

IMPORTANT: IF A PAYMENT PLAN IS UTILIZED A FULLY EARNED SERVICE CHARGE WILL
BE ADDED FOR EACH INSTALLMENT PAYMENT MADE BY THE INSURED. THE MAXIMUM SERVICE
CHARGE APPLIED PER INSTALLMENT PAYMENT IS \$10. SERVICE CHARGES ARE DETERMINED
AT THE TIME A PAY PLAN IS SELECTED.
SERVICE CHARGES ARE NOT CHARGED ON DOWN PAYMENTS, OR INSTALLMENTS NOT TENDERED
DUE TO EARLY PAYMENT OF YOUR PREMIUM BALANCE, OR ON THE ENTIRE PREMIUM
PAYMENT. AN INSTALLMENT INVOICE WILL BE SENT TO THE INSURED DETAILING THE
REQUIRED PAYMENT AMOUNT AND PAYMENT DUE DATE. PAYMENTS MUST BE RECEIVED IN OUR
OFFICE PRIOR TO THE DUE DATE OR THE POLICY WILL BE CANCELLED FOR NON-PAYMENT
OF PREMIUM.

FRAUD STATEMENT

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION
TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFTAUDING THE COMPANY. PENALTIES
MAY INCLUDE IMPRISONMENT, FINES, OR DENIAL OF INSURANCE BENEFITS.
COVERAGE APPLICABLE ONLY WITHIN THE U.S.A., ITS TERRITORIES, AND CANADA.

ANY REVISIONS, CHANGES AND/OR CORRECTIONS MADE ON THE PRINTED APPLICATION AFTER
THE INFORMATION HAS BEEN SUBMITTED ONLINE ARE NOT REFLECTED ON THIS
DECLARATIONS PAGE AND ARE NOT A PART OF THE APPLICATION FOR INSURANCE. IF ANY
INFORMATION ON THE DECLARATIONS PAGE IS INACCURATE PLEASE NOTIFY THE
UNDERWRITING DEPARTMENT IN WRITING, VIA U.S. MAIL.

POLICY FEE IS FULLY EARNED (RETAINED).
FOR CLAIMS REPORTING PLEASE CALL (800)962-1172
FOR POLICY SERVICE PLEASE CALL (800)303-5000

REQUESTED BY: INSURED

INTERNAL PRINT CODES: CA-HO3(P)-POL (ED.2.1);CA-HO3(P)-END (ED.9.2)

INSURED COPY

09/06/2012: 11:39:10

Printed on 09/06/2012

PL000087

ARCTIC AIR

WHERE CUSTOMERS COME FIRST

www.arcticairrac.com

cesar@arcticairrac.com

667 E. ROSS AVENUE • EL CENTRO, CA 92243
OFFICE (760) 352-8855 • FAX (760) 352-4122
CONT. LIC. #714495

NAME / ADDRESS: **ERIKA HIRAKA**
1141 Fairfield Way
Heber CA 92249

SERVICE REQUEST / PROBLEM: **24 X 24 X 1**

EQUIP BRAND: **A YORK** MODEL: **H2RC036S06G** SERIAL NO: **W01C592103** EST AGE: **110** SYSTEM CONDITION: **E O U**

Filter Sizes: **24 X 24 X 1** Type Pleated Fiberglass EAC 4" Filter Washable

GENERAL CONDITION INSPECTION NOTED FOR INFORMATION ONLY: **EXCELLENT** GOOD UNSATISFACTORY

COND. COIL	EVAP. COIL	DRAINS / P TRAP	ATTIC INSUL.	FIRMADE	FILTER	DUCT WORK
G	G	G	G	G	G	G

PKG AC: **PKG HR** PKG GAS PACK: SPLIT A/C: W/FURNACE: CL: **0** D: **0** R: **0**

0 Strish H2RC036S06G **W01C592103** **R22 Freeon**

2 units on floor and addvc

DIAGNOSIS / SOLUTION	DESCRIPTION	WHY	COST
1	Install Service Patch	Easy Access to Clean Unit	\$ 35
2	4 In. 4 Season Filter, 2nd 1/2 off	Protect Your Equipment and Save Money	\$ 68 / 34
3	Replace / Install P-trap	Protect Your Home, Roof and Save Money / Missing	\$ 65
4	Programmable Thermostat	Save Money on Energy Bill / Missing	\$190
5	Compressor Saver (Hard Start)	Prolong Life Equipment	\$190
6	Join Comfort Club / ESA	Protect Your Equipment	\$170
7	Enlarge Return Grill	Insure Top Performance	\$475
8	Ceiling Saver (Float Switch)	Insure Top Performance / Missing	\$ 75
9	Primary Sealing for Return and Supply Ducts *	Protect You and Your Family / Missing	\$315
10	Duct Cleaning with 400 Brush *	Protect you and Your Family	\$365
11	Preventive Maintenance, A/C or Heating	Prolong Life Equipment	\$105

Armaflex 10 X 18
Thermostat Seal t. 10 X 18
2nd Dam Pan 450 X 2
PVC Cap 15 X 2

Initials: **EH**

WORK ORDER

DATE: **10/24/19** W.O. No.: _____

Arrive Time: **3:00** Depart Time: _____

Depart Time: _____ Return Time: _____

FINDINGS: **Found units in need of P.M**
Service units need Evap coil
Clean very dirty units missing
thermostat Seal t. gat 10 ft Found
Substraw lime insulation torn
from Sow 10 ft
Recomend 2nd Dam Pan
Found units missing 3/4
PVC cap

REPAIR SERVICES PERFORMED

A	Found units missing 3/4		
B	PVC cap		
C			
D			

REPAIR COST

F	WITHOUT Discount Club		
G	WITH Discount Club		
H	Today's Diagnostic & Repair 15% \$		
I	COMFORT CLUB / ESA dues		
	Discount on today's repair 15%		
	Heating Maintenance: +		
	Cooling Maintenance: +		
	Total: \$		
	COMFORT CLUB OR ESA INVESTMENT		
	SUB-TOTAL		
	COMFORT CLUB OR ESA 15% DISCOUNT ON ITEM I		
	THE TECHNICIAN WAS PAID BY METHOD BELOW		
	TOTAL		

Save Money Now!

DIAGNOSTIC CHARGE: _____

EXP. DATE: _____

CARD NO. _____

YOU SAVE: _____

ACCEPTANCE OF WORK PERFORMED: I find the service and material rendered and installed in connection with the above work mentioned, has been completed in satisfactory manner. I agree that the amount set forth on this contract in the space labeled "TOTAL" to be the total and complete flat rate/minimum charge. I agree to pay reasonable attorney's fees and court costs in the event of legal action. A monthly service charge of 1 1/2% will be added after 15 days. I acknowledge that I have read and received a legible copy of this contract and agree to pay for same.

