



# **SELLER'S RESIDENTIAL REAL ESTATE SALES DISCLOSURE** State Form 46234 (R6/6-14)

Date (month, day, year)  
**May 29, 2015**

NOTE: This form has been modified from the version currently found at 876 IAC 9-1-2 to include questions regarding disclosure of contamination related to controlled substances or methamphetamine as required by P.L. 180-2014. Rule revisions will be made to 876 IAC 9-1-2 to include these changes in the near future, however the Commission has made this information available now through this updated form.

Seller states that the information contained in this Disclosure is correct to the best of Seller's CURRENT ACTUAL KNOWLEDGE as of the above date. The prospective buyer and the owner may wish to obtain professional advice or inspections of the property and provide for appropriate provisions in a contract between them concerning any advice, inspections, defects, or warranties obtained on the property. The representations in this form are the representations of the owner and are not the representations of the agent, if any. This information is for disclosure only and is not intended to be a part of any contract between the buyer and the owner. Indiana law (IC 32-21-5) generally requires sellers of 1-4 unit residential property to complete this form regarding the known physical condition of the property. An owner must complete and sign the disclosure form and submit the form to a prospective buyer before an offer is accepted for the sale of the real estate.

Property address (number and street, city, state, and ZIP code)

**10579 Madison Brooks Drive, Fishers, 46040**

1. The following are in the conditions indicated:

| A. APPLIANCES                                    | None/Not Included/Rented            | Defective        | Not Defective        | Do Not Know        | C. WATER & SEWER SYSTEM                                                              | None/Not Included/Rented            | Defective        | Not Defective                       | Do Not Know                         |             |
|--------------------------------------------------|-------------------------------------|------------------|----------------------|--------------------|--------------------------------------------------------------------------------------|-------------------------------------|------------------|-------------------------------------|-------------------------------------|-------------|
| Built-in Vacuum System                           | <input checked="" type="checkbox"/> |                  |                      |                    | Cistern                                                                              | <input checked="" type="checkbox"/> |                  |                                     |                                     |             |
| Clothes Dryer                                    | <input checked="" type="checkbox"/> |                  |                      |                    | Septic Field/Bed                                                                     | <input checked="" type="checkbox"/> |                  |                                     |                                     |             |
| Clothes Washer                                   | <input checked="" type="checkbox"/> |                  |                      |                    | Hot Tub                                                                              | <input checked="" type="checkbox"/> |                  |                                     |                                     |             |
| Dishwasher                                       | <input checked="" type="checkbox"/> |                  |                      |                    | Plumbing                                                                             |                                     |                  | <input checked="" type="checkbox"/> |                                     |             |
| Disposal                                         | <input checked="" type="checkbox"/> |                  |                      |                    | Aerator System                                                                       | <input checked="" type="checkbox"/> |                  |                                     |                                     |             |
| Freezer                                          | <input checked="" type="checkbox"/> |                  |                      |                    | Sump Pump                                                                            |                                     |                  | <input checked="" type="checkbox"/> |                                     |             |
| Gas Grill                                        | <input checked="" type="checkbox"/> |                  |                      |                    | Irrigation Systems                                                                   |                                     |                  | <input checked="" type="checkbox"/> |                                     |             |
| Hood                                             | <input checked="" type="checkbox"/> |                  |                      |                    | Water Heater/Electric                                                                | <input checked="" type="checkbox"/> |                  |                                     |                                     |             |
| Microwave Oven                                   | <input checked="" type="checkbox"/> |                  |                      |                    | Water Heater/Gas                                                                     |                                     |                  | <input checked="" type="checkbox"/> |                                     |             |
| Oven                                             | <input checked="" type="checkbox"/> |                  |                      |                    | Water Heater/Solar                                                                   | <input checked="" type="checkbox"/> |                  |                                     |                                     |             |
| Range                                            | <input checked="" type="checkbox"/> |                  |                      |                    | Water Purifier                                                                       | <input checked="" type="checkbox"/> |                  |                                     |                                     |             |
| Refrigerator                                     | <input checked="" type="checkbox"/> |                  |                      |                    | Water Softener                                                                       |                                     |                  | <input checked="" type="checkbox"/> |                                     |             |
| Room Air Conditioner(s)                          | <input checked="" type="checkbox"/> |                  |                      |                    | Well                                                                                 | <input checked="" type="checkbox"/> |                  |                                     |                                     |             |
| Trash Compactor                                  | <input checked="" type="checkbox"/> |                  |                      |                    | Septic and Holding Tank/Septic Mound                                                 | <input checked="" type="checkbox"/> |                  |                                     |                                     |             |
| TV Antenna/Dish                                  | <input checked="" type="checkbox"/> |                  |                      |                    | Geothermal and Heat Pump                                                             |                                     |                  |                                     |                                     |             |
| Other:                                           |                                     |                  |                      |                    | Other Sewer System (Explain)                                                         |                                     |                  |                                     |                                     |             |
