

Rocker Company

1115 Walnut Ave Kenai, AK 99611 Contact: 907-441-6551

Inspection / Skirting – Property located at 8421 Foxlair Cir Anchorage, AK 99507

Janice Anderson

- 1.) Performed visual inspection of the skirting wall after receiving photos of damaged framing.
- 2.) Located several spliced and/or damaged braces.
- 3.) House skirting is of non-structural nature based on the fact that the house is constructed on a piling foundation with wide flange beams that support the floor system and building. It appears skirting has remained aligned and intact, still functionable at this time.

Repairs completed as of June 11, 2026.

Initial
ja

6/12/2026 | 12:32:25 AM PDT

Note: Suggested Repairs

- 1.) Remove small splices on affected bracing
- 2.) Install full length supports for each side of braces as needed (approx. 9 locations)
- 3.) All repairs are to be done with treated lumber and approved fasteners.
- 4.) Photos will be provided of all repaired areas upon completion.

*Foxlair
Crawl
Space*

Janice Anderson
8421 Foxlair Circle

Rocker Company

8421 Foxlair Circle Anchorage, AK 99507 Contact: 907-441-6551

Invoice Janice Anderson

05/12 (5 hours ea., 2 men) – Drained/removed standing water out of crawl space – removed bad sump and plumbing from crawl space – replaced plumbing and pump with new – trash removal and final cleanout.

05/13 (1.5 hours ea., 2 men) – Met with insulators to inspect crawl space for estimate and timeline – planned vapor barrier for next day repair – Install new downspout extensions for all gutters and splash blocks as needed.

05/14 (1.5 hours ea., 2 men) – Meeting with insulators for standing water issue. Installed fans and heat to start dry out.

05/18 (5 hours ea., 2 men) – Remove existing vapor barrier – razor cut 2 ft short of vapor barrier perimeter all the way around crawlspace – drain water of multiple layers of vapor barrier off before bagging – covered floor for removal of trash bags from crawl space – placed multiple fans and heat in crawlspace to begin proper dry out – final daily cleanout.

Cameron – 13 hours @ \$45.00 \$ 585.00

Steven – 13 hours @ \$65.00 \$ 845.00

Total Labor: 

\$ 1,430.00

Cameron 17.5 hours @ \$45.00 an hour	\$787.50
Steven 14 hours @ \$65.00 an hour	\$910.00
Tai 5 hours @ \$65.00 an hour	<u>\$325.00</u>
Total Labor:	\$2,022.50
Total Material Cost:	\$873.05
Deposits Paid:	\$300.00
	<u>\$1,000.00</u>
Total Invoice:	\$1,595.55
Estimate for Final Pump Installation and Existing Wall Bracing Repair	
- Tai 12 hours @ \$65.00	
- Steven 12 hours @ \$65.00	
- Cameron 12 hours @ \$45.00	
Labor Estimate:	<u>\$2,100.00</u>
Total Due:	\$3,695.00
Vapor Barrier Estimate Material and Labor:	<u>\$1,450.00</u>
Total Budget for Crawl Space Repairs:	\$5,145.00

Initial
ja

~~2000 Total~~
11,270.04 total repairs
set to Rocker Co. & Hoyer

Get home ready to sell
3800 in reserves
of 470.04 check #1503

11,270.04
utilities pd.

Initial
ja

6/12/2026 | 12:32:25 AM PDT

76
AWAWA CH, 90 945460

Total Material Cost:

\$ 539.05

Total Invoice:

\$ 1,969.05

Initial
ja

6/12/2026 | 12:32:25 AM PDT



THE STATE
of

ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

Real Estate Commission

550 West 7th Avenue, Suite 1500, Anchorage, AK 99501

Phone: (907) 269-8160

Email: RealEstateCommission@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/RealEstateCommission

State of Alaska Residential Real Property Transfer Disclosure Statement

Prepared in compliance with Alaska Statute (AS) 34.70.010 - 34.70.200

AS 34.70.010 requires that before a Transferee/Buyer (hereafter referred to as Buyer) makes a written offer of residential real property, the Transferor/Seller (hereafter referred to as Seller) must deliver a completed written disclosure form. This disclosure statement is in compliance with AS 34.70.010. It concerns the residential real property* located in the Recording District, Judicial District, State of Alaska as listed below.

Recording District:	Anchorage		
Legal Description:	Fox Lair L14		
Property Address/ City/Other:	8421 Fox Lair Circle	Anchorage	AK 99507

*Residential real property means any single-family dwelling, or two single family dwelling units under one roof, or any individual unit in a multi-unit structure or common interest ownership community whose primary purpose is to provide housing. AS 34.70.200(2) and (3) and AS 34.80.090.

Exemption for First Sale: Under AS 34.70.120, the first transfer of an interest in residential real property that has never been occupied is exempt from the requirement for the Seller to complete the Disclosure Statement.

Waiver by Agreement: Under AS 34.70.110, completion of this disclosure statement may be waived when transferring an interest in residential real property if the Seller and Buyer agree in writing. Signing this waiver does not affect other obligations for disclosure.

Violation or Failure to Comply: A person who negligently violates or fails to perform a duty required by AS 34.70.010 - AS 34.70.200 is liable to the Buyer for actual damages suffered by the Buyer as a result of the violation or failure. If the person willfully violates or fails to perform a duty required by AS 34.70.010 - AS 34.70.200, the Seller is liable to the Buyer for up to three times the actual damages. In addition to the damages, a court may also award the Buyer costs and attorney fees to the extent allowed under the rules of court.

AS 34.70.020 provides that if a disclosure statement or material amendment is delivered to the transferee after the transferee has made a written offer, the transferee may terminate the offer by delivering a written notice of termination to the transferor or the transferor's licensee within three days after the disclosure statement or amendment is delivered in person or within six days after the disclosure statement or amendment is delivered by deposit in the mail.

AS 34.70.040(b) provides that if an item that must be completed in the disclosure statement is unknown or is unavailable to the Seller, and if the Seller or Seller's agent has made a reasonable effort to ascertain the information, the Seller may make an approximation based on the best information available to the Seller or Seller's agent. It must be reasonable, clearly labeled as an approximation, and not used to avoid the disclosure requirements of AS 34.70.010 – AS 34.70.200.

All disclosures made in this statement are required to be made in good faith (AS 34.70.060). The Seller must disclose defects or other conditions in the real property, or the real property interest being transferred. The Seller does not need to include a search of the public records, nor does it require a professional inspection of the property.

If the information supplied in this disclosure statement becomes inaccurate as a result of an act or agreement after the disclosure statement is delivered to the Buyer, the Seller is required to deliver an amendment to the disclosure statement to the Buyer. An addendum/amendment form for that purpose may be attached to this disclosure statement.

Upon delivery to a buyer, any inspection/reports generated by a purchase agreement of this property automatically becomes an addendum/amendment to the property disclosure.

	4-21-26	8421 Fox Lair Circle Anchorage AK 99507		
Seller's Initials	Date	Property Address	Buyer's Initials	Date

PART I Seller's Information Regarding Property

Property Type

Property Type: (Check One)	<input checked="" type="checkbox"/> Single	<input type="checkbox"/> Zero Lot Line/Town House	<input type="checkbox"/> Condominium	<input type="checkbox"/> Townhome/PUD
	<input type="checkbox"/> Duplex (Including single Family with an Apartment)	<input type="checkbox"/> Other (Please Specify): _____		
Do you currently occupy the property?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, how long?	
If not the current occupant, have you ever occupied the property?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, when? <u>2008-2017</u>	
*Year Property was Built:	<u>1984</u>			

*If property was built prior to 1978, or if Seller has any knowledge of lead-based paint, Seller must complete Disclosure of Information and Acknowledgment of Lead-based Paint and/or Lead-Based Paint Hazards in accordance with Section 1018 of the Residential Lead-Based Paint Hazard Reduction Act of 1992 (also known as Title X) and provide Buyer with the "Protect Your Family from Lead in Your Home" pamphlet. The pamphlet can be found online at EPA.Gov/Lead/Real-Estate-Disclosures-about-Potential-Lead-Hazards

Construction Overview:	<input checked="" type="checkbox"/> Wood Frame	<input type="checkbox"/> Manufactured	<input type="checkbox"/> Modular	<input type="checkbox"/> Other: _____
Foundation:	<input type="checkbox"/> Masonry Block	<input type="checkbox"/> Poured Concrete	<input type="checkbox"/> Treated Wood	<input checked="" type="checkbox"/> Piling <input type="checkbox"/> Other: _____
Name of Original Builder (If Known):	_____			

Property Feature Defects

Check all items that have known defects or malfunctions. Describe the defect or malfunction on the Explanation Addendum or Amendment to the State of Alaska Residential Real Property Disclosure Statement form (page 13).