Signed: **[Signature]**

WORK COMPLETED INCOMPLETE (See Recommended)

477305

10132613C



Send Payments to our Payment Processing Vendor:
P.O. Box 513738
Los Angeles, CA 90051-3738
For Inquiries: (855) 281-0087

9222101334

April 26

May 10 = 659.95
June payment

Analysis Date: 12/18/2012

Loan ID: 9222101334

IMPORTANT HOME LOAN INFORMATION ENCLOSED

ERIK HIRAOKA
KARINA HIRAOKA
1141 FAIRFIELD WAY
HEBER, CA 92249

Property Address:
**1141 Fairfield Way
Heber, CA 92249**

Annual Escrow Account Disclosure Statement Account History

Current Payment		New Payment - Effective 2/1/2013	
Principal & Interest Payment	\$745.75	Principal & Interest Payment	\$745.75
Escrow Payment	\$395.88	Assistance payment (-)	\$0.00
Other Funds Payment	\$0.00	Unadjusted Escrow Payment	\$495.06
Assistance payment (-)	\$0.00	Shortage amount	\$72.08
Total payment	\$1,141.63	Surplus amount	\$0.00
		Total new payment	\$1,312.89

This Statement gives you a summary of the actual activity in your escrow account and a detailed projection of the anticipated activity in your escrow account for the coming year.

Actual Activity Summary from 10/22/2012 - 12/18/2012

Date	Anticipated Payments to Escrow	Actual Payments to Escrow	Anticipated Payments from Escrow	Actual Payments from Escrow	Description	Required Escrow Balance	Actual Escrow Balance
					Starting Balance		\$1,352.80
Nov 2012	\$0.00	\$395.88	\$0.00	\$0.00			\$1,748.68
Nov 2012	\$0.00	\$0.00	\$0.00	\$1,620.02	County taxes*		\$128.66
Dec 2012	\$0.00	\$395.88	\$0.00	\$0.00			\$524.54
					Anticipated		
Jan 2013	\$0.00	\$395.88	\$0.00	\$0.00			\$920.42
Total							

An asterisk (*) indicates a difference from a previous estimate either in the date or the amount. If you would like further clarification please call our toll-free number (855) 281-0087. Actual Payment to Escrow (if your mortgage payment was applied prior to the payment due date, it will appear within the month it was posted). The escrow deposit will not necessarily be reflected in the month it was due.

Ending Escrow Balance Calculation

Due Date	1/1/2013
Escrow Balance	\$191.06
Anticipated Payments to Escrow	\$395.88
Anticipated Payments from Escrow	\$0.00
** Anticipated Escrow Balance	\$423.47

**(This will be used as the starting balance for your 12-month projection on the next page)



**More saving.
More doing.™**

320 WAKE AVE
EL CENTRO, CA 92243 (760) 353-0362
1059 60015 17382 05/30/14 08:35 AM
CASHIER JENNIFER - JN222
ORDER ID: 1059-226968
RECALL AMOUNT 228.00

SUBTOTAL 228.00
SALES TAX 18.24
TOTAL \$246.24
AUTH CODE 030286/915129



1059 15 17382 05/30/2014 3310
THE HOME DEPOT RESERVES THE RIGHT TO
LIMIT / DENY RETURNS. PLEASE SEE THE
RETURN POLICY SIGN IN STORES FOR
DETAILS.

ENTER FOR A CHANCE
TO WIN A \$5,000
HOME DEPOT GIFT

Share Your Opinion with Us! Complete
the brief survey about your store visit
and enter for a chance to win at:
www.homedepot.com/opinion

COMPARTIA SU OPINION EN UNA BREVE
ENCUESTA PARA LA OPORTUNIDAD DE GANAR.

User ID: BX87 36112 35068
Password: 14280 35053

Entries must be entered by 06/29/2014.
Entrants must be 18 or older to enter.
See complete rules on website. No
purchase necessary.

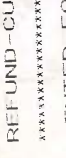
Free quotes. Visit our website or
Download the Mobile App
WWW.HOMEDEPOT.COM
Free quotes. Visit our website or
Download the Mobile App



**More saving.
More doing.™**

320 WAKE AVE
EL CENTRO, CA 92243 (760) 353-0362
1059 00015 29513 06/09/14 10:12 AM
CASHIER JENNIFER - JN222
* ORIG REF: 1059 001 07342 05/29/14 TA *
ORDER ID: 1059-226968
RECALL AMOUNT 90.00

SUBTOTAL 90.00
SALES TAX -90.00
TOTAL -97.20
HOME DEPOT -97.20
INVOICE 913470



1059 01 07342 05/29/2014 2219
THE HOME DEPOT RESERVES THE RIGHT TO
LIMIT / DENY RETURNS. PLEASE SEE THE
RETURN POLICY SIGN IN STORES FOR
DETAILS.

ENTER FOR A CHANCE
TO WIN A \$5,000
HOME DEPOT GIFT

Share Your Opinion with Us! Complete
the brief survey about your store visit
and enter for a chance to win at:
www.homedepot.com/opinion

COMPARTIA SU OPINION EN UNA BREVE
ENCUESTA PARA LA OPORTUNIDAD DE GANAR.

User ID: CC50 48374 47330
Password: 14309 47315

Entries must be entered by 07/09/2014.
Entrants must be 18 or older to enter.
See complete rules on website. No
purchase necessary.

Free quotes. Visit our website or
Download the Mobile App
WWW.HOMEDEPOT.COM
Free quotes. Visit our website or
Download the Mobile App



**More saving.
More doing.™**

320 WAKE AVE
EL CENTRO, CA 92243 (760) 353-0362
1059 0001 07342 05/29/14 10:10 AM
CASHIER JENNIFER - JN222
ORDER ID: 1059-226968
RECALL AMOUNT 1263.40

SUBTOTAL 1,263.40
SALES TAX 94.75
TOTAL \$1,358.15
HOME DEPOT 1,358.15
AUTH CODE 029827/3014661



1059 01 07342 05/29/2014 2219
THE HOME DEPOT RESERVES THE RIGHT TO
LIMIT / DENY RETURNS. PLEASE SEE THE
RETURN POLICY SIGN IN STORES FOR
DETAILS.

ENTER FOR A CHANCE
TO WIN A \$5,000
HOME DEPOT GIFT

Share Your Opinion with Us! Complete
the brief survey about your store visit
and enter for a chance to win at:
www.homedepot.com/opinion

COMPARTIA SU OPINION EN UNA BREVE
ENCUESTA PARA LA OPORTUNIDAD DE GANAR.

User ID: 6S5G 16032 14974
Password: 14279 14973

Entries must be entered by 06/28/2014.
Entrants must be 18 or older to enter.
See complete rules on website. No
purchase necessary.