|                                                  |                                     |                  |                      |                    | Swimming Pool & Pool Equipment                                                       |                                     |                  |                                     |                                     |             |
|                                                  |                                     |                  |                      |                    |                                                                                      |                                     |                  | Yes                                 | No                                  | Do Not Know |
|                                                  |                                     |                  |                      |                    | Are the structures connected to a public water system?                               |                                     |                  | <input checked="" type="checkbox"/> |                                     |             |
|                                                  |                                     |                  |                      |                    | Are the structures connected to a public sewer system?                               |                                     |                  | <input checked="" type="checkbox"/> |                                     |             |
|                                                  |                                     |                  |                      |                    | Are there any additions that may require improvements to the sewage disposal system? |                                     |                  |                                     | <input checked="" type="checkbox"/> |             |
|                                                  |                                     |                  |                      |                    | If yes, have the improvements been completed on the sewage disposal system?          |                                     |                  |                                     |                                     |             |
|                                                  |                                     |                  |                      |                    | Are the improvements connected to a private/community water system?                  |                                     |                  |                                     |                                     |             |
|                                                  |                                     |                  |                      |                    | Are the improvements connected to a private/community sewer system?                  |                                     |                  |                                     |                                     |             |
| <b>B. ELECTRICAL SYSTEM</b>                      | <b>None/Not Included/Rented</b>     | <b>Defective</b> | <b>Not Defective</b> | <b>Do Not Know</b> | <b>D. HEATING &amp; COOLING SYSTEM</b>                                               | <b>None/Not Included/Rented</b>     | <b>Defective</b> | <b>Not Defective</b>                | <b>Do Not Know</b>                  |             |
| Air Purifier                                     | <input checked="" type="checkbox"/> |                  |                      |                    | Attic Fan                                                                            | <input checked="" type="checkbox"/> |                  |                                     |                                     |             |
| Burglar Alarm                                    | <input checked="" type="checkbox"/> |                  |                      |                    | Central Air Conditioning                                                             |                                     |                  | <input checked="" type="checkbox"/> |                                     |             |
| Ceiling Fan(s)                                   | <input checked="" type="checkbox"/> |                  |                      |                    | Hot Water Heat                                                                       |                                     |                  | <input checked="" type="checkbox"/> |                                     |             |
| Garage Door Opener / Controls                    | <input checked="" type="checkbox"/> |                  |                      |                    | Furnace Heat/Gas                                                                     |                                     |                  | <input checked="" type="checkbox"/> |                                     |             |
| Inside Telephone Wiring and Blocks/Jacks         | <input checked="" type="checkbox"/> |                  |                      |                    | Furnace Heat/Electric                                                                | <input checked="" type="checkbox"/> |                  |                                     |                                     |             |
| Intercom                                         | <input checked="" type="checkbox"/> |                  |                      |                    | Solar House-Heating                                                                  | <input checked="" type="checkbox"/> |                  |                                     |                                     |             |
| Light Fixtures                                   | <input checked="" type="checkbox"/> |                  |                      |                    | Woodburning Stove                                                                    | <input checked="" type="checkbox"/> |                  |                                     |                                     |             |
| Sauna                                            | <input checked="" type="checkbox"/> |                  |                      |                    | Fireplace                                                                            |                                     |                  | <input checked="" type="checkbox"/> |                                     |             |
| Smoke/Fire Alarm(s)                              | <input checked="" type="checkbox"/> |                  |                      |                    | Fireplace Insert                                                                     |                                     |                  | <input checked="" type="checkbox"/> |                                     |             |
| Switches and Outlets                             | <input checked="" type="checkbox"/> |                  |                      |                    | Air Cleaner                                                                          | <input checked="" type="checkbox"/> |                  |                                     |                                     |             |
| Vent Fan(s)                                      | <input checked="" type="checkbox"/> |                  |                      |                    | Humidifier                                                                           | <input checked="" type="checkbox"/> |                  |                                     |                                     |             |
| 60/100/200 Amp Service (Circle one) <b>(400)</b> | <input checked="" type="checkbox"/> |                  |                      |                    | Propane Tank                                                                         | <input checked="" type="checkbox"/> |                  |                                     |                                     |             |
| Generator                                        | <input checked="" type="checkbox"/> |                  |                      |                    | Other Heating Source                                                                 |                                     |                  |                                     |                                     |             |

NOTE: "Defect" means a condition that would have a significant adverse effect on the value of the property, that would significantly impair the health or safety of future occupants of the property, or that if not repaired, removed or replaced would significantly shorten or adversely affect the expected normal life of the premises.