<input type="checkbox"/> Auto Garage Door Opener(s)	<input type="checkbox"/> Garbage Disposal	<input type="checkbox"/> Microwave(s)	<input type="checkbox"/> Storage Shed	<input type="checkbox"/> Window Screens
<input type="checkbox"/> Barbecue	<input type="checkbox"/> Generator	<input type="checkbox"/> Oven(s)	<input type="checkbox"/> Stove(s), Pellet	<input type="checkbox"/> Wood Stove(s)
<input type="checkbox"/> Central Vacuum Installed	<input type="checkbox"/> Generator Hook-Up	<input type="checkbox"/> Paddle Fan(s)	<input type="checkbox"/> Trash Compactor(s)	<input type="checkbox"/> Other: _____
<input type="checkbox"/> CO Detector(s)	<input type="checkbox"/> Greenhouse	<input type="checkbox"/> Refrigerator(s)	<input type="checkbox"/> T.V. Antenna	
<input type="checkbox"/> Cooktop(s)	<input type="checkbox"/> Hot Tub	<input type="checkbox"/> Rods & Blinds	<input type="checkbox"/> Washer(s)	
<input type="checkbox"/> Dishwasher(s)	<input type="checkbox"/> Hot Tub Cover	<input type="checkbox"/> Satellite Dish	<input type="checkbox"/> Water Filtering System	
<input type="checkbox"/> Dryer(s)	<input type="checkbox"/> Instant Hot Water Dispenser	<input type="checkbox"/> Security System	<input type="checkbox"/> Water Softener	
<input type="checkbox"/> Fire Alarms	<input type="checkbox"/> Intercom	<input type="checkbox"/> Smoke Detector(s)	<input checked="" type="checkbox"/> Window Blinds	
<input type="checkbox"/> Freezer(s)	<input type="checkbox"/> Jetted Tub	<input type="checkbox"/> Steam Shower Room	<input type="checkbox"/> Window Rods	

Comments: Some blinds don't function correctly
No other issues reported by tenant.

[Signature]
Seller's Initials

4/21/26
Date

8421 Fox Lair Circle
Anchorage AK 99507
Property Address

Buyer's Initials Date

PART I Seller's Information Regarding Property (continued)

Structural Components

Check only those items that have known defects, malfunctions or have had repairs performed within the last five years. Also, check items that need to be replaced/repared. If checked, please include information and additional documentation that is relevant to the Explanation Addendum or Amendment to the State of Alaska Residential Real Property Disclosure Statement form.

Repaired or Replaced	Needs Repair		Repaired or Replaced	Needs Repair		Repaired or Replaced	Needs Repair		Repaired or Replaced	Needs Repair	
<input type="checkbox"/>	<input type="checkbox"/>	Air Conditioner	<input type="checkbox"/>	<input type="checkbox"/>	Fireplaces(s) # of: _____	<input type="checkbox"/>	<input type="checkbox"/>	Patio/Decking	<input type="checkbox"/>	<input type="checkbox"/>	Swimming Pool
<input type="checkbox"/>	<input type="checkbox"/>	Carport	<input type="checkbox"/>	<input type="checkbox"/>	Floors	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing Systems	<input type="checkbox"/>	<input type="checkbox"/>	Ventilator System
<input type="checkbox"/>	<input type="checkbox"/>	Ceilings	<input type="checkbox"/>	<input type="checkbox"/>	Foundation	<input type="checkbox"/>	<input type="checkbox"/>	Pool Cover	<input type="checkbox"/>	<input type="checkbox"/>	Venting
<input type="checkbox"/>	<input type="checkbox"/>	Chimneys	<input type="checkbox"/>	<input type="checkbox"/>	Garage	<input type="checkbox"/>	<input type="checkbox"/>	Private Walkways	<input type="checkbox"/>	<input type="checkbox"/>	Washer/Dryer Hookups
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Crawl Space	<input type="checkbox"/>	<input type="checkbox"/>	Garage Floor Drain	<input type="checkbox"/>	<input type="checkbox"/>	Rain Gutters	<input type="checkbox"/>	<input type="checkbox"/>	Water Heater
<input type="checkbox"/>	<input type="checkbox"/>	Doors	<input type="checkbox"/>	<input type="checkbox"/>	Gas Starter	<input type="checkbox"/>	<input type="checkbox"/>	Retaining Walls	<input type="checkbox"/>	<input type="checkbox"/>	Water Supply
<input type="checkbox"/>	<input type="checkbox"/>	Driveways	<input type="checkbox"/>	<input type="checkbox"/>	Heat Recovery	<input type="checkbox"/>	<input type="checkbox"/>	Roof	<input type="checkbox"/>	<input type="checkbox"/>	Wind Generators
<input type="checkbox"/>	<input type="checkbox"/>	Electrical Systems	<input type="checkbox"/>	<input type="checkbox"/>	Heating Systems	<input type="checkbox"/>	<input type="checkbox"/>	Sewage Systems	<input type="checkbox"/>	<input type="checkbox"/>	Windows
<input type="checkbox"/>	<input type="checkbox"/>	Electronic Air Cleaner	<input type="checkbox"/>	<input type="checkbox"/>	Humidifier	<input type="checkbox"/>	<input type="checkbox"/>	Skylights	<input type="checkbox"/>	<input type="checkbox"/>	Woodstove(s) # of: _____
<input type="checkbox"/>	<input type="checkbox"/>	Exterior Walls	<input type="checkbox"/>	<input type="checkbox"/>	Insulation	<input type="checkbox"/>	<input type="checkbox"/>	Slabs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other: Bathroom Surround
<input type="checkbox"/>	<input type="checkbox"/>	Fences/Gates	<input type="checkbox"/>	<input type="checkbox"/>	Interior Walls	<input type="checkbox"/>	<input type="checkbox"/>	Solar Panels	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	<input type="checkbox"/>	Filtration	<input type="checkbox"/>	<input type="checkbox"/>	Mechanical	<input type="checkbox"/>	<input type="checkbox"/>	Stove, Pellet			

Describe the defect, malfunction, or repair on the Explanation Addendum or Amendment to the State of Alaska Residential Real Property Disclosure Statement form (page 13).

Describe any other items not covered above:

Comments:

PART II Documentation

Check the documents for the subject property that the seller has available for review:

<input type="checkbox"/> As-Built Survey	<input type="checkbox"/> Party Wall Agreement	<input type="checkbox"/> Title Information
<input type="checkbox"/> Certificate of Occupancy	<input type="checkbox"/> PUR-101	<input type="checkbox"/> Water Rights Certificates
<input type="checkbox"/> Deed Restrictions	<input type="checkbox"/> PUR-102	<input type="checkbox"/> Well Log & Water Tests
<input type="checkbox"/> Energy Rating Certificate	<input type="checkbox"/> Resale Certificate	<input type="checkbox"/> Written Agreement with Adjacent Property Owner
<input type="checkbox"/> Engineer/Property/Home Inspection Report(s)	<input type="checkbox"/> Shared Septic Agreement	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Flood Evaluation Certificate	<input type="checkbox"/> Shared Well Agreement	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Hazardous Materials Test(s)	<input type="checkbox"/> Soil Tests	
<input type="checkbox"/> Lease/Rental Agreement	<input type="checkbox"/> Subdivision Covenants/Restrictions	


Seller's Initials


Date

8421 Fox Lair Circle
Anchorage AK 99507

Property Address

Buyer's Initials

Date

PART II Documentation (continued)

Supply information for the following:

Item	Average Monthly Utility Cost	Company/Source	Utility History Attached
Coal	\$		<input type="checkbox"/>
Electric	\$	Chugach	<input type="checkbox"/>
Gas	\$	Enstar	<input type="checkbox"/>
Oil	\$	# of Gallons	<input type="checkbox"/>
Propane	\$		<input type="checkbox"/>
Refuse	\$		<input type="checkbox"/>
Security Alarm Systems	\$		<input type="checkbox"/>
Sewer	\$	AWWC	<input type="checkbox"/>
Water	\$	AWWC	<input type="checkbox"/>
Wood	\$		<input type="checkbox"/>
Other	\$		<input type="checkbox"/>

PART III Additional Information

To the best of your knowledge, are you aware of any of the following conditions with respect to the subject property? For any "Yes" answer, indicate the relevant item number and explain the condition on the Explanation Addendum or Amendment to the State of Alaska Residential Real Property Disclosure Statement form (page 13).