Free quotes. Visit our website or
Download the Mobile App
WWW.HOMEDEPOT.COM
Free quotes. Visit our website or
Download the Mobile App

ESTIMATE
(Valid for 30 days)

DATE 3/12/15
NAME Karina
ADDRESS 114 Fairbaird way
MAKE York
MODEL
SERIAL

QTY.	PART #	DESCRIPTION OF PARTS OR MATERIALS	PRICE	AMOUNT
7		7155 R-22	40	280.00
		Discont		-20.00
2		Preventive Maintenance Service	50	100.00
		Nitrogen Charge System	N/C	
		Leak Search	N/C	
		Repair Leak	N/C	
LABOR PERFORMED			TOTAL MATERIALS	
Found A/C unit (South) Completely			TAX	
No Refrigerant, Nitrogen Charge			TOTAL	350.00
System, found leak at King Valve				
Fixed leak Charge with 7155 R-22				
System working fine				
DATE WANTED			DEPOSIT	
			RECEIVED BY	

ESTIMATES ARE FOR LABOR ONLY. MATERIALS ADDITIONAL. WE WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE CAUSED BY FIRE, THEFT, TIPPING OR ANY OTHER CAUSES BEYOND OUR CONTROL.
720191
AUTHORIZED BY: [Signature]
TERMS - NET CASH
NO GOODS HELD OVER 30 DAYS
REPAIR ORDER ORIGINAL
5084

DESERT AIR CONDITIONING

(760) 352-7711
 429 W. MAIN STREET • EL CENTRO, CALIF 92243
 Sales and Service of Air Conditioning, Heating and Ventilating Equipment
 License No. 844592 • FAX (760) 352-7109

SERVICE INVOICE

29739

**TERMS: CASH UPON COMPLETION
 UNLESS OTHERWISE ARRANGED**

DATE: _____
 SERVICE: _____
 INSTALLED LOGO: YES NO

SHIP TO NAME: <i>Desert Air</i>		PERSON CALLING: _____		BILL TO NAME: _____		PHONE NO: _____		EARS: _____	
STREET: <i>49 Fairfield Way</i>		HOME PHONE: _____		OTHER PHONE: _____		STREET: _____		PHONE NO: _____	
CITY: <i>Heber</i> STATE: _____ ZIP: _____		DISPATCH TIME: _____		TIME ARRIVED: _____		TIME DEPARTED: _____		CITY: _____ STATE: _____ ZIP: _____	
SERVICE REQUEST / PROBLEM: <i>duct cleaning & repairs</i>					DETAIL OF REPAIR SERVICES PERFORMED				
A. EQUIP BRAND: _____ MODEL: _____ SERIAL NO: _____ EST. AGE: _____ SYSTEM CONDITION: <i>E G P U</i>					<i>Total price for 2 system Duct cleaning & repairs paid by check only for Duct cleaning & repairs</i>				
B. EQUIP BRAND: _____ MODEL: _____ SERIAL NO: _____ EST. AGE: _____ SYSTEM CONDITION: <i>E G P U</i>									
Filter Sizes: <i>20x30x1</i> E. Filter: Yes No					TOTAL FOR REPAIRS				
GENERAL CONDITION INSPECTION NOTED FOR INFORMATION ONLY: EXCELLENT GOOD POOR UNSATISFACTORY					CLUB INVESTMENT + <i>Quote</i>				
DIAGNOSIS / SOLUTION: <i>2 System 3600 Square ft 5 Bedroom 2 1/2 Bath 2 Return</i>					CLUB DISCOUNT -				
DUCT INSPECTION COMPLETED: YES NO CONDITION: SAFE UNSAFE					DIAGNOSIS CHARGE <i>1695</i>				
RECOMMENDATIONS: <i>clean ducts, sanitize ducts, glen coat gaps, Adcon Registers</i>					TOTAL \$ <i>1695</i>				
I hereby authorize you to proceed with the above work at a flat rate of: \$ _____					THE TECHNICIAN WAS PAID BY METHOD BELOW				
RECOMMENDATIONS:					Customer's P.O. / Auth. No: _____ CHECK # _____ CASH _____				
Initials: _____					CARD No: _____ EXP. DATE: _____				
ACCEPTANCE OF WORK PERFORMED: I find the service and material rendered and installed in connection with the above work mentioned, to have been completed in satisfactory manner. I agree that the amount set forth on this contract in the space labeled "TOTAL" to be the total and complete flat rate minimum charge. I agree to pay reasonable attorney's fees and court costs in the event of legal action. A monthly service charge of 1 1/2% will be added after 30 days. I acknowledge that I have read and received a legible copy of this contract.					I find the flat rate above satisfactory and agree to pay for same				
SIGNED: _____					SIGNED: <i>* \$900 estimate</i>				
<input checked="" type="checkbox"/> WORK COMPLETED <input type="checkbox"/> INCOMPLETE (See Recommended)					TO OUR CUSTOMERS: Service Technicians are required to have work slips signed. This is done in order to protect you, the technician, and ourselves and to enable us to give you absolutely satisfactory service. You are respectfully requested to examine this material and labor statement before the technician leaves the job site. If you find everything satisfactory, sign this ticket. If service is unsatisfactory, in any way, please phone our office immediately. REPAIR GUARANTEED THIRTY DAYS.				
<input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> WARRANTY <input type="checkbox"/> CLUB P & S <input type="checkbox"/> CALLBACK									

WHITE Customer Copy CANARY Dispatch Copy TAG Field Copy

Payment Terms **To be paid by Insurance**
 Special Instructions*

Cesar Alzate
 Representative
 Service Master - All Phase Restoration
 Karina Hiraoaka
 Date: *5/23/2016*
 Date: *5-7-16*

Total Charge **\$1,784.00**
 New Target Completion Date **5/23/2016**

Air Conditioning Duct Cleaning
 Description of Work

05/23/2016 02:29 PM
 For work being completed at
 Karina Hiraoaka
 1141 Fairfield Way
 Heber, CA 92249
 Job Number: 16728

Change Order

Ph (760) 482-0123
 Fax (760) 392-4021

CA Contractor License # 732657
 Franchise # 9028

ServiceMASTER All Phase Restoration
 760 Broadway St
 El Centro, CA 92243

PL000091



P.O. Box 514387
Los Angeles, CA 90051-4387

Monthly Mortgage Statement

0278519 01 AB 0.400 **AUTO T6 0 1321 92249-950241 -C01-P78817-11



ERIK HIRAOKA
1141 FAIRFIELD WAY
HEBER, CA 92249-9502



Statement Date: 10/16/2017
Loan Number: 8007644887

Amount Due
11/01/17: **\$1,277.94**

If payment is received after 11/16/17, a late fee of \$42.60 will be charged.

Need a Purchase Loan? Find out how to shop for a new home with a competitive edge by calling (888) 978-4125 for a no-obligation loan consultation today!

Don't get lost in the paper shuffle! Online Statements are convenient and secure. Log in and click on Account Settings followed by Paperless Preferences and select Online Only for your monthly statement. You can also make a payment, view your loan activity and access loan information 24/7 on our website www.PennyMacUSA.com. Go paperless and eliminate the hassles of paper storage.