The information contained in this Disclosure has been furnished by the Seller, who certifies to the truth thereof, based on the Seller's CURRENT ACTUAL KNOWLEDGE. A disclosure form is not a warranty by the owner or the owner's agent, if any, and the disclosure form may not be used as a substitute for any inspections or warranties that the prospective buyer or owner may later obtain. At or before settlement, the owner is required to disclose any material change in the physical condition of the property or certify to the purchaser at settlement that the condition of the property is substantially the same as it was when the disclosure form was provided. Seller and Purchaser hereby acknowledge receipt of this Disclosure by signing below.

|                                                                                                                                                                            |                                     |                                  |                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------|-----------------|
| Signature of Seller<br><i>[Signature]</i>                                                                                                                                  | Date (mm/dd/yy)<br><b>5-29-2015</b> | Signature of Buyer               | Date (mm/dd/yy) |
| Signature of Seller<br><i>[Signature]</i>                                                                                                                                  | Date (mm/dd/yy)<br><b>5-29-2015</b> | Signature of Buyer               | Date (mm/dd/yy) |
| The Seller hereby certifies that the condition of the property is substantially the same as it was when the Seller's Disclosure form was originally provided to the Buyer. |                                     |                                  |                 |
| Signature of Seller (at closing)                                                                                                                                           | Date (mm/dd/yy)                     | Signature of Seller (at closing) | Date (mm/dd/yy) |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                                     |                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------------|--------------------|
| Property address (number and street, city, state, and ZIP code)<br><b>10579 Madison Brooks Drive, Fishers, 46040</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                                     |                    |
| <b>2. ROOF</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>YES</b>      | <b>NO</b>                           | <b>DO NOT KNOW</b> |
| Age, if known: <u>14</u> Years.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                                     |                    |
| Does the roof leak?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 | <input checked="" type="checkbox"/> |                    |
| Is there present damage to the roof?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 | <input checked="" type="checkbox"/> |                    |
| Is there more than one layer of shingles on the house?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 | <input checked="" type="checkbox"/> |                    |
| If yes, how many layers? _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                                     |                    |
| <b>3. HAZARDOUS CONDITIONS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>YES</b>      | <b>NO</b>                           | <b>DO NOT KNOW</b> |
| Have there been or are there any hazardous conditions on the property, such as methane gas, lead paint, radon gas in house or well, radioactive material, landfill, mineshaft, expansive soil, toxic materials, mold, other biological contaminants, asbestos insulation, or PCB's?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 | <input checked="" type="checkbox"/> |                    |
| Is there contamination caused by the manufacture of a controlled substance on the property that has not been certified as decontaminated by an inspector approved under IC 13-14-1-15?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 | <input checked="" type="checkbox"/> |                    |
| Has there been manufacture of methamphetamine or dumping of waste from the manufacture of methamphetamine in a residential structure on the property?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 | <input checked="" type="checkbox"/> |                    |
| Explain:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 |                                     |                    |
| <b>E. ADDITIONAL COMMENTS AND/OR EXPLANATIONS:</b><br>(Use additional pages, if necessary)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 |                                     |                    |
| <p>1. exclude chandelier in girl's bedroom w/ attached bath</p> <p>2. Pool in neighborhood is included in the HOA dues.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |                                     |                    |
| <p>The information contained in this Disclosure has been furnished by the Seller, who certifies to the truth thereof, based on the Seller's CURRENT ACTUAL KNOWLEDGE. A disclosure form is not a warranty by the owner or the owner's agent, if any, and the disclosure form may not be used as a substitute for any inspections or warranties that the prospective buyer or owner may later obtain. At or before settlement, the owner is required to disclose any material change in the physical condition of the property or certify to the purchaser at settlement that the condition of the property is substantially the same as it was when the disclosure form was provided. Seller and Purchaser hereby acknowledge receipt of this Disclosure by signing below.</p> |                 |                                     |                    |
| Signature of Seller                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Date (mm/dd/yy) | Signature of Buyer                  | Date (mm/dd/yy)    |
| <i>[Signature]</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 5-29-2015       |                                     |                    |
| Signature of Buyer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Date (mm/dd/yy) | Signature of Buyer                  | Date (mm/dd/yy)    |
| <i>[Signature]</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 5-29-2015       |                                     |                    |
| The Seller hereby certifies that the condition of the property is substantially the same as it was when the Seller's Disclosure form was originally provided to the Buyer.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 |                                     |                    |
| Signature of Seller (at closing)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Date (mm/dd/yy) | Signature of Seller (at closing)    | Date (mm/dd/yy)    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                                     |                    |



Form #03.



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