	Yes	No	UNK
1. Do you know of any existing, pending, or potential legal action(s) concerning the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Do you know of any street or utility improvements planned that will affect the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Road maintenance provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, provided by:	MOA		

MOA
 Seller's Initials Date

8421 Fox Lair Circle
 Anchorage AK 99507
 Property Address

Buyer's Initials Date

PART III Additional Information *(continued)*

		Yes	No	UNK
4. Is the property currently rented or leased?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, expiration date: <i>It has been a rental since 2017-4-1-26</i>				
5. Is there a homeowner's association (HOA) for the property?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, HOA Name:		HOA Phone Number:		
<input type="checkbox"/> Mandatory <input type="checkbox"/> Voluntary <input type="checkbox"/> Inactive		Monthly Dues: \$ _____ per _____		
Are there any levied or pending assessments?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of person responsible for issuing resale certificate:		Phone Number:		

Setbacks/Restrictions

		Yes	No	UNK
1. Have you been notified of any proposed zoning changes for the property?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Are you aware of features of the property shared in common with adjoining property owners, such as walls, fences and driveways, whose use or responsibility for maintenance may affect the property?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are there subdivision conditions, covenants, or restrictions?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Are you aware of any violations of building codes, zoning, setback requirements, subdivision covenants, borough, or city restrictions on this property?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Are you aware of any nonconforming uses of this property?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Are you aware of any deed, or other private restrictions on the use of the property?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Are you aware of any variances being applied for, or granted, on this property?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Are you aware of any easements on the property? <i>utility</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Signature]
 Seller's Initials *4-21-26*
 Date

8421 Fox Lair Circle
 Anchorage AK 99507
 Property Address

Buyer's Initials Date

PART III Additional Information *(continued)*

Heating System(s)

Check all types that apply:

<input type="checkbox"/> Boiler System	<input type="checkbox"/> Geo Thermal	<input type="checkbox"/> Monitor/Toyo	<input type="checkbox"/> Wood Stove
<input type="checkbox"/> Electrical Heat	<input type="checkbox"/> Heat Pump	<input type="checkbox"/> Pellet Stove	<input type="checkbox"/> Other: _____
<input checked="" type="checkbox"/> Forced Air	<input type="checkbox"/> Hot Water Baseboard	<input type="checkbox"/> Radiant Heat	

Age (Years): 2013 Last Cleaned: _____ Last Inspected: _____

Source:

<input type="checkbox"/> Coal	<input type="checkbox"/> Electric	<input checked="" type="checkbox"/> Natural Gas	<input type="checkbox"/> Wood
<input type="checkbox"/> Propane Tank which is:	<input type="checkbox"/> Leased	<input type="checkbox"/> Owned	
<input type="checkbox"/> Oil with _____ Gallon Storage which is:	<input type="checkbox"/> Buried	<input type="checkbox"/> Above Ground	<input type="checkbox"/> Other: _____

Age of Tank: _____

Sewer System

Type:	<input checked="" type="checkbox"/> Public	<input type="checkbox"/> Private	<input type="checkbox"/> Community	<input type="checkbox"/> Other: _____	Yes	No	UNK
1. Does your sewer system have a lift station/lift pump?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If Private:	<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Septic Tank	<input type="checkbox"/> Other: _____				
Drain Field System:	<input type="checkbox"/> Bed	<input type="checkbox"/> Crib	<input type="checkbox"/> Mound	<input type="checkbox"/> Pit	<input type="checkbox"/> Trench	<input type="checkbox"/> Other: _____	
Innovative Sewer System:	<input type="checkbox"/> Biocycle	<input type="checkbox"/> Intermittent Sand Filter	<input type="checkbox"/> Recirculating Upflow Filter				
	<input type="checkbox"/> Secondary Sewer Treatment Plant	<input type="checkbox"/> Other: _____					
2. Has the sewer system failed while you owned the property?				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<i>If yes, please include information and additional documentation that is relevant to the Explanation Addendum or Amendment to the State of Alaska Residential Real Property Transfer Disclosure Statement (page 13).</i>							
Age of Sewer System:	_____			Location:	_____		
3. Have you had any work, maintenance or inspections done on the sewer system during your ownership?				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<i>If yes, please include information and additional documentation that is relevant to the Explanation Addendum or Amendment to the State of Alaska Residential Real Property Transfer Disclosure Statement (page 13).</i>							
Approval/Certification Source:	_____			Date: (If Known)	_____		
4. Are you aware of any abandoned sewer systems, leach fields, cribs, etc., on the property?				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

[Signature] 11-21-26
 Seller's Initials Date

8421 Fox Lair Circle
 Anchorage AK 99507
 Property Address

 Buyer's Initials Date

PART III Additional Information *(continued)*

Water Supply

Type:	<input checked="" type="checkbox"/> Public	<input type="checkbox"/> Private	<input type="checkbox"/> Community	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Water Tank: Size: _____	<input type="checkbox"/> Shared Well (provide agreement, if any)		
Well Depth (Feet): (If Private)		Flow Rate (Gallons per Minute): (If Private)		Date Tested:
Location of Operational Well:				
				Yes No UNK
1. Are there any abandoned wells on the property?				<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
2. Have you had any problems with your water supply?				<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
3. Are you aware of any contaminants in your water supply, to include but not limited to E-coli, nitrates, heavy metals, arsenic or other contaminants?				<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
4. Has the well failed while you have owned the property?				<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
5. Have you ever had a well pump problem or failure?				<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
6. Do you supply water to, or receive water from, others?				<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
<i>If yes, is there a written agreement?</i>				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7. Do you have a water rights certificate for this property?				<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>

Water Heater

Type:	<input type="checkbox"/> Oil	<input checked="" type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Other: _____
Age (Years):		Capacity (Gallons):		

Initial <i>ja</i>	5/4/2026 7:39:09 PM PDT	8421 Fox Lair Circle Anchorage AK 99507	Buyer's Initials
Seller's Initials	Date	Property Address	Date

PART III Additional Information *(continued)*

Roof or Other Leakage

Type:	<input type="checkbox"/> Asphalt/Composition Shingle <input type="checkbox"/> Cedar Shake <input type="checkbox"/> Built-Up <input type="checkbox"/> Metal <input type="checkbox"/> Other: _____				
Age (Years):	Location of Attic Access:				
					Yes No UNK
1. Are you aware of any ice damming on the roof?					<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
If yes, provide location:					
2. Are you aware of any water leaking into the home? (i.e., windows, lights, fireplace, etc.)					<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
If yes, provide location:					

Fireplace and/or Woodstove

Type:	<input type="checkbox"/> Electric <input type="checkbox"/> Gas/Propane <input type="checkbox"/> Pellet <input checked="" type="checkbox"/> Wood <input type="checkbox"/> Other: _____				
Date Chimney(s) Last Cleaned or Serviced:	Cleaned or Serviced By:				

Freeze-Ups

					Yes No UNK
1. Have you had any frozen water lines, sewer lines, drains, or heating systems?					<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
If yes, please include information and additional documentation that is relevant to the Explanation Addendum or Amendment to the State of Alaska Residential Real Property Transfer Disclosure Statement (page 13).					
2. Are there any heat tapes, heat lamps, or other freeze prevention devices?					<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
If yes, provide location and explain use:					

Drainage

					Yes No UNK
1. Are you aware of ever having any water in the crawl space, basement, or lower level?					<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
If yes, please include information and additional documentation that is relevant to the Explanation Addendum or Amendment to the State of Alaska Residential Real Property Transfer Disclosure Statement (page 13).					
If yes, how was the problem resolved?	<input checked="" type="checkbox"/> Sump Pump(s) <input type="checkbox"/> Curtain Drain <input type="checkbox"/> Rain Gutter/Extension <input type="checkbox"/> Other: _____				
Date Problem was Resolved:	05/01/2026	Location of Each Sump Pump:	Crawl space		
2. To where does the water drain after it leaves the sump pump?			Front yard		
3. Are you aware of any issues with high water table?					<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
If yes, please include information and additional documentation that is relevant to the Explanation Addendum or Amendment to the State of Alaska Residential Real Property Transfer Disclosure Statement (page 13).					

 Seller's Initials 4-21-26 Date

8421 Fox Lair Circle
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Property Address

Buyer's Initials Date

PART III Additional Information *(continued)*

	Yes	No	UNK
3. <i>If gutters, where do downspouts discharge?</i> <u>Driveway and back yard</u>			
4. Is there a floor drain in the structure, including garage?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>If yes, where is it located and where does it drain to?</i>			

Inspection

	Yes	No	UNK
1. To the best of your knowledge, has the property been inspected by an engineer/home inspector?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>If yes, please include information and additional documentation that is relevant to the Explanation Addendum or Amendment to the State of Alaska Residential Real Property Transfer Disclosure Statement (page 13).</i>			
2. Has there been any energy rating on the property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If yes, year conducted?</i>			
3. Energy Rated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If known, Energy Rater?</i>			

Encroachments

	Yes	No	UNK
1. Does anything on your property encroach (extend) onto your neighbor's property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Does anything on your neighbor's property encroach onto your property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Environmental Concerns

	Yes	No	UNK
1. Are you aware of any substances, materials, or products that may be an environmental hazard such as asbestos, formaldehyde, radon gas, lead-based paint, fuel or chemical storage tanks, contaminated soil, water, or by-products from the production of methamphetamines on the subject property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Are you aware of any mildew or mold issues affecting this property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are you aware of any underground storage tanks on this property, other than previously referenced fuel or septic tanks?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>If yes, number of tanks:</i>			
4. Are you aware if the property is in an avalanche zone/mudslide area?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Have you ever filed an insurance claim for any environmental damage to the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Are you aware of a waste disposal site or a gravel pit within a one-mile radius of the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

QAA
Seller's Initials

4-21-26
Date

8421 Fox Lair Circle
Anchorage AK 99507
Property Address

Buyer's Initials

Date

PART III Additional Information *(continued)*

Flood Zone Designation

	Yes	No	UNK
1. Is this property in a flood zone?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Are you aware of any erosion/erosion zone or accretion affecting this property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are you aware of any damage to the property or any of the structures from flood, landslide, avalanche, high winds, fire, earthquake, or other natural causes? <i>sheet rock</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you aware if the property has flooded? <i>see page 13</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Initial
ja