Loan Overview	Current Loan Balances	Year to Date (YTD) Balances**	Total Payment Breakdown
Property Address: 1141 FAIRFIELD WAY HEBER, CA 92249	Principal Balance: \$158,154.07 Escrow Balance: \$1,611.01 Past Due Balance: \$0.00 Outstanding Late Charges: \$0.00 Credit Balance* (since last statement): \$0.00	YTD Principal: \$2,049.22 YTD Interest: \$6,471.08 YTD Credit Balance: \$0.00 Prepayment Penalty: No	Principal: \$209.53 Interest: \$642.50 Escrow: \$410.91 Next Payment Due: \$1,262.94 Past Due Payments: \$0.00 Outstanding Late Charges: \$0.00 Other Fees: \$15.00 Amount Due: \$1,277.94
Loan Type: CONVENTIONAL W/O PMI			
Interest Rate Information: Current Interest Rate: 4.875% Next Payment Change Date (Escrow): 09/01/18 Reason For Payment Change: Escrow Analysis		<i>** Year to Date amounts are informational purposes only. For tax purposes, IRS Form 1098 will be issued at the end of the year with reportable amounts.</i>	

Transactions Since Your Last Statement			
Date	Description	Charges	Payments
10/16/17	Payment	\$0.00	\$1,262.94

Past Payments Breakdown		
Payment Elements	Paid Last Month	Paid Year to Date
Principal	\$208.68	\$2,049.22
Interest	\$643.35	\$6,471.08
Escrow (Taxes & Insurance)	\$410.91	\$3,564.78
Fees	\$0.00	\$298.20
Credit Balance	\$0.00	\$0.00
Total	\$1,262.94	\$12,383.28

* This is the amount credited to your account that typically is not enough to apply as a regular payment. Once additional funds are received that add up to a regular payment, these funds generally will be applied accordingly.

See the following pages for Important Consumer Information. To find free or low-cost HUD-certified housing counseling agencies in your area, please call 1.800.569.4287 or visit the HUD website at www.hud.gov.

Go Paperless with eStatements! Log in or register at www.PennyMacUSA.com to change your delivery preference today.



Loan Number: 8007644887

PENNYMAC LOAN SERVICES, LLC
PO BOX 30597
LOS ANGELES, CA 90030-0597



▲ Please detach and return with your payment ▲

Current Month's Payment Due: \$1,262.94
Past Due Payments: \$0.00
Late Charge if After 11/16/17: \$42.60
Current Month's Payment if After 11/16/17: \$1,305.54
Outstanding Late Charges: \$0.00
Other Fees: \$15.00
Amount Due 11/01/17: \$1,277.94

Current Payment Due:	\$	
Additional Principal:	\$	
Additional Escrow:	\$	
Other:	\$	
Total Amount Enclosed:	\$	




Clearly indicate in the boxes above how additional funds need to be applied

ERIK HIRAOKA
1141 FAIRFIELD WAY
HEBER, CA 92249-9502

PL000092
0100800764488700012629440001262941

1321-01-00-0278519-0001-0457778

Other Important Information

How to Contact Us	 www.PennyMacUSA.com Available 24/7 on all your devices: PC, Tablet, and Mobile. <i>El sitio web y las declaraciones están disponibles en español.</i> Go Paperless today!	 PennyMac Customer Service: (800) 777-4001 M – F: 6:00 AM – 6:00 PM PT Sat 7:00 AM – 11:00 AM PT Fax: (866) 577-7205	 PennyMac Loan Services, LLC Attn: Correspondence Unit P.O. Box 514387 Los Angeles, CA 90051-4387 Notices of error or information requests must be mailed to this address.
How to Make a Payment	Auto-Pay *: Enroll in Auto-Pay, on our website, to set up recurring payments from the bank account of your choice. Pay Online: Make a one-time payment on our website.	Pay-by-Phone: (800) 777-4001 <i>(Fees may apply to use this service)</i> Western Union: Code City: <i>PennyMac</i> Pay To: <i>PennyMac Loan Services</i> Code State: <i>CA</i> ID Number: <i>Enter Loan Number</i>	Check **: Mail to PennyMac: Standard Address: P.O. BOX 30597 Los Angeles, CA 90030-0597 Overnight Address: 1200 W. 7th St Suite L-2-200 Los Angeles, CA 90017
Tax and Insurance Information	Property Tax Bills: If you are escrowed for taxes and you receive a tax bill, you do not need to take any action. (Please note: Supplemental/Additional tax bills are the responsibility of the homeowner; PennyMac will pay them from the escrow account upon request.) Claim Settlement Checks: Call (866) 314-0498, when you receive an estimate of damages and/or a settlement check, to receive information for negotiation of the check.		General Insurance Questions: (866) 318-0208 Insurance Information: Anytime there is a change to your insurance policy please provide your insurance carrier the below: Mortgagee Clause: PennyMac Loan Services, LLC Its Successors and/or Assigns P.O. Box 6618 Springfield, OH 45501-6618
Credit Reporting Information	We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.		
Important Consumer Information	This is an attempt by a debt collector to collect a debt and any information obtained will be used for that purpose. However, if your account is subject to pending bankruptcy proceedings or if you have received a discharge in bankruptcy, this statement is for informational purposes only and is not an attempt to collect a debt against you personally.		




Requests for prior payment adjustments: To request funds for a prior payment be applied differently, you **must** notify PennyMac within 90 days of the original transaction. After 90 days, we will only change the application of funds if the transaction was applied contrary to your documented instructions. Review the Periodic & Partial Payment Policy below for more information.

* If you are enrolled in a PennyMac Auto-Pay program, and received a payment change notification, the new payment amount will be drafted on your scheduled draft date. (The principal curtailment amount will not change.) If you pay via online bill payment, please update the payment amount with your financial institution to ensure timely processing of your payment.

** When you pay with a check, you authorize PennyMac either to use information from your check to make a one-time electronic fund transfer (EFT) from your account, or to process the payment as a check transaction. When we use information from your check to make an EFT, funds may be withdrawn from your account on the same day PennyMac receives your payment. Please note that your financial institution will not send back your check. If funds are returned unpaid, a return service charge may be assessed to your loan whether processing your payment as a check or an EFT, as allowed by applicable law.

In accordance with the Fair Debt Collection Practices Act, 15 U.S.C. section 1692 et seq., debt collectors are prohibited from engaging in abusive, deceptive, and unfair debt collection efforts, including but not limited to: (i) the use or threat of violence; (ii) the use of obscene or profane language; and (iii) repeated phone calls made with the intent to annoy, abuse, or harass. AS REQUIRED BY NEW YORK STATE LAW, if a creditor or debt collector receives a money judgment against you in court, state and federal laws prevent the following types of income from being taken to pay the debt: 1) Supplemental security income (SSI); 2) Social security; 3) Public assistance (welfare); 4) Spousal support, maintenance (alimony) or child support; 5) Unemployment benefits; 6) Disability benefits; 7) Workers' compensation benefits; 8) Public or private pensions; 9) Veterans' benefits; 10) Federal student loans, federal student grants, and federal work study funds; 11) and Ninety percent of your wages or salary earned in the last sixty days. PennyMac Loan Services, LLC is registered with the Superintendent of the New York State Department of Financial Services (Department). You may file complaints about PennyMac with the Department. You may obtain further information from the Department by calling the Department's Consumer Assistance Unit at 1-800-342-3736 or by visiting www.dfs.ny.gov.

