

Certificate showing this property does not have mold damage

Certificate of mold damage remediation

Property owner: Keep this certificate and give a copy to your insurance agent or company.

Property owner and location

Property owner's name Aileen Izenberg

Mailing address _____

Property address 4504 Steed Dr. Austin Tx. 78749

Lot _____ Block _____ Addition or tract _____ County Travis

Instructions

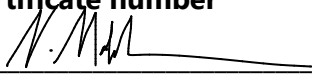
- **If mold damage has been treated (remediated):** Both Box A and B below must be filled out. The mold remediation contractor must fill out Box A. The mold assessment consultant must fill out Box B.
- **If no mold damage was found:** The mold assessment consultant or insurance adjuster must fill out Box C.

► **Mold damage has been treated** (If Box A and B are filled out, Box C does not need to be filled out.):

Box A: To be filled out by the mold remediation contractor.

I certify that:

- I treated the damage caused by mold at this property. Treatment can include removing, cleaning, sanitizing, and preventing mold damage.
- I gave this certificate to the property owner within 10 days after completing the work.

| | |
|---|--------------------------|
| <u>26-0043-MLD</u> | <u>4/7/26</u> |
| Certificate number | Date issued |
|  | <u>4/7/26</u> |
| Mold remediation contractor's signature | Date |
| <u>NICHOLAS MALDONADO 7019 BURELSON RD AUSTIN, TX. 78744</u> | <u>4/2/26</u> |
| Contractor's printed name and address | Date treatment completed |
| <u>MRC2089</u> | <u>2/1/27</u> |
| Texas Department of Licensing and Regulation license number | License expiration date |

Box B: To be filled out by the mold assessment consultant.

I certify that:

- Damage caused by mold at this property has been treated (remediated).
- With reasonable certainty, the underlying causes of the mold have been treated so mold will not return.
- I gave a copy of my report to the property owner.

Per Occupations Code Section 1958.154: Based on visual, procedural, and analytical evaluation, the mold contamination identified for the project has been remediated as outlined in the mold management plan or remediation protocol.


 _____ 04/12/2026
 Mold assessment consultant's signature Date

Erick Franco 829 Pine bend Texas _____
 Consultant's printed name and address

_____ AUG 26, 026 _____
 Texas Department of Licensing and Regulation license number License expiration date

► **No mold damage was found** (If Box C is filled out, Box A and B do not need to be filled out.):

Box C: To be filled out by the mold assessment consultant or insurance adjuster.

I certify that:

- I inspected this property.
- I did not find signs (evidence) of any mold damage.
- I gave a copy of my report to the property owner.

Certificate number **Date issued**

 Mold assessment consultant or insurance adjuster's signature Date

 Consultant or adjuster's printed name and address

 Texas Department of Licensing and Regulation license number, or License expiration date
 Texas Department of Insurance license number