Soil Stability

	Yes	No	UNK
1. Are you aware of any debris buried or filling on any portion of the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Are you aware of any permafrost or other soil problems which have caused settling, slippage, sliding, or heaving that affects the improvements of the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are you aware of any drainage, or grading problems that affect this property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Constructions, Improvements/Remodel

	Yes	No	UNK
1. Have you remodeled, made any room additions, structural modifications, or improvements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>If yes, please describe:</i>			
Was the work performed with necessary permits in compliance with building codes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was a final inspection performed, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are there any open building permits for the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Has a fire ever occurred in the structure?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Pest Control or Wood Destroying Organisms

	Yes	No	UNK
1. Are you aware of any termites, ants, insects, squirrels, vermin, rodents, bed bugs, etc. in the structure?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>If yes, when?</i>			
<i>Where?</i>			
<i>What type?</i>			
<i>If yes, describe what was done to resolve the problem:</i>			

ja
Seller's Initials

4/21/26
Date

8421 Fox Lair Circle
Anchorage AK 99507
Property Address

Buyer's Initials

Date

PART III Additional Information *(continued)*

				Yes	No	UNK
2. Has there been damage in the past resulting from termites, ants, insects, squirrels, rodents, etc. in the structure?				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, when?		Where?				
If yes, describe what was done to resolve the problem:						

Other

				Yes	No	UNK
1. Are you aware of any murder or suicide having occurred on the property within the preceding 3 years?				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Are you aware of any human burial sites on the property?				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are you aware of any smoking of any kind inside the property during your ownership? <i>Beater smoked outside of in garage to my knowledge</i>				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Noise

				Yes	No	UNK
1. Are you aware of any noise sources that may affect the property, including airplanes, trains, dogs, traffic, racetracks, neighbors, etc.?				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, please include information and additional documentation that is relevant to the Explanation Addendum or Amendment to the State of Alaska Residential Real Property Transfer Disclosure Statement (page 13).						

Pets

				Yes	No	UNK
1. Have there been any pets/animals in the house?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many and what type?	<i>dog mixed breed One Rag doll cat</i>					

PART IV Agreement

I/We have completed this disclosure statement according to AS 34.70.010 - AS 34.70.200 and these instructions, and the statements are made in good faith and are true and correct to the best of my/our knowledge as of the date signed. I/We authorize any licensees involved or participating in this transaction to provide a copy of this statement to any person or entity in connection with any actual or anticipated transfer of the property or interest in the property.

Seller Signature: <i>Janice L. Anderson</i>	Date: <i>4-21-26</i>
Seller Signature:	Date:

JA *4-21-26*
 Seller's Initials Date

8421 Fox Lair Circle
Anchorage AK 99507
 Property Address

Buyer's Initials Date



THE STATE
of

ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

Real Estate Commission

550 West 7th Avenue, Suite 1500, Anchorage, AK 99501

Phone: (907) 269-8160

Email: RealEstateCommission@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/RealEstateCommission

Buyer's Notice and Receipt of Copy

Transferee (Buyer) Awareness Notice: Under AS 34.70.050, Transferee (Buyer) is independently responsible for determining whether a person who has been convicted of a sex offense resides in the vicinity of the property that is the subject of the Transferee's (Buyer's) potential real estate transaction. This information is available at the following locations: Alaska State Trooper Posts, Municipal Police Departments, and on the State of Alaska, Department of Public Safety Internet site: <https://dps.alaska.gov/Home>

Transferee (Buyer) Awareness Notice: Under AS 34.70.050, Transferee (Buyer) is independently responsible for determining whether, in the vicinity of the property that is the subject of the transferee's potential real estate transaction, there is an agricultural facility or agricultural operation that might produce odor, fumes, dust, blowing snow, smoke, burning, vibrations, noise, insects, rodents, the operation of machinery including aircraft, and other inconveniences or discomforts as a result of lawful agricultural operations.



The Buyer is urged to inspect the property carefully and to have the property inspected by an expert. Buyer understands that there are aspects of the property of which the Seller may not have knowledge and that this disclosure statement does not encompass those aspects.



The Licensee bears no responsibility for the condition of the property irrespective of whether an inspection was conducted or not.



I, the Buyer, certify that I have read and received a signed copy of the State of Alaska Residential Real Property Disclosure Statement from the Seller or any Licensee involved or participating in this transaction.

Buyer Signature:		Date:	
Buyer Signature:		Date:	

Seller's Initials

Date

8421 Fox Lair Circle
Anchorage AK 99507
Property Address

Buyer's Initials

Date



THE STATE

of

ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

Real Estate Commission

550 West 7th Avenue, Suite 1500, Anchorage, AK 99501

Phone: (907) 269-8160

Email: RealEstateCommission@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/RealEstateCommission

Explanation Addendum or Amendment to the State of Alaska Residential Real Property Disclosure Statement

Use this page to:

- 1) clarify repairs, defects, or malfunctions.
- 2) explain items in more detail.
- 3) make changes or update this disclosure form.

AS 34.70.020 provides that if a disclosure statement or material amendment is delivered to the Buyer after the Buyer has made a written offer, the Buyer may terminate the offer by delivering a written notice of termination to the Seller or the Seller's licensee within three days after the disclosure statement or amendment is delivered in person or within six days after the disclosure statement or amendment is delivered by deposit in the mail.

In compliance with AS 34.70.080, the Seller amends the disclosure statement for the real property described below:

List items changed or clarified. Use additional Addendum/Amendment pages, if necessary.	
Page Number	Item/Explanation
3 Crawlspace	The sump pump was there, it had been unplugged and the discharge pipe had been removed. Once that was corrected it operates properly and the crawlspace dried up. See attached copy of the home inspection dated May 11, 2026 See attached Repair Invoices and bid from Rocker Company.
3 Bathroom Surround	The tub surround was demolition, as finding tile to match the two that were cracked was impossible. Therefore the entire surround was torn out and replaced with new tile, grout and sealer.
pg 12 Flooding	Defective Pipe behind Kitchen wall also faulty operation of dishwasher There were two water sources. One was a broken fill valve on the dishwasher, the other was a vent/drain ABS tube for the sink which was cracked. Those two things were replaced. The tile floor was torn up, and the subfloor was dried, cleaned with an antimicrobial, then sealed with a Kilz oil base seal sealer. New tile was then installed...

I/We (Seller(s)) certify that the information in this Addendum/Amendment to the Disclosure Statement is true and correct to the best of my/our knowledge as of the date signed.

Seller Signature: <i>Janice Anderson</i>	Date: 4-21-26
Seller Signature:	Date:

I/We (Buyer(s)) have received a copy of this Addendum/Amendment to the Disclosure Statement.

Buyer Signature:	Date:
Buyer Signature:	Date:

JA
Seller's Initials

4-21-26
Date

8421 Fox Lair Circle
Anchorage AK 99507
Property Address

Buyer's Initials

Date



AK Home Inspection Services LLC

5321

Tudortop Cir.

Anchorage, AK 99507

(907) 230-8142

www.akinspect.com

jstone@akinspect.com

Inspected By: License #134902 Justin Stone



Home Inspection Report

Prepared For:

Property Address:

8421 Foxlair Cir

Anchorage, AK 99507

Inspected on Mon, May 11 2026 at 4:00PM

Table of Contents

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Report Summary

This summary page is not the entire report. The complete report may include additional information of interest or concern to you. It is strongly recommended that you promptly read the complete report. For information regarding the negotiability of any item in this report under the real estate purchase contract, contact your real estate agent or an attorney.

Exterior Covering

1) Maintenance

Home paint is wearing thin in spots and showing its age chipped/peeling. Recommend a qualified contractor sand and paint the exterior.



Figure 1-1



Figure 1-2

(Report Summary continued)



Figure 1-3



Figure 1-4



Figure 1-5



Figure 1-6

(Report Summary continued)

Exterior Trim Material

2) Maintenance

Exterior fascia boards and window trim are showing signs of being weathered and paint chipping/peeling. Recommend a qualified contractor assess and repair/replace and sand/paint.



Figure 2-1



Figure 2-2



Figure 2-3



Figure 2-4

(Report Summary continued)

Walking Surface Types

3) Repair

It was observed that the rear deck was built with adjustable pier blocks that rest on the grade surface and are not considered structural foundations. They are not buried in the ground like a sonotube or helical screw that are not considered foundational structures and are susceptible to frost heaving during winter months. Recommend a qualified contractor assess the rear section of the deck and install structural foundation sonotubes, helical piers, or piles.



Figure 3-1



Figure 3-2

4) Maintenance

Front porch, and rear deck hand rails are made of treated wood, but are weathered. Recommend adding stain or paint to weatherproof.

(Report Summary continued)



Figure 4-1

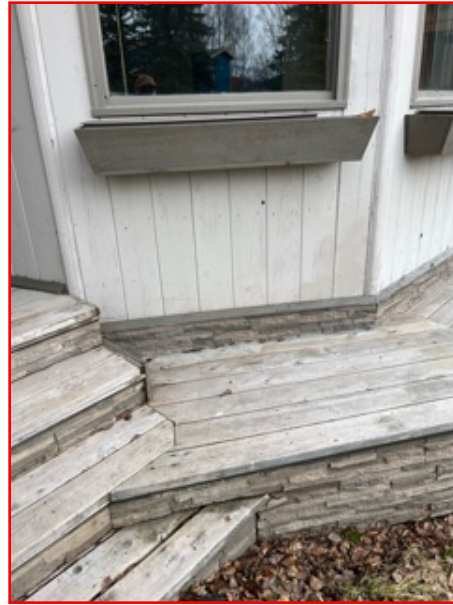


Figure 4-2



Figure 4-3

(Report Summary continued)

Exterior

5) Maintenance

A birch tree on the front northwestern and back southeastern side of the home needs to be trimmed back. The limbs hang over the roof and drop limbs on the roof and create shade for moss to grow. Recommend a qualified contractor assess and trim limbs back away from the roof.