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Important Information About Mailed Payments

- Payments with a coupon are processed the same day as receipt when received prior to 8:00 AM PT. Overnight payments with a coupon are processed the same day as receipt when received prior to 10:30 AM PT. Payments not processed the same day are effective dated to the date of receipt.
- Please make checks payable to PennyMac Loan Services, LLC. Postdated checks are processed the same date as receipt.
- Please do not send cash. Payment instructions are limited to the information provided by PennyMac on the payment coupon only.
- Please sign and write your account number on your check or money order.

Periodic & Partial Payment Policy

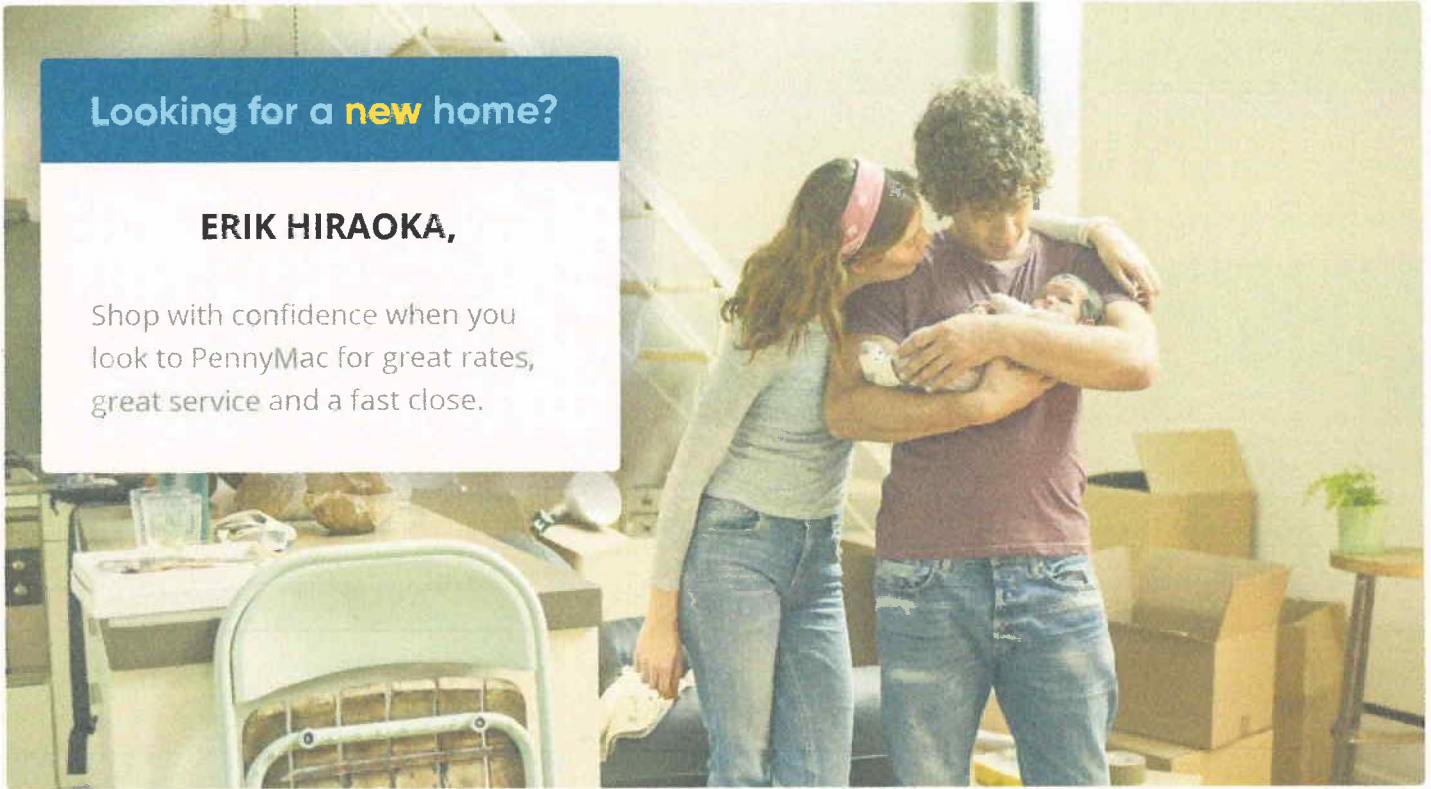
If you send us your payment with additional funds and don't specify how you want that money applied, we will first post payment(s) to bring your loan current. Any remaining money will then be applied based on a payment hierarchy towards outstanding escrow shortages and fees before any funds are posted as a principal reduction. Funds may be applied based on the perceived customer intent. For example, if the received amount is equal to the periodic payment due plus an exact match to outstanding late charges due on the loan, PennyMac may apply the excess funds to late charge due amounts rather than applying excess funds to an escrow shortage based on the payment hierarchy. If the money you sent wasn't enough for a payment, it will be applied to your loan as unapplied funds. For escrowed loans, we will accept a payment that is less than your periodic payment by an amount up to \$50.00. PennyMac will short your escrow account by the amount necessary to make the full periodic payment. Please note this may cause an escrow shortage in the future, which will result in an increase in your payment. For non-escrowed loans, we will accept a payment that is less than your periodic payment by an amount up to \$10.00. We will use a corporate advance, which will be billed to your account, to make the full periodic payment. Depending on the requirements of your loan documents, owner/insuree/guarantor of your loan or applicable law, and depending on the status of your account, partial payments that are outside the tolerances described above may be promptly returned to you, applied to your account, or held in a non-interest bearing account until additional funds sufficient to equal a periodic payment are received.

PL000093

Looking for a **new** home?

ERIK HIRAOKA,

Shop with confidence when you look to PennyMac for great rates, great service and a fast close.



New Purchase Rates as low as **3.875% (4.085% APR*)**

Get started today

- Call **(888) 995-9173** for a no-obligation loan consultation
- Visit us online at www.PennyMacUSA.com/greatrates

Home shop with a competitive edge

Along with great rates, PennyMac can give you a competitive advantage when making an offer on the home of your dreams, with two levels of pre-qualification. Put your best offer forward with **PennyMac's Pre-Qualification Certificate**. Your offer will stand out, and thanks to PennyMac's in-house loan processing, your loan can close quickly.



Call (888) 995-9173 today!