Figure 5-1



Figure 5-2

6) Repair

It was observed that the neighboring northwestern fence is being held up by 2"x4"s. Recommend looking at the as-built to determine who's fence it is and have it fixed/repared.

(Report Summary continued)



Figure 6-1

7) Health and Safety

Repairs completed as of June 11, 2026.

Initial
ja

6/12/2026 | 12:32:25 AM PDT

Exterior rear electrical GFCI outlet is missing a weatherproof cover. Recommend a qualified contractor assess and fix/repair the missing weatherproof cover or install a new weatherproof box with cover.



Figure 7-1

(Report Summary continued)

8) Repair

The frost free hose bibs (faucets) on the side and back of the house are not anti-siphon hose bibs. Recommend a qualified contractor replace hose bibs with an anti-siphon/freeze proof hose bib to be muni code compliant.



Figure 8-1



Figure 8-2

9) Repair

The rock facade under the front porch is missing some pieces. Recommend a qualified contractor add additional missing pieces.

(Report Summary continued)



Figure 9-1



Figure 9-2

10) Health and Safety

Wood pile next to the house for convenience of loading wood for fireplace, but is a fire hazard. Recommend removing the wood and storing it at least ten feet away from the home in a covered area.



Figure 10-1



Figure 10-2

(Report Summary continued)

Mechanical Opener

11) Health and Safety

The garage door opener failed the 2x4 force sensitivity test. Recommend adjusting the force sensitivity to the correct safety standards or replacing the garage door opener.



Figure 11-1

Garage

12) Health and Safety

Repairs completed as of June 11, 2026.

Initial
ja

6/12/2026 | 12:32:25 AM PDT

Garage entry door into living area is a fire safety door. It has to close and latch on its own as well as, make an air tight seal. The door has an animal opening in it, which is not permitted on a fire door. This makes it easier for fire to enter the home. Also, the barrel assembly does not fully stick out to latch on the strike plate of the door jamb.

Recommend a qualified contractor either remove doggy door and patch door with sheet metal and fire caulk or, replace the door with a new fire rated door and fix/repair barrel so, it make contact with the strike plate and latches and makes an tight seal or replace door knob assembly.

(Report Summary continued)



Figure 12-1



Figure 12-2

13) Health and Safety

The combustion air opening is blocked and inside a cabinet. According to the M.O.A. (Municipality of Anchorage) you have to have a combustion air opening in garages for naturally aspirated devices, so they don't backdraft. There is a potential for backdrafting and carbon monoxide poisoning to happen. Recommend removing the blockage from the combustion air opening and either installing adequate vents in the cabinets, remove cabinet doors, or remove that cabinet all together to allow combustion air for naturally aspirated heating equipment in the garage.

(Report Summary continued)



Figure 13-1



Figure 13-2



Figure 13-3



Figure 13-4

(Report Summary continued)

Roofing

14) Repair

It is possible this is the original roof being 42 years old. The cedar shake roof life expectancy is 30-40 plus years with proper maintenance. The roof is close to the end of its life. There are a few split/cracked shakes and some lifted on edges along with a good amount of moss growing on them. Recommend a qualified roofing contractor assess and remove moss and fix/repair split and lifted shakes or replace roof.



Figure 14-1



Figure 14-2



Figure 14-3

(Report Summary continued)

Structure

Initial
ja

6/12/2026 | 12:32:25 AM PDT

15) Health and Safety

Seller's Comments: I know nothing about the bracing. I did have the insulation blown all the way around the perimeter but not the bracing.

It was observed that several of the knee bracing or lateral bracing 2"x4"s from the floor joists to the bottom of the wooden foundation wall had been cut on the front and back of the home. There is a cracking in the flooring up above from the front door area to the hallway between the dining room and bathroom. It is possible that from high ground water saturation in this area and possible seismic activity the front and back of the home heaved and then the situation was addressed by cutting some of the knee bracing relieving the tension and then the foundation walls were sprayed with a closed cell foam spray to insulate and waterproof. Recommend a qualified structural contractor assess the cut knee bracing and any other possible foundation issues and fix/repair.



Figure 15-1



Figure 15-2

(Report Summary continued)



Figure 15-3

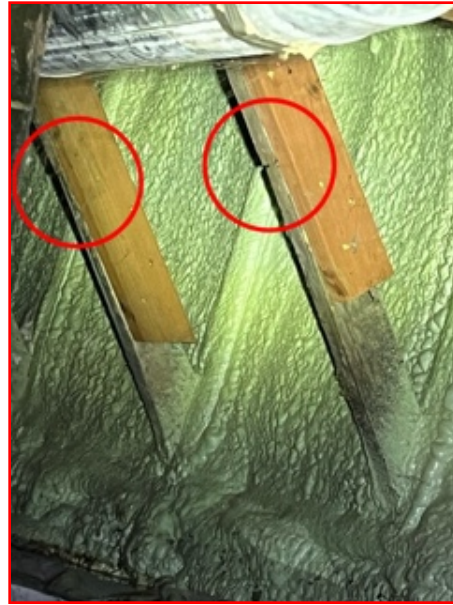


Figure 15-4



Figure 15-5



Figure 15-6

(Report Summary continued)



Figure 15-7



Figure 15-8



Figure 15-9

(Report Summary continued)

Vapor Retarder

16) Health and Safety

Vapor retarder was in place, but not sealed properly with areas of exposed ground. Also, standing water in small pockets over all of the vapor retarder and wet ground underneath. Recommend having a qualified contractor assess if an additional sump pump and crock are needed and install if necessary and a fan with a dehumidistat for relative humidity control. Also, install new vapor retarder with acoustical caulking to footers and tape seams properly to keep moisture and possible radon in the ground and out of the home.



Figure 16-1



Figure 16-2

(Report Summary continued)



Figure 16-3



Figure 16-4



Figure 16-5



Figure 16-6

(Report Summary continued)



Figure 16-7

Type of Service

17) Health and Safety

Repairs completed by Chugach Electric as of June 11, 2026.

Initial
ja

6/12/2026 | 12:32:25 AM P

Loose electrical service meter/disconnect on the back of the house. The meter is pulling away from the house. Recommend calling the utilities company and see if it is their responsibility or the home owners. If it's the home owner's, recommend a qualified contractor properly secure the electrical meter/disconnect to the home.



Figure 17-1



Figure 17-2

(Report Summary continued)



Figure 17-3

Service Panel Location

18) Health and Safety

Repairs completed as of June 11, 2026.

Initial
 ga

6/12/2026 | 12:32:25 AM

There are double conductor wires in single pole breaker (double tap) in the laundry room service panel #20. Recommend a qualified electrical contractor replace the double tapped breaker with a breaker that can hold two conductors (two pole breaker), make a pigtail to the breaker, or install another single pole breaker for they conductor.



Figure 18-1



Figure 18-2

(Report Summary continued)

Initial
ja

6/12/2026 | 12:32:25 AM PDT

Repairs completed as of June 11, 2026.



Figure 18-3



Figure 18-4

Heating

19) Maintenance

No recent records of service for furnace, water heater, or garage unit heater. All thermostats were activated and heat came on as it should. Recommend a qualified contractor to service, clean, and inspect furnace, water heater, and garage unit heater with filter replacement on the furnace.



Figure 19-1



Figure 19-2

(Report Summary continued)



Figure 19-3



Figure 19-4



Figure 19-5

(Report Summary continued)

T&P Valve With Blow Off Leg

20) Health and Safety

T&P valve present but the blow off leg for the water heater in the garage is missing. It needs to extend down into the drip pan or to within 6" of concrete garage floor. Recommend installing the blow off leg and extend it down into the drip pan or down within 6" of concrete floor.



Figure 20-1



Figure 20-2

Dryer Venting

21) Health and Safety

It was observed that the dryer vent is clogging up with lint and can become a fire hazard. Recommend getting dryer ducting cleaned by a professional.

(Report Summary continued)

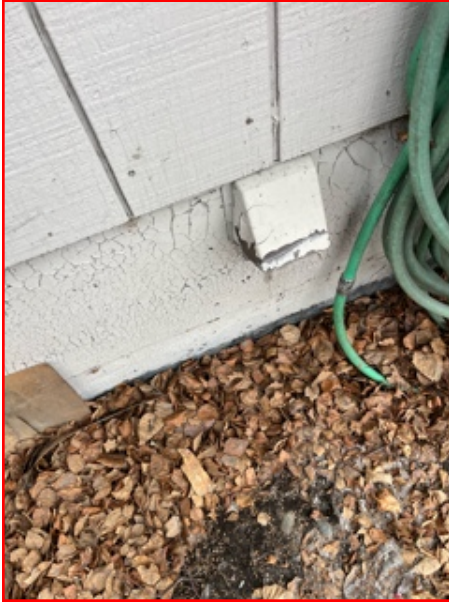


Figure 21-1



Figure 21-2

GFCI Protection

22) Could not inspect if the washer outlet was GFCI protected without moving the washer.

Kitchen

23) Health and Safety

Repairs completed as of June 11, 2026.

Initial
ga

6/12/2026 | 12:32:25 AM PDT

All kitchen counter top electrical outlets within 6 feet of the kitchen sink should be GFCI protected outlets. The outlets (total of 2) to the left of the kitchen sink are not GFCI protected. Recommend a qualified electrical contractor replace the regular outlets with a GFCI outlets or install a GFCI breaker on those electrical legs to GFCI protect them.

(Report Summary continued)



Figure 23-1



Figure 23-2

Types Installed

24) Cosmetic

It was observed that the microwave has a cracked piece on the door. It doesn't affect the function of the microwave. Recommend replacing the microwave door.



Figure 24-1

(Report Summary continued)

Interior

25) Repair

It was observed there is cracking on the flooring down the middle of the hallway into dining room. Possibly the steel beam supporting the middle of the house has heaved a small amount pushing on the flooring. There was minimal deflection on either side of the crack. Recommend a qualified structural contractor assess and see if any repairs are needed on the foundational.



Figure 25-1



Figure 25-2



Figure 25-3



Figure 25-4

(Report Summary continued)



Figure 25-5



Figure 25-6



Figure 25-7

26) Repair

Some cosmetic Sheetrock diagonal cracking (usually foundational movement) above the master bedroom door area and at the top of the stairway to ceiling. Doors and windows still open and close. Recommend a qualified contractor asses and make sure there is no damage to studs and fix repair Sheetrock cracks, texture, and paint to match.

(Report Summary continued)



Figure 26-1



Figure 26-2



Figure 26-3

General

A home inspection is primarily visible and done in a limited time. Not every defect will be discovered. For further clarification of the components, procedures and limitations of the home inspection consult the Standard of Practice the inspection was performed under.

Occupied:	No
Furnished:	No
Weather:	Overcast
Temperature:	Cool
Soil Condition:	Wet
Door Faces:	Southwest
People Present:	Client, Buyer's Agent

Exterior

The visible condition of exterior coverings, trim, entrances and drainage are inspected with respect to their effect on the condition of the building.

Exterior Covering: Lap Wood



Comment 1:
Maintenance

Home paint is wearing thin in spots and showing its age chipped/peeling. Recommend a qualified contractor sand and paint the exterior.

(Exterior continued)



Figure 1-1



Figure 1-2



Figure 1-3



Figure 1-4

(Exterior continued)



Figure 1-5



Figure 1-6

Exterior Trim Material: Wood



Comment 2:
Maintenance

Exterior fascia boards and window trim are showing signs of being weathered and paint chipping/peeling. Recommend a qualified contractor assess and repair/replace and sand/paint.

(Exterior continued)



Figure 2-1



Figure 2-2



Figure 2-3



Figure 2-4

Walking Surface Types:

Steps, Porches, Decks

(Exterior continued)



**Comment 3:
Repair**

It was observed that the rear deck was built with adjustable pier blocks that rest on the grade surface and are not considered structural foundations. They are not buried in the ground like a sonotube or helical screw that are not considered foundational structures and are susceptible to frost heaving during winter months. Recommend a qualified contractor assess the rear section of the deck and install structural foundation sonotubes, helical piers, or piles.



Figure 3-1



Figure 3-2



**Comment 4:
Maintenance**

Front porch, and rear deck hand rails are made of treated wood, but are weathered. Recommend adding stain or paint to weatherproof.

(Exterior continued)



Figure 4-1



Figure 4-2



Figure 4-3

Walking Surface Materials:

Wood

Chimney Type:

Wood Framed

(Exterior continued)



**Comment 5:
Maintenance**

A birch tree on the front northwestern and back southeastern side of the home needs to be trimmed back. The limbs hang over the roof and drop limbs on the roof and create shade for moss to grow. Recommend a qualified contractor assess and trim limbs back away from the roof.



Figure 5-1



Figure 5-2



**Comment 6:
Repair**

It was observed that the neighboring northwestern fence is being held up by 2"x4"s. Recommend looking at the as-built to determine who's fence it is and have it fixed/repared.

(Exterior continued)



Figure 6-1



Comment 7:
Health and Safety

Exterior rear electrical GFCI outlet is missing a weatherproof cover. Recommend a qualified contractor assess and fix/repair the missing weatherproof cover or install a new weatherproof box with cover.



Figure 7-1

(Exterior continued)



**Comment 8:
Repair**

The frost free hose bibs (faucets) on the side and back of the house are not anti-siphon hose bibs. Recommend a qualified contractor replace hose bibs with an anti-siphon/freeze proof hose bib to be muni code compliant.



Figure 8-1

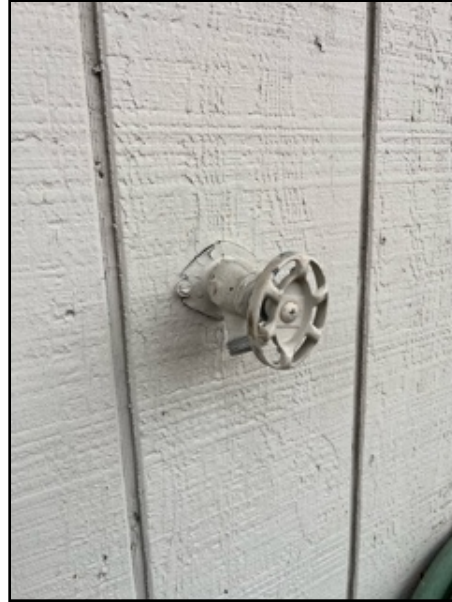


Figure 8-2



**Comment 9:
Repair**

The rock facade under the front porch is missing some pieces. Recommend a qualified contractor add additional missing pieces.

(Exterior continued)



Figure 9-1



Figure 9-2



Comment 10:
Health and Safety

Wood pile next to the house for convenience of loading wood for fireplace, but is a fire hazard. Recommend removing the wood and storing it at least ten feet away from the home in a covered area.



Figure 10-1



Figure 10-2

Garage

Outbuildings and detached garages are not defined in the Standards of Practice. This is only a cursory check of the listed elements. Electrical, plumbing and HVAC comments are recorded in their respective sections of the report.

Garage Type: Attached
Vehicle Door Type: Overhead
Mechanical Opener: Yes



Comment 11:
Health and Safety

The garage door opener failed the 2x4 force sensitivity test. Recommend adjusting the force sensitivity to the correct safety standards or replacing the garage door opener.

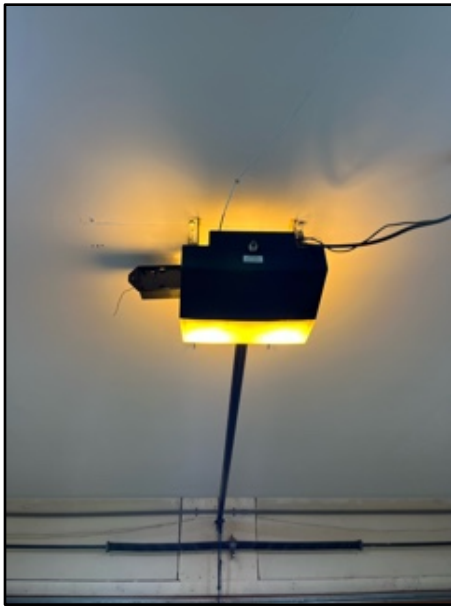


Figure 11-1

Plumbing Present: Yes
HVAC Present: Yes

(Garage continued)



Comment 12:
Health and Safety

Garage entry door into living area is a fire safety door. It has to close and latch on its own as well as, make an air tight seal. The door has an animal opening in it, which is a not permitted on a fire door. This makes it easier for fire to enter the home. Also, the barrel assembly does not fully stick out to latch on the strike plate of the door jamb. Recommend a qualified contractor either remove doggy door and patch door with sheet metal and fire caulk or, replace the door with a new fire rated door and fix/repair barrel so, it make contact with the strike plate and latches and makes an tight seal or replace door knob assembly.



Figure 12-1



Figure 12-2



Comment 13:

(Garage continued)

Health and Safety

The combustion air opening is blocked and inside a cabinet. According to the M.O.A. (Municipality of Anchorage) you have to have a combustion air opening in garages for naturally aspirated devices, so they don't backdraft. There is a potential for backdrafting and carbon monoxide poisoning to happen. Recommend removing the blockage from the combustion air opening and either installing adequate vents in the cabinets, remove cabinet doors, or remove that cabinet all together to allow combustion air for naturally aspirated heating equipment in the garage.



Figure 13-1



Figure 13-2

(Garage continued)



Figure 13-3



Figure 13-4

Roofing

The visible condition of the roof covering, flashings, skylights, chimneys and roof penetrations are inspected. The purpose of the inspection is to determine general condition, NOT to determine life expectancy.