PennyMac Loan Services, LLC

	Credit Pre-Qualification	PennyMac Pre-Qualification Certificate
Strength of Pre-Qualification	Good	Better
Loan Officer estimates how much you can borrow based on your credit report and non-documented information you provide.	✓	
Loan Officer estimates how much you can borrow based on your credit report and a detailed look at your documentation to validate income.		✓

*Typical loan transaction example: 3.875% rate (4.085% APR) as of October 1, 2017 is for a \$250,000 (agency conforming), 30 year fixed rate loan in CA. 360 equal monthly payments of \$1,175 does not include tax and insurance costs and assumes 1.853 discount points, borrower FICO score of 720 or greater, a loan-to-value (LTV) ratio of 90% or less on a single family owner-occupied residential property. Lifetime interest paid calculated based on interest rate, term and loan balance. Rates and APRs may vary depending on loan details including but not limited to points, loan amount, loan-to-value, borrower credit, income, expenses, property type, occupancy and geography. Unless stated otherwise, closing costs will apply and can vary by state. This is not a commitment to lend but for illustrative purposes only.



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**PACIFIC
SPECIALTY
INSURANCE
COMPANY**

October 10, 2012

KARINA HIRAOKA
1141 FAIRFIELD WAY
HEBER, CA 92249

RE: Insured : KARINA HIRAOKA
Policy : XXXXXXXXXX
Claim : 000217053-01
Date of loss : 10/10/2012

Dear KARINA HIRAOKA:

This letter will acknowledge receipt of your claim and provide you with a brief overview of our claims process.

We have hired the following independent appraiser to inspect your property, take photographs and prepare a repair estimate:

**MARIPOSA INSURANCE SERVICES
(419) 861-2557**

If the appraiser has not already contacted you to make an appointment, you may contact them directly.

Pursuant to the policy conditions, please do not discard any items prior to the inspection, or otherwise impede our investigation process. Please note, the appraiser has no authority to determine coverage or to authorize repairs. In most cases, the appraisal report will be forwarded to us within five (5) business days of the inspection. As noted in you policy:

"2. Your Duties After Loss.

B. Protect the property from further damage, make reasonable and necessary repairs required to protect and keep an accurate record of repair expenditures;"

If applicable, we will request a copy of the incident report. However, if you have a copy, please forward it to us immediately. You will be reimbursed the cost of the report, if any.

In accordance with the terms and conditions of your policy, the following items are required before we can process your claim:

1) Policy and Claims Confirmation

**** This document lists the coverages available on your policy ****

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- a. Please review the form carefully in its entirety.
 - b. Confirm that the loss description, coverages available, deductible amount, perils opened and mortgage information are correct.
 - c. Please make any changes and/or include additional information (attach a sheet if necessary).
 - d. Sign, date and return in the envelope provided.
- 2) Personal Property Summary Sheet (if applicable)
- a. Describe, in detail, the items that were damaged, destroyed, or stolen, including when and where the items were purchased and the purchase price for each item.
 - b. Include all original receipts or other supporting documentation for the personal property claimed (i.e. photos, appraisals, manuals, etc.).
- 3) Additional Living Expense Statement of Loss (if applicable)
- a. Be sure to include all original receipts for the expenses claimed.
 - b. Items that may be considered under Additional Living Expenses include, but are not limited to, additional expenses for temporary housing, meals, fuel costs and other necessary increases in living expenses incurred by you so that your household can maintain its normal standard of living.

Please be advised that in some instances further investigation and documentation may be required in order to process your claim.

Please also be advised that selected correspondence will be available on our website for your agent/broker to review. If you have any concerns regarding this issue, please contact us immediately.

If you have any questions or require assistance in completing these forms, please contact us.

Sincerely,
Pacific Specialty Insurance Company

Cecile Pham-nguyen
Claims Examiner
(650) 569-4169

Enclosures: Loss Confirmation
(Other Forms Attached/Enclosed)

"For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."

INSURANCE CODE SECTION 790.03

790.03. The following are hereby defined as unfair methods of competition and unfair and deceptive acts or practices in the business of insurance.

(a) Making, issuing, circulating, or causing to be made, issued or circulated, any estimate, illustration, circular or statement misrepresenting the terms of any policy issued or to be issued or the benefits or advantages promised thereby or the dividends or share of the surplus to be received thereon, or making any false or misleading statement as to the dividends or share of surplus previously paid on similar policies, or making any misleading representation or any misrepresentation as to the financial condition of any insurer, or as to the legal reserve system upon which any life insurer operates or using any name or title of any policy or class of policies misrepresenting the true nature thereof, or making any misrepresentation to any policyholder insured in any company for the purpose of inducing or tending to induce the policyholder to lapse, forfeit, or surrender his or her insurance.

(b) Making or disseminating or causing to be made or disseminated before the public in this state, in any newspaper or other publication, or any advertising device, or by public outcry or proclamation, or in any other manner or means whatsoever, any statement containing any assertion, representation or statement with respect to the business of insurance or with respect to any person in the conduct of his or her insurance business, which is untrue, deceptive, or misleading, and which is known, or which by the exercise of reasonable care should be known, to be untrue, deceptive, or misleading.

(c) Entering into any agreement to commit, or by any concerted action committing, any act of boycott, coercion or intimidation resulting in or tending to result in unreasonable restraint of, or monopoly in, the business of insurance.

(d) Filing with any supervisory or other public official, or making, publishing, disseminating, circulating, or delivering to any person, or placing before the public, or causing directly or indirectly, to be made, published, disseminated, circulated, delivered to any person, or placed before the public any false statement of financial condition of an insurer with intent to deceive.

(e) Making any false entry in any book, report, or statement of any insurer with intent to deceive any agent or examiner lawfully appointed to examine into its condition or into any of its affairs, or any public official to whom the insurer is required by law to report, or who has authority by law to examine into its condition or into any of its affairs, or, with like intent, willfully omitting to make a true entry of any material fact pertaining to the business of the insurer in any book, report, or statement of the insurer.

(f) Making or permitting any unfair discrimination between individuals of the same class and equal expectation of life in the rates charged for any contract of life insurance or of life annuity or in the dividends or other benefits payable thereon, or in any other of the terms and conditions of the contract.

This subdivision shall be interpreted, for any contract of ordinary life insurance or individual life annuity applied for and issued on or after January 1, 1981, to require differentials based upon the sex of the individual insured or annuitant in the rates or dividends or benefits, or any combination thereof. This requirement is satisfied if those differentials are substantially supported by valid pertinent data segregated by sex, including, but not necessarily limited to, mortality data segregated by sex.

However, for any contract of ordinary life insurance or individual life annuity applied for and issued on or after January 1, 1981, but before the compliance date, in lieu of those differentials based on data segregated by sex rates, or dividends or benefits, or any combination thereof, for ordinary life insurance or individual life annuity on a female life may be calculated as

follows: (a) according to an age not less than three years nor more than six years younger than the actual age of the female insured or female annuitant, in the case of a contract of ordinary life insurance with a face value greater than five thousand dollars (\$5,000) or a contract of individual life annuity; and (b) according to an age not more than six years younger than the actual age of the female insured, in the case of a contract of ordinary life insurance with a face value of five thousand dollars (\$5,000) or less. "Compliance date" as used in this paragraph shall mean the date or dates established as the operative date or dates by future amendments to this code directing and authorizing life insurers to use a mortality table containing mortality data segregated by sex for the calculation of adjusted premiums and present values for nonforfeiture benefits and valuation reserves as specified in Section 10163.5 and 10489.2 or successor sections.