Inspection Method:	From ground
Roofing Material:	Wood Shake
Ventilation Present:	Soffit, Ridge Vent
Gutter Material:	Metal



**Comment 14:
Repair**

It is possible this is the original roof being 42 years old. The cedar shake roof life expectancy is 30-40 plus years with proper maintenance. The roof is close to the end of its life. There are a few split/cracked shakes and some lifted on edges along with a good amount of moss growing on them. Recommend a qualified roofing contractor assess and remove moss and fix/repair split and lifted shakes or replace roof.

(Roofing continued)



Figure 14-1



Figure 14-2



Figure 14-3

Structure

The visible condition of the structural components is inspected. The determination of adequacy of structural components is beyond the scope of a home inspection.

Foundation Types:	Crawl
Foundation Materials:	Wood
Floor Structure:	Wood Framed
Wall Structure:	Wood Framed



Comment 15: Health and Safety

It was observed that several of the knee bracing or lateral bracing 2"x4"s from the floor joists to the bottom of the wooden foundation wall had been cut on the front and back of the home. There is a cracking in the flooring up above from the front door area to the hallway between the dining room and bathroom. It is possible that from high ground water saturation in this area and possible seismic activity the front and back of the home heaved and then the situation was addressed by cutting some of the knee bracing relieving the tension and then the foundation walls were sprayed with a closed cell foam spray to insulate and waterproof. Recommend a qualified structural contractor assess the cut knee bracing and any other possible foundation issues and fix/repair.



Figure 15-1



Figure 15-2

(Structure continued)



Figure 15-3

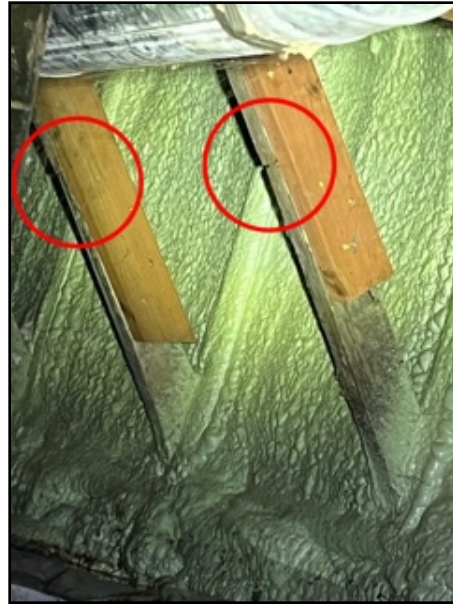


Figure 15-4

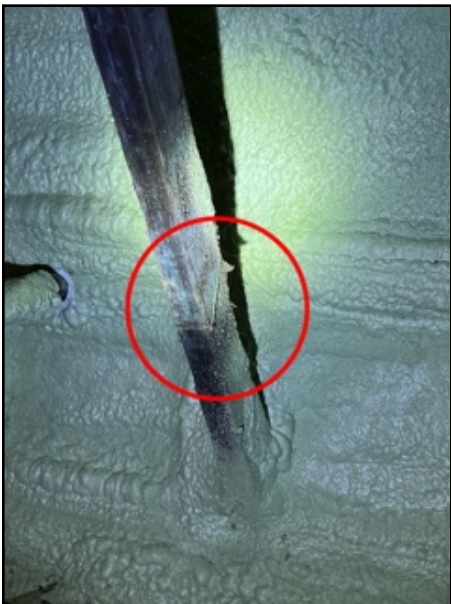


Figure 15-5



Figure 15-6

(Structure continued)



Figure 15-7



Figure 15-8



Figure 15-9

Attic

Ceiling Structure:

Wood Framed

(Attic continued)

Roof Structure:



Wood Framed



Inspection Method:

From Access

(Attic continued)

Attic Insulation:

Loose Fill



Attic Access :



Crawl Space

Vapor Retarder:

Installed

(Crawl Space continued)



**Comment 16:
Health and Safety**

Vapor retarder was in place, but not sealed properly with areas of exposed ground. Also, standing water in small pockets over all of the vapor retarder and wet ground underneath. Recommend having a qualified contractor assess if an additional sump pump and crock are needed and install if necessary and a fan with a dehumidistat for relative humidity control. Also, install new vapor retarder with acoustical caulking to footers and tape seams properly to keep moisture and possible radon in the ground and out of the home.



Figure 16-1



Figure 16-2

(Crawl Space continued)



Figure 16-3



Figure 16-4



Figure 16-5



Figure 16-6

(Crawl Space continued)



Figure 16-7

Inspection Method:
Underfloor Insulation:

From Access
Closed cell polyurethane spray foam on the
perimeter foundation walls



(Crawl Space continued)



Crawlspace Access :



Electrical

The inspector can not inspect hidden wiring or verify if the number of outlets is per the National Electric Code. A representative number of outlets, switches and fixtures are tested for operation.

(Electrical continued)

Type of Service:

Underground



(Electrical continued)



Comment 17:
Health and Safety

Loose electrical service meter/disconnect on the back of the house. The meter is pulling away from the house. Recommend calling the utilities company and see if it is their responsibility or the home owners. If it's the home owner's, recommend a qualified contractor properly secure the electrical meter/disconnect to the home.



Figure 17-1



Figure 17-2

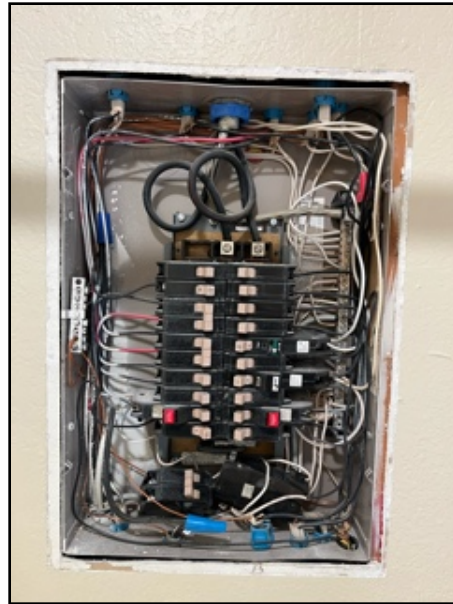


Figure 17-3

(Electrical continued)

Service Panel Location:

Laundry room



(Electrical continued)



Comment 18:
Health and Safety

There are double conductor wires in single pole breaker (double tap) in the laundry room service panel #20. Recommend a qualified electrical contractor replace the double tapped breaker with a breaker that can hold two conductors (two pole breaker), make a pigtail to the breaker, or install another single pole breaker for they conductor.



Figure 18-1



Figure 18-2



Figure 18-3

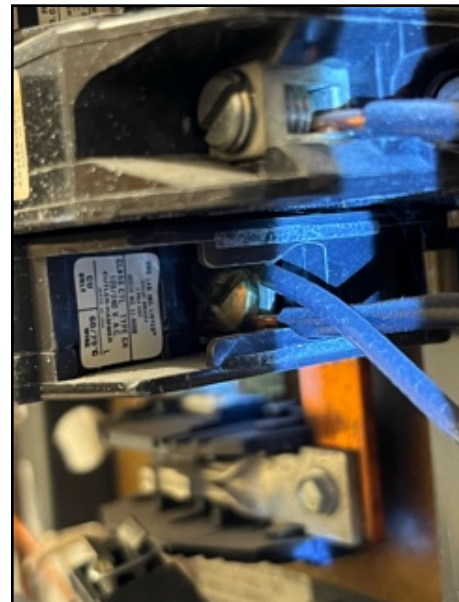


Figure 18-4

(Electrical continued)

Service Voltage:	240 volts
Service Amperage:	100 amps
Over Current Devices:	Breakers
Main Disconnect Location:	Meter Box



Subpanel Locations:	Not Present
Wiring Method:	Copper
Smoke Detectors Present:	Yes
CO Monitors :	Yes, Two CO Monitors One On Entry Level Dining Room, And One Upstairs Hallway

Heating

The heating system is inspected visually and operated by normal controls to determine general condition NOT life expectancy. The capacity or adequacy of the heating system is beyond the scope of a home inspection. A licensed HVAC contractor should be consulted if in question.

Energy Source:	Gas
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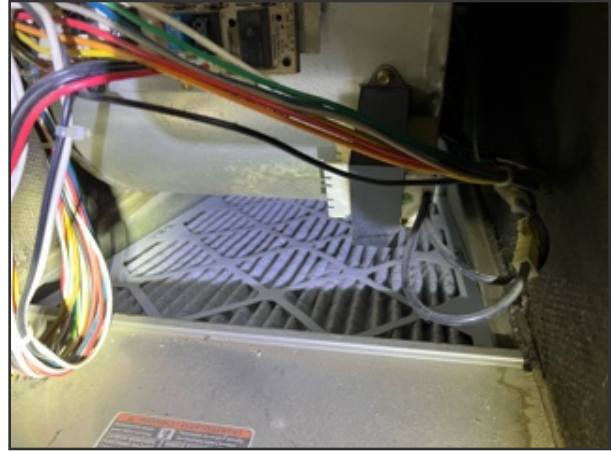
(Heating continued)

Type of Equipment:

Forced Air



(Heating continued)



Type of Distribution:

Approximate Age :

Input BTU's :

Furnace Emergency Shut Off
Switch :

Metal Ducting

15 Yrs Old

80,000



(Heating continued)

Furnace Fuel Shut Off Valve :



Thermostats :



(Heating continued)



**Comment 19:
Maintenance**

No recent records of service for furnace, water heater, or garage unit heater. All thermostats were activated and heat came on as it should. Recommend a qualified contractor to service, clean, and inspect furnace, water heater, and garage unit heater with filter replacement on the furnace.



Figure 19-1

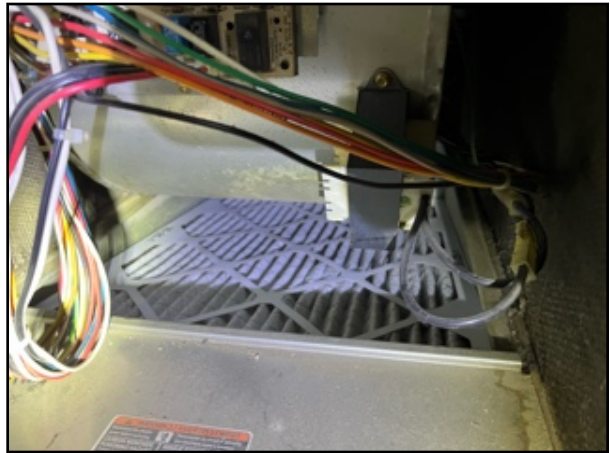


Figure 19-2



Figure 19-3



Figure 19-4

(Heating continued)



Figure 19-5

Plumbing

The plumbing system is inspected visually and by operating a representative number of fixtures. Private water and waste systems are beyond the scope of a home inspection.

Waste Pipe Material:

Plastic

Supply Pipe Material:

Copper

(Plumbing continued)

Location of Water Shutoff:

Crawlspace



Location of Fuel Shutoff:

At Meter



Water Heater Fuel:

Gas

Water Heater Capacity:

48 gal

Approximate Age :

6 Yrs Old

T&P Valve With Blow Off Leg:

Yes

(Plumbing continued)



**Comment 20:
Health and Safety**

T&P valve present but the blow off leg for the water heater in the garage is missing. It needs to extend down into the drip pan or to within 6" of concrete garage floor. Recommend installing the blow off leg and extend it down into the drip pan or down within 6" of concrete floor.



Figure 20-1



Figure 20-2

Seismic Straps :

Yes

(Plumbing continued)

Water Heater Fuel Shut Off Valve :



Laundry

Location:	Service Area
Laundry Sink:	Yes
Washer Hookups:	Yes
Dryer Venting:	To Exterior



Comment 21:
Health and Safety

It was observed that the dryer vent is clogging up with lint and can become a fire hazard. Recommend getting dryer ducting cleaned by a professional.

(Laundry continued)

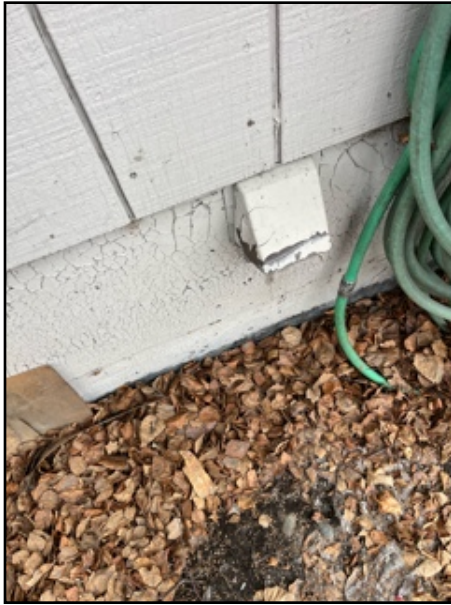


Figure 21-1



Figure 21-2

Dryer Fuel:	240v Electric
GFCI Protection:	Not Inspected



Comment 22:

Could not inspect if the washer outlet was GFCI protected without moving the washer.

Bathrooms

Bathroom #1

Location:	Entry Level Hallway
Bath Tub:	Recessed
Shower:	In Tub
Shower Walls:	Tile
Sink(s):	Single Vanity
Toilet:	Standard Tank
Floor:	Tile
Ventilation Type:	Vent Fan, Window

(Bathroom #1 continued)

GFCI Protection:

Outlets

Bathroom #2

Location:	Upstairs Hallway
Bath Tub:	Recessed
Shower:	In Tub
Shower Walls:	Tile
Sink(s):	Double Vanity
Toilet:	Standard Tank
Floor:	Tile
Ventilation Type:	Vent Fan, Sky lights that open
GFCI Protection:	Outlets

Kitchen

Cabinets:	Wood
Countertops:	Laminate
Sink:	Single, Sprayer



Comment 23:
Health and Safety

All kitchen counter top electrical outlets within 6 feet of the kitchen sink should be GFCI protected outlets. The outlets (total of 2) to the left of the kitchen sink are not GFCI protected. Recommend a qualified electrical contractor replace the regular outlets with a GFCI outlets or install a GFCI breaker on those electrical legs to GFCI protect them.

(Kitchen continued)



Figure 23-1



Figure 23-2

Appliances

This is a cursory check only of the specified appliances. The accuracy or operation of timers, temperature or power level controls is beyond the scope of this inspection.

Types Installed:

Dishwasher, Food Disposer, Range, Range Vent, Microwave, Refrigerator



Comment 24:
Cosmetic

It was observed that the microwave has a cracked piece on the door. It doesn't affect the function of the microwave. Recommend replacing the microwave door.

(Appliances continued)



Figure 24-1

Cooking Fuel:

Gas



Ventilation Type:

Recirculating

Interior

The interior inspection is limited to readily accessible areas that are not concealed by furnishings or stored items. A representative number of windows and doors.

Window Types:	Casement, Slide
Window Materials:	Wood, Vinyl
Entry Door Types:	Hinged, Slide
Entry Door Materials:	Wood, Metal
Fireplace/Stove Type:	Manufactured



(Interior continued)



**Comment 25:
Repair**

It was observed there is cracking on the flooring down the middle of the hallway into dining room. Possibly the steel beam supporting the middle of the house has heaved a small amount pushing on the flooring. There was minimal deflection on either side of the crack. Recommend a qualified structural contractor assess and see if any repairs are needed on the foundational.



Figure 25-1



Figure 25-2

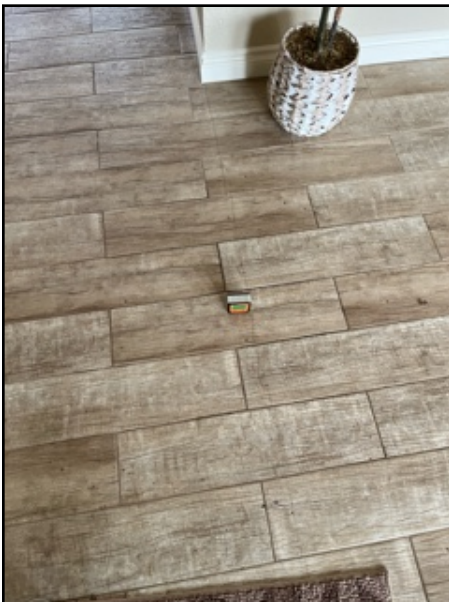


Figure 25-3



Figure 25-4

(Interior continued)



Figure 25-5



Figure 25-6



Figure 25-7



**Comment 26:
Repair**

Some cosmetic Sheetrock diagonal cracking (usually foundational movement) above the master bedroom door area and at the top of the stairway to ceiling. Doors and windows still open and close. Recommend a qualified contractor asses and make sure there is no damage to studs and fix repair Sheetrock cracks, texture, and paint to match.

(Interior continued)



Figure 26-1



Figure 26-2

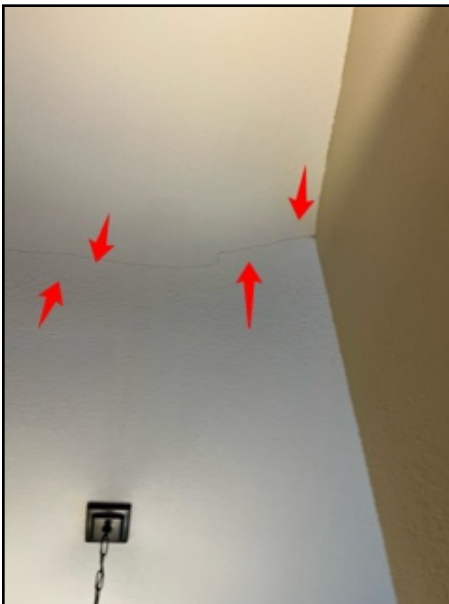


Figure 26-3

Certificate Of Completion

Envelope Id: 14613AE9-B820-872D-8246-56E1D989353E

Status: Completed

Subject: 8421 Foxlair - Inspection Report

Source Envelope:

Document Pages: 93

Signatures: 0

Envelope Originator:

Certificate Pages: 4

Initials: 13

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Janice Anderson

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Security Level: Email, Account Authentication (None)

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ja

Signature Adoption: Pre-selected Style

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Envelope Summary Events

Status

Timestamps

Envelope Sent

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