Notwithstanding the provisions of this subdivision, sex-based differentials in rates or dividends or benefits, or any combination thereof, shall not be required for (1) any contract of life insurance or life annuity issued pursuant to arrangements which may be considered terms, conditions, or privileges of employment as these terms are used in Title VII of the Civil Rights Act of 1964 (Public Law 88-352), as amended, and (2) tax sheltered annuities for employees of public schools or of tax exempt organizations described in Section 501(c)(3) of the Internal Revenue Code.

(g) Making or disseminating, or causing to be made or disseminated, before the public in this state, in any newspaper or other publications, or any other advertising device, or by public outcry or proclamation, or in any other manner or means whatever, whether directly or by implication, any statement that a named insurer, or named insurers, are members of the California Insurance Guarantee Association, or insured against insolvency as defined in Section 119.5. This subdivision shall not be interpreted to prohibit any activity of the California Insurance Guarantee Association or the commissioner authorized, directly or by implication, by Article 14.2 (commencing with Section 1063).

(h) Knowingly committing or performing with such frequency as to indicate a general business practice any of the following unfair claims settlement practices:

(1) Misrepresenting to claimants pertinent facts or insurance policy provisions relating to any coverage at issue.

(2) Failing to acknowledge and act reasonably promptly upon communications with respect to claims arising under insurance policies.

(3) Failing to adopt and implement reasonable standards for the prompt investigation and processing of claims arising under insurance policies.

(4) Failing to affirm or deny coverage of claims within a reasonable time after proof of loss requirements have been completed and submitted by the insured.

(5) Not attempting in good faith to effectuate prompt, fair, and equitable settlements of claims in which liability has become reasonably clear.

(6) Compelling insureds to institute litigation to recover amounts due under an insurance policy by offering substantially less than the amounts ultimately recovered in actions brought by the insureds, when the insureds have made claims for amounts reasonably similar to the amounts ultimately recovered.

(7) Attempting to settle a claim by an insured for less than the amount to which a reasonable person would have believed he or she was entitled by reference to written or printed advertising material accompanying or made part of application.

(8) Attempting to settle claims on the basis of an application which was altered without notice to, or knowledge or consent of, the insured, his or her representative, agent, or broker.

(9) Failing, after payment of a claim, to inform insureds or beneficiaries,

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upon request by them, of the coverage under which payment has been made.

(10) Making known to insureds or claimants a practice of the insurer of appealing from arbitration awards in favor of insureds or claimants for the purpose of compelling them to accept settlements or compromises less than the amount awarded in arbitration.

(11) Delaying the investigation or payment of claims by requiring an insured, claimant, or the physician of either, to submit a preliminary claim report, and then requiring the subsequent submission of formal proof of loss forms, both of which submissions contain substantially the same information.

(12) Failing to settle claims promptly, where liability has become apparent, under one portion of the insurance policy coverage in order to influence settlements under other portions of the insurance policy coverage.

(13) Failing to provide promptly a reasonable explanation of the basis relied on in the insurance policy, in relation to the facts or applicable law, for the denial of a claim or for the offer of a compromise settlement.

(14) Directly advising a claimant not to obtain the services of an attorney.

(15) Misleading a claimant as to the applicable statute of limitations.

(16) Delaying the payment or provision of hospital, medical, or surgical benefits for services provided with respect to acquired immune deficiency syndrome or AIDS-related complex for more than 60 days after the insurer has received a claim for those benefits, where the delay in claim payment is for the purpose of investigating whether the condition preexisted the coverage. However, this 60-day period shall not include any time during which the insurer is awaiting a response for relevant medical information from a health care provider.

(i) Canceling or refusing to renew a policy in violation of Section 676.10.

"In addition to Section 790.03 of the Insurance Code provided here, Fair Claims Settlement Practices Regulations govern how insurance claims must be processed in this state. These regulations are available at the Department of Insurance Internet site, www.insurance.ca.gov. You may also obtain a copy of these regulations free of charge from this insurer."

CLAIM NUMBER: 000217053
POLICY NUMBER: [REDACTED]

DATE OF LOSS : 10/10/2012
INSURED NAME : HIRAOKA, KARINA
EXAMINER NAME : PHAM-NGUYEN, CECILE
REPORT TAKEN BY: PATOLO, SAPIAI

LOSS SUMMARY:

DWELLING LOSS

Description

INSURED CALLED IN LOSS. PH#760 235 5231C/OK TO CALL ANYTIME,
ALT#760 791 9987C ***WATER DAMAGE TO THE HALLWAY CEILING DUE TO
WASHING MACHINE LEAK FROM UPSTAIRS LAUNDRY ROOM.

Emergency Services Provided (If so, by Whom):

NO

Fire Department (Case Number):

NA

Police Report (Case Number):

NA

Cause of Loss:

002 WATER - (Primary)

Area of Damage

HLW HALLWAY

OTH LAUNDRY ROOM

Damage Percentage:

25.00

Habitable?

Yes

MORTGAGEE ADDRESS:

360 MORTGAGE GROUP LLC
11305 FOUR POINTS DRIVE 1-200
AUSTIN, TX 78726

PROPERTY ADDRESS:

1141 FAIRFIELD WAY
HEBER, CA 92249

COVERAGES:

DED, UNLESS SPECIAL DED. BELOW

\$1,000 DEDUCTIBLE

DWELLING

\$326,000 LIMIT

ORDINANCE OR LAW COVERAGE

INFLATION GUARD

OTHER STRUCTURES

\$32,600 LIMIT

PERSONAL PROPERTY

\$163,000 LIMIT

CLAIM NUMBER: 000217053
POLICY NUMBER: [REDACTED]

TILE ROOF CREDIT

REPLACE COST PERSONAL PROPERTY

LOSS OF USE

\$65,200 LIMIT

PERSONAL LIABILITY

\$100,000 LIMIT

ANIMAL LIABILITY EXCLUSION

MEDICAL PAYMENTS

\$1,000 LIMIT

MULTI POLICY DISCOUNT

1 # OPERATORS/ITEMS

NEWLY ACQUIRED HOME DISCOUNT

COPPER PLUMBING ENDORSEMENT

6 # OPERATORS/ITEMS

TRAMPOLINE EXCLUSION

DIVING BOARD & SLIDE EXCLUSION

NEWER HOME CREDIT

PERILS:

F	MEDICAL PAYMENTS	NOT OPENED
A	DWELLING	OPENED
C	PERSONAL PROPERTY	NOT OPENED
B	OTHER STRUCTURES	NOT OPENED
D	LOSS OF USE	NOT OPENED
E	PERSONAL LIABILITY	NOT OPENED

CONFIRMED LOSS INFORMATION:

Insured understands and acknowledges each of the above coverage's and confirms the scope and facts of the claimed loss, is true and correct as described in the claims intake report.

Confirmed? YES

Please Add any additional information or make any changes in the space provided below.

10/10/2012

CLAIM NUMBER: 000217053

POLICY NUMBER: [REDACTED]

Mandatory Medicare Affidavit

Federal law requires our company to collect and report on your Medicare eligibility. Please initial below after you have completed the enclosed Mandatory Medicare Affidavit. Failure to complete the affidavit and initial below will delay the processing of your claim. The affidavit must be returned with your loss report.

Initials

Please be advised that the statute of limitations for recovery of bodily injury claims in California is 2 years from the date of the accident.

The statute of limitations for a property damage claims is 3 years from the date of the accident.

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I HEREBY DECLARE THAT THIS STATEMENT IS MADE UNDER THE PENALTY OR PERJURY AND OR FRAUD AND IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

CLAIMANT SIGNATURE

DATE

IF YOU HAVE ANY ADDITIONAL QUESTIONS, PLEASE CONTACT THE CLAIMS DEPARTMENT AT 800-962-1172.

This insurer claim information to one or more claims information databases. The claim information is used to furnish loss history report to insureds. If you are interested in obtaining a report from a claims information database, you may do so by contacting: C.L.U.E. 866-312-8076 or Insurance Services Office, Inc. (ISO) 800-888-4476.

MANDATORY MEDICARE AFFIDAVIT

IMPORTANT FEDERAL GOVERNMENT MEDICARE MANDATE: YOUR RESPONSE IS REQUIRED

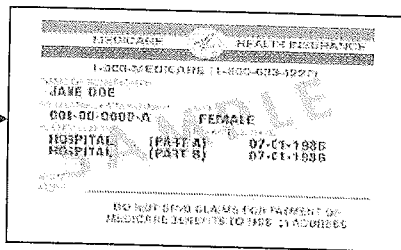
1. What is it?

a. The Centers for Medicare & Medicaid Services (CMS) is the federal agency that oversees the Medicare program. Many Medicare beneficiaries have other insurance in addition to their Medicare benefits. Sometimes, Medicare is supposed to pay after the other insurance. However, if certain other insurance delays payment, Medicare may make a "conditional payment" so as not to inconvenience the beneficiary, and recover after the other insurance pays. Section 111 of the Medicare, Medicaid and SCHIP Extension Act of 2007 (MMSEA), a new federal law that became effective January 1, 2009, requires that liability insurers (including self-insurers), no-fault insurers, and workers' compensation plans report specific information about Medicare beneficiaries who have other insurance coverage. This reporting is to assist CMS and other insurance plans to properly coordinate payment of benefits among plans so that your claims are paid promptly and correctly.

2. What do I need to do?

a. We are asking you to the answer the questions below so that we may comply with this law. The completion and return of this form is mandatory for the timely processing of your claim. Payments to you may be delayed until this form is received along with the other required claims documents.

Please review this picture of the Medicare card to determine if you have, or have ever had, a similar Medicare card.



Section I

Are you presently, or have you ever been, enrolled in Medicare Part A or Part B? Yes No

If yes, please complete the following. If no, proceed to Section II.

Full Name: (Please print the name exactly as it appears on your SSN or Medicare card if available.)

Medicare Claim Number:	Date of Birth (Mo/Day/Year)	Sex:	<input type="checkbox"/> Female <input type="checkbox"/> Male
Social Security Number: (If Medicare Claim Number is Unavailable)			

Section II

I understand that the information requested is to assist Pacific Specialty Insurance Company to accurately coordinate benefits with Medicare and to meet its mandatory reporting obligation under Medicare law.

Claimant Name (Please Print) _____ Claim Number _____

Name of Person Completing This Form If Claimant is Unable (Please Print) _____

Signature of Person Completing This Form _____ Date _____
If you have completed Sections I and II above, stop here. If you are refusing to provide the information requested in Sections I and II, proceed to Section III.

Section III

Claimant Name (Please Print) _____ Claim Number _____

For the reason(s) listed below, I have not provided the information requested. I understand that if I am a Medicare beneficiary and I do not provide the requested information, I may be violating obligations as a beneficiary to assist Medicare in coordinating benefits to pay my claims correctly and promptly.

Reason(s) for Refusal to Provide Requested Information:

Signature of Person Completing This Form _____ Date _____

**PACIFIC
SPECIALTY
INSURANCE
COMPANY**

IMPORTANT NOTICE: EMERGENCY INSTRUCTIONS

In the event you have suffered a water loss or a smoke/fire loss, we have listed a few steps that will help you protect your property from further damage.

Water Loss (pipe break, flood etc.)

1. Immediately turn off the water to your home.
2. Immediately contact a plumber to repair the broken pipe. If you do not know where the leak is coming from, you should ask the plumbing company to perform leak detection. We will pay for the cost of the leak detection; however, the actual plumbing repair may not be covered by your insurance policy.
3. Contact a restoration company to extract the water and start the drying process to avoid any rot or mold from growing. The emergency service may be covered by your insurance policy.
4. Begin to identify personal property (contents such as clothing, furniture and other textile materials), which may have been damaged by the loss.

The restoration company should only remove the pad and lift the carpet for drying. Do not allow them to remove the carpet. If necessary they should remove your baseboards and drill holes in the walls at the baseboard level (not above the baseboards).

Smoke/Fire Losses

1. Immediately turn off electricity, gas, and water to your home.
2. Immediately contact a contractor to do emergency board-up, tarp the roof, and/or take other necessary steps to secure and protect the property.
3. Contact a mitigation/restoration company to begin the drying process and smoke/fire remediation (furniture restoration may included in the services they perform). The emergency service may be covered by your insurance policy.
4. Begin to identify personal property/contents (clothing, furniture, linens, other soft good items), which may have been damaged by the loss.

All Losses - Additional Information

Some Service companies are listed below for your convenience.

- | | |
|---|--|
| 1. Plumbing Company- | American Leak Detection
1-800-755-6697 |
| 2. Restoration Company (structure and furniture) - | Service Master
1-800-737-7663
Restoration Management
1-800-400-5058 (CA Only) |
| 3. Contents Inventory/Cleaning (clothing & Textile goods) - | FRSTeam
1-866-374-3778 |

- * If your home is not habitable, keep all receipts for temporary lodging, meals, or other expenses incurred as a result of the loss.
- * Save all receipts for any services you authorize. Your claims examiner

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may ask you to provide a copy of receipts for services performed.
* Do not discard any items until we have verified that they are a loss.

In case of emergency, we are available 24 hours a day. Please call
1-800-962-1172.

"For your protection California law requires the following to appear
on this form: Any person who knowingly presents false or fraudulent
claim for the payment of a loss is guilty of a crime and may be
subject to fines and confinement in state